

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Mariano Day/Date: Friday 1/27/23

Number of Clinical Hours Today: 8 Care Setting: X Hospital ___ Ambulatory Care ___ Home Care ___ Other:

Number of patients seen today: 4 Preceptor: Sarah Yount

Directions: WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse’s absence. For this assignment, select one patient each clinical day. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

This assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. Provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor. Submit to your Practicum Course dropbox for instructor review & feedback. Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day. See samples in course to assist you with this assignment.

<p>Today’s WOC specific assessment</p> <p>Leaking Urostomy pouch</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>PMH Bladder Cancer, surgical removal of bladder with ureteral stent placement; 2 weeks post operative. Presented to hospital with nausea and pain; r/o infection.</p> <p>HPI to be added.</p> <p>WOC nurse consult for leaking urostomy, system evaluation due to possible postoperative changes to stoma.</p>
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Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.

The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow- up visit for..., evaluation and management of..., etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care.

Initial visit for this hospitalization to evaluate patient for leaking urostomy and collect urine specimen for culture. Patient anxious and notably upset reporting that he was unaware that “this could happen”. Patient reports urostomy had leaked 2 times since his arrival to the hospital; states pouch just “fell off”. First time was changed by stoma team nurse using patient’s home system which included stoma powder, skin prep, flat 1 piece 1 1/8 in urostomy drainable pouch that had been connected to overnight drainage bag. Stoma nurse added Convatec stoma ring. Patient reports pouch again “just peeled off in the middle of the night”. Staff nurse assisted patient in pouch change using same system adding waterproof tape to further secure pouch. Emotional support provided to patient along with extensive education on possible post operative changes to stoma and abdomen due to reduction of swelling. Explained to patient that often changes to system are needed to be made as patient heals and returns to normal activities. Urostomy

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system removed, skin cleansed using aseptic technique, urine specimen collected using 14 fr. Straight catheter per protocol, labeled in front of patient, handed off to primary nurse for transport to lab. Patient resistant to changing system but agreed to try Coloplast Sensura Mio convex 2 piece drainable urostomy system. New system was applied using 3M Cavilon skin prep and 1 1/8 precut flange and pouch. Patient instructed on drainable pouch and connecting to overnight drainage system, understanding verbalized, patient tolerated pouching system change and specimen collection well, responded to emotional support and reassurance. Supplies to take home provide per patient request, f/u visit scheduled for next day to assess system effectiveness, review products, and system change education reinforcement.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Knowledge deficit related to urostomy care.</p> <p>Ineffective coping strategies.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Provide continuing education related to urostomy care including system change process, product selection, possible complications, when to call provider.</p> <p>Provide patient with assurance and emotional support when patient is struggling with life changes related to urostomy. Provide patient with information on local support resources/groups to connect with for ongoing support post discharge.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Patient education is key to success post discharge with attaining independence with stoma management. Understanding s/s of complications to watch for helps patient to identify early problems and avoid rehospitalization.</p> <p>Patient’s often need ongoing emotional support after discharge to adjust to life with an ostomy and support groups provide a community of others going through similar life altering changes.</p>

<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Patient was using one piece Convatec 1 1/8 in flat, drainable urostomy pouching system, Hollishesive stoma ring, stoma powder, and 3M Cavilon skin prep as current system. Patient’s stoma and abdomen had softened since surgery as swelling resolved and was now assessed to have small dipping inferiorly to stoma. Coloplast Sensura Mio soft convex 1 1/8 in 2 piece system was selected to address slight changes to abdomen, there was no peristomal irritation noted so stoma powder was not indicated. Convexity eliminated need for Hollishesive stoma ring. Stoma belt was provided for additional security and peace of mind. A one piece CTF drainable pouch from another manufacturer could have been selected but may not have had the same wear time due to reported differences in adhesive properties of products.</p>
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	My goal was to participate in urostomy assessment, management and education which we were able to complete.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My goal for Monday is to complete an ostomy system selection and change independently. Complete my seek and find since the hospital is switching to Hollister products.

Reflection: Describe other patient encounters, types of patients seen. Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	<p>The patient described above was especially difficult because of his high anxiety and was a very particular person. He seemed to be having difficulty with his sense of loss of control over his situation (understandably) and was in need of someone to just listen and validate his feelings.</p> <p>We were able to see the NPWT patient with the R BKA. Since the patient had considerable pain on Tuesday when wound vac was changed we decided to try spiraling the black foam around the wound bed instead of using a single piece of foam. This seemed to help with pain because we didn't have to press down on the single piece of foam to conform it to the wound bed; the spiral was easier to keep in place while applying the drape without excessive pressure. Patient reported less pain today and was happy with application.</p> <p>We also provided post operative ostomy education to a new ileostomy patient and his son. This was the first education session so most of the information was kept basic as to not over whelm the patient or son. Printed material was provide with a goal of reading through it and writing down questions prior to next session. Very pleasant patient and family, great attitudes! I'm confident they will do well.</p>
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Reviewed by: _____ Date: _____

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