

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: Mon. 1/30/23

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

Number of patients seen today: 5 Preceptor: Theresa Cobb

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>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- Uterine CA, Vaginal CA s/p hysterectomy, vaginectomy, partial colostomy w/end ostomy, cystectomy complicated by ECF. ESRD on hemodialysis, chronic MDR UTI and bacteremia. HX of recurrent DVT/PE.</p> <p>HPI- patient admitted for c/o of abdominal pain and bleeding from ostomy. Urosepsis. Current vitals stable, leukocytosis, thrombocytopenia, protein calorie malnutrition, dehydration due to high ostomy output.</p> <p>Patient has double barrel wet colostomy with ECF leaking brown tinged urine.</p> <p>WOC nurse consult for colostomy pouching system change/evaluation, fistula assessment.</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.

Follow up visit for scheduled colostomy pouch change and system assessment along with assessment of ECF. Patient has double barrel wet colostomy located LLQ. Pouch system removed was Coloplast SenSura Mio Flex Convex light CTF, Coloplast Brava moldable ring, HVOP connected to large bore gravity drainage, flange framed with Mefix tape. Stoma measures 1 ¼ in, budded, red and moist, peristomal skin intact with no evidence of breakdown, rounded, surrounding abdomen soft. Output noted to be brown,

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soft and mushy to liquid effluent, emptied per nursing, current wear time reported at 4 days with no leakage. Patient has old midline scar with ECF at base, located in suprapubic abdominal fold. ECF has minimal to no drainage and is covered with dry gauze or abd pad and tape.

Evaluation of system shows pouch seal intact.

Same pouching system was applied. Nursing to follow up for re-evaluation and scheduled pouch change. Goal is 3-4 day wear time.

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>Impaired ability to maintain ADL’s/pouching system independently.</p> <p>Fluid/electrolyte imbalance due to high ostomy output.</p> <p>Nutritional deficit.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>WOC nurse to schedule pouch changes for 2X weekly to maintain ostomy system until patient reaches physical and cognitive ability conducive to education to reach independence if appropriate.</p> <p>Nursing to consult WOC for additional problems related to ostomy wear time between scheduled changes.</p> <p>Nursing to monitor ECF for increased output and report new skin issues to WOC nursing team.</p> <p>Encourage po fluid intake to prevent dehydration related to high ostomy output. Nursing to monitor I/O to ensure adequate IV hydration.</p> <p>Encourage po nutrition intake per dietary recommendations.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Patient is critically ill and is currently unable to maintain own pouching system. No information in HPI as to prior status so WOC nurse will need to evaluate as patient improves.</p> <p>Nursing should be monitoring ostomy for leaking seal, increased output that potentially could complicate fluid and nutritional status, and ECF for increased output or skin breakdown. Consult WOC nurse team between scheduled pouch changes if problems or new concerns arise to prevent further complications.</p> <p>Chart review indicates that dietary has been consulted and is following patient’s malnutrition issues. Their recommendations should continue to be followed as patient has multiple co-morbidities that need to be considered including a cardiac history and ESRD.</p>

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<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>Coloplast SenSura Mio Flex Convex light CTF, Coloplast Brava moldable ring, HVOP connected to large bore gravity drainage, flange framed with Mefix tape.</p> <p style="padding-left: 40px;">Patient abdomen requires some form of convexity. Coloplast SenSura Xpro One-Piece Convex Light Extended Cut-to-Fit Maxi Transparent Drainable Pouch may be a better solution for patient looking towards independence. This product comes may be easier to apply as a one-piece system and is available with a high-volume output pouch and is considered and extended wear.</p> <p style="padding-left: 40px;">Holliheasive Trim to fit skin barrier could be used instead of Brava moldable ring as Holliheasive tends to resist erosion better than the stoma ring.</p> <p>Coloplast makes curved barrier strips that may be a better option than Mefix tape due to cost, also patient is familiar with Coloplast products. HVOP drainage to gravity may become awkward as patient becomes more mobile (hopefully) so a HVOP pouch should be considered as an alternative.</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.

<p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>Today's goal was to continue to improve product knowledge and was met by working on Ostomy seek and find, troubleshooting complicated ostomies, and utilizing preceptor knowledge.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>Practice independent ostomy changes and skin assessments in outpatient setting.</p>

<p>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>	<p>Today we saw the patient (previously seen) with Gardner's Syndrome who has the matured EC fistula coming out of her stomach. The patient is now in ICU with urosepsis related to ECF and incontinence vs urinary tract/kidney involvement. She is now intubated and sedated with continued TPN. Patient has shown signs of complication from the long-term dependence on TPN as evidenced by liver and kidney functions. She continues to have complications with pouching system related to large ECF and multiple smaller ones on her abdomen along with severely excoriated skin from constant exposure to digestive contents making pouching a challenge.</p> <p>Reflecting on today's journal patient, I am unsure if patient will ever be able to achieve independence with her pouching system which unfortunately could possibly lead to some form of extended care setting. While there are many different products available to achieve similar results as her current system, I would be reluctant to change products if we are getting good results with what is being used and the patient</p>
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	has no complaints about the product. She seems content with the system in place as it is not leaking and is achieving a 3-4 day wear time.
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Reviewed by: _____ Date: _____

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