

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Yuhan Kao _____ Day/Date: _____ 1/13/2023 _____

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 and complete *plan of care and chart note*. 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, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course dropbox for instructor review & feedback. **Journals should be submitted to your dropbox no later than 48 hours following the clinical experience day.**

Today's WOC specific assessment Quebral, 6902631	<p>73 y.o. female with medical history of HTN, HLD, asthma, was diagnosed with a malignant neuroendocrine tumor at the head of her pancreas in 6/2022 and was followed by OSH and underwent a Whipple procedure on 12/12/2022. He post op course was complicated by a grade A pancreatic leak which was controlled with drainage. Developed a persistent leukocytosis despite board spectrum coverage and was treated with mero/micafungin and was discharged on 12/27/2022 with 2 JP drains and a plan to complete a 2 week course of antibiotic. Patient presented to UCLA ED on 1/3/2023 due to fever of 101.7, neasuae and vomiting, excessive lethargy, persistent abdominal pain, and purulent output from her JP drains. Images (CTAP) obtained from ED shown large perforation of proximal transverse colon with evidence of bowel wall hypoenhancement with intraperitoneal foci of air and fat stranding. Due to the large defect in colon at hepatic flexure, decision was to perform colon resection and ileostomy.</p> <p>It was post op day 1 after patient's ileostomy procedure (less than 20 hours from the procedure). Patient with new ostomy at the right lower quadrant with staples at the center of the abdomen. Previous JP drain at the right side had been removed during the ileostomy procedure. Patient was lethargic, response to loud voice and light touch with RASS of -2. Husband and two other family members were at the bedside an expressed interest in learning how to manage the ostomy site.</p>
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Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

Initial Consult: ostomy consult to introduce ostomy services and begin ostomy teaching, provide ostomy care instructions, and ostomy supplies to manage ostomy and educate caregiver/family.

On the day of assessment (Post op day 1): Patient was lethargic and respond to voice or light touch with RASS of -2. When awake, was alert and oriented x 4. Patient was on 1L nasal cannula and also on PCEA for pain management. Patient's expression was flat and slow to engage; required some coaching and motivation in order to proceed with the ostomy introduction. Patient agreed to the teaching/introduction process but remain silent almost the whole duration of the process with minimal interaction with her ostomy care. Consider to be at observation phase and will continue to follow up and further encouragement. The patient's husband, granddaughter, and grandson-in-law were all at the bedside, engaging, and ready to learn.

Upon initial inspection of the ileostomy site, the abdomen was soft and not distended. The incision site at the mid abdomen was

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cleaned, dry, and closed by staples. The ileostomy located at right lower quadrant and there was no leakage noted from the pouch system. Before removing the pouch, general education on ostomy care and supplies needed for ostomy were introduced to the family. How the stoma should look like, what to expect within the next few weeks, and the ostomy pouch that will be used and other accessories such as adhesive remover, barrier ring, stomahesive powder, antifungal powder, barrier wipes, and lubricating deodorant.

Pouch was then removed using the adhesive remover to avoid skin stripping and was removed from the top to bottom to prevent spillage; very scant brown-redish output noted in the bag. Before removal, steps on how to seal the pouch and empty the pouch were introduced to the family. After the pouch was removed and the surrounding skin was cleaned with water and pat dry. Stoma was pink-red and moist, round shape that measured approximately 32mm, the stomal height is budded, and the mucocutaneous border is intact. The stoma was not productive yet and no effluent was observed while performing pouch change.

The stoma site was measured and the pouch barrier plate was cut to fit. The current pouching system is Coloplast #15981 and will continue to follow up as the stoma site progress. The peristomal skin was intact and clean. To demonstrate how to prepare the skin if irritated. Stomahesive powder was used lightly and dusted off. 3M No Sting Barrier Spray applied on top of powder and allow to dry. Barrier ring was used around the pouch barrier plate to maximize seal and the pouch was apply over stoma with ease. Patient tolerated the pouch changing well with very minimal engagement and flat effect. However, did state at the end of the change that she will be more ready during the next visit. Patient's husband, granddaughter and grandson-in-law were very engaging throughout the process and asking appropriate questions.

WOC specific medical & nursing diagnosis	WOC Plan of Care (include specific product used today)	Rationale (<i>Explain why an intervention is chosen; purpose</i>)
<p><i>New ileostomy that require continue education on stoma care and management.</i></p>	<p><u>Ostomy Pouch Change: Coloplast #15981flat one-piece:</u></p> <ul style="list-style-type: none"> • Remove the old pouch and wash the skin with warm water and dry. • Use the old pattern to check the size of the stoma or measure with the guide provided in the box of pouches. Trace the pattern on the back of the pouch. • Cut out the pattern and smooth out any rough edges. • Remove the circular backing from the pouch and apply a barrier ring (Hollister #8805) around the cut edge of wafer • If there is skin irritation on surrounding skin, sprinkle stomahesive powder to just the irritated skin and brush off the excess. Spray over with 3M spray and fan dry. • Center the pouch over the stoma. Secure the spout closure at the bottom of the pouch. 	<p>Coloplast colostomy pouch is typically used for stool collection and drainage management after certain gastric intestinal surgery when a stoma was created.</p> <p>Barrier ring is typically used to fill uneven skin contours to create flatter surface to promote better seal from the ostomy skin barrier. Also could help extend the wear time of the skin barrier.</p> <p>Stomahesive powder helps to form a protective barrier on excoriated or weeping skin.</p> <p>3M no-sting barrier film spray helps prevent moisture associated dermatitis and provide protection to the skin from friction as well.</p> <p>Nutrition: one of the top nursing priority as patient was still NPO and still experiencing nausea and vomiting. Currently</p>

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	<ul style="list-style-type: none"> • Use light pressure with your hand to secure the adhesive to the skin around the stoma. • Be sure to empty the pouch when 1/3 to 1/2 full. <p>Empty the pouch:</p> <ul style="list-style-type: none"> • Empty pouch when it is 1/3 to 1/2 full. • Wash hands before and after emptying the pouch. • Gather supplies before starting the procedure. Include towels to protect surfaces that may get in contact with body waste from ostomy. • This procedure is preferred to be done in the bathroom once patient ambulatory. • Placing a piece of toilet paper in the toilet bowl can prevent splashing. <p>19392. Open the end of the pouch. 19393. Empty contents of pouch in a designated container or into the toilet bowl. If container is used, empty the container into the toilet. 19394. Wipe the end of the pouch with a toilet paper or a moist paper towel. Close the end of the pouch (Secure Velcro).</p> <p>Nutrition: Currently NPO. Had occasional emesis which controlled via Zofran IV push PRN and Metocloperamide IVP.</p> <p>Pain management: Managed by PCEA</p> <p>Psychosocial: Adjustment to illness and body image had been challenging for the patient. Utilize spiritual care (Catholic faith), therapeutic listening, and family involvement might offered some support.</p> <p>Occupational/physical therapy: OT/PT consult to assess and improve functional status.</p>	<p>Pain management: Patient's appeared to be well managed via PCEA with pain score consistently below 4 or zero. Tolerated the pouch change without pain.</p> <p>Psychosocial: patient's expression had been flat, even withdrawn at times. Did not look at her ostomy site even offered and hardly interacted when discussing ostomy care with family and when changing the pouch.</p> <p>PT/OT: Important to maintain functional status as the patient was fully mobile (BMAT 4) prior to hospitalization.</p>
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<p>What are the disadvantages of using the product(s)? What alternatives could be used and why? Identify each WOC product in use. This is an</p>	<p>Coloplast Colostomy pouch- Costly if patient's insurance status does not cover it. The whole system needs to be replaced when there is a leak. Alternative: other type of colostomy pouch system such Hollister or pouching system that are two pieces so easier to change.</p> <p>Barrier Ring- no disadvantage found (low cost, covered by insurance and available for purchase online). Alternative: other stomahesive paste such as psate strip and/or adapt paste.</p>
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opportunity to communicate product knowledge and critical thinking.	<p>Stomahesive powder- no disadvantage found (low cost, covered by insurance and available for purchase online). Alternative: other stomahesive powder from different vendors such as Adapt, Coloplast Brava ostomy powder.</p> <p>3M no-sting barrier film spray - no disadvantage found (low cost, covered by insurance and available for purchase online). Alternative- other manufacture or products such as barrier film wipe or smith & Nephew Skin-Prep spray.</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.

Were you able to meet your learning goals for today? Why or why not?	<p>Yes, was able to participate with ostomy introduction and teaching.</p>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	<p>Continue to gain more experience with more ostomy care and various wound management.</p>

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other: _____

Number of patients seen today: 9 Types of patients seen: Acute and chronic wound Assessment and treatment and ostomy management. (Peds: Incontinence related dermatitis. Adult: Ostomy assessment and management, including primary teaching on ostomy care. Various pressure injuries assessment and management. Consultation on venous stasis ulcer and discussed wound management with the patient. Wrote wound care consult notes).

Preceptor: Thanuttha (Tak) Tiensawang

Reviewed by: _____ Date: _____

****References are not generally required for daily journals**

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