

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: Tuesday 1/31/23

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

Number of patients seen today: 5 Preceptor: Jessica Lawson

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.

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| <p>Today’s WOC specific assessment</p> <p>Colostomy with peristomal ulcerations.</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 rectovaginal fistula, end Sigmoid colostomy, anemia, obesity, HPI- patient being seen for follow up to Kenalog injection for pyoderma located on peristomal skin of colostomy. Has been treated with multiple different steroids and has had skin biopsy by dermatology. Steroid treatments have been minimally effective for symptom management. Medical plan is to start Infliximab infusions for IBS/Crohn’s disease. Labs unremarkable related to this visit. Colostomy pouching system leaks causing additional irritation to ulcers.</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 mention location – **inpatient? Outpatient?** assessment of colostomy pouching system and ulcerations located on peristomal skin at 1-3 o’clock and 10-11 o’clock. Pink and weeping, tender to touch, further irritation from effluent undermining of system. Stoma located in LLQ, stoma is budded, red and moist, abdomen rounded, peristomal ulcerations as noted, patient reports pasty, brown stool with current wear tie of 1 day. Patient has midline healed scar.

Hollister 2 ¾ “ New Image Flat Flange with opaque drainable pouch removed. Undermining noted on back of wafer.

Patient and spouse present for visit, spouse assists patient with pouch changes and wound care. Stoma reassessed for appropriateness of current system no changes needed to system. Undermining seems to be the result of wound drainage so it was determined that Aquacel Extra to wounds for exudate control was needed. 2 ¾ “ Hollister New Image Flat flange (CTF) with thin layer of stomahesive paste, Hollihesive washer (CTF) applied to flange, opaque drainable pouch applied (same system currently used). Recommend using stoma hesive powder to skin to help maintain dry surface for pouching system to prevent additional

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leaking.

Make sure to mention how patient tolerated procedure – this was likely painful

| WOC specific medical & nursing diagnosis and concerns | WOC Plan of Care (include specific products used) | Rationale (Explain why an intervention is chosen; purpose) |
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| <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>Altered skin integrity (actual vs risk for)</p> <p>Knowledge deficit related to colostomy care.</p> <p>Impaired coping due to poor health.</p> <p>Nutritional deficit related to anemia and obesity.</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Patient/caregiver to apply Aquacel Extra to ulcerated areas with each pouch change to manage wound exudate. <i>Include rationale in section 3.</i></p> <p>Patient/caregiver to follow specific instructions on pouch change and skin preparation per WOC nurse to maintain system. Goal: wear 3-4 days. <i>You are the WOC professional here – what are your instructions? This is the purpose of the POC section.</i></p> <p>Patient/caregiver to be instructed on methods to improve sense of control over health including making healthy choices, keeping appointments, asking questions, and participating in care.</p> <p>Patient/caregiver to follow recommended dietary plans to increase protein for wound healing and anemia. Patient/caregiver to follow heart healthy diet. Patient/caregiver to seek advice from PCP on safe exercise program.</p> <p><i>Make sure for this section you are directing care. Regardless of setting this section needs to be pointed and specific instructions on exactly what you need done after your charted visit. If your recommendations reflect the above, include that information in the note. The Plan of care directive needs to be what you are specifically instructing from the standpoint of the specialist in charge of WOC care.</i></p> <p><i>Please update this section to reflect this. State exactly what you want done – example: “follow up with WOC in X time” “follow X diet” “Consult X if Y” etc.</i></p> | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Controlling wound exudate will improve skin and wear time for colostomy system.</p> <p>Following specific instruction as provided by WOC nurse for system management will improve wear time and skin irritations.</p> <p>Participation in care can help patient to regain sense of control over current health system. Maintaining appointments is critical to managing chronic illness and preventing exacerbations.</p> <p>Making healthy lifestyle changes, even small ones, can improve overall health and wellness. Patient should always consult with PCP prior to starting any exercise program. Weight loss and exercise has been shown to improve physical and emotional health. - <i>yes</i></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>2 ¾ “ Hollister New Image Flat flange (CTF) with thin layer of stomahesive paste, Hollihesive washer (CTF) applied to flange, opaque drainable pouch used. Patient is familiar with these products and comfortable using them. Patient’s supportive tissues are firm, stoma is budded so convexity is not warranted in this case. – <i>consider if this was not available – this patient needs a plan. What is an alternative product that would achieve similar results?</i></p> <p>The use of stomahesive powder around stoma was recommended to protect irritated peristomal skin. Aquacel Extra is a hydrofiber dressing that has extra absorptive properties to control ulcer exudate so that it does not compromise ostomy system.</p> <p>In this case, a calcium alginate dressing may also be considered for managing the exudate from the pyoderma ulcers to, in turn, maintain the ostomy system. This dressing also comes in a silver infused variety if infection or biofilm is a possibility.</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.

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| <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 complete independent ostomy changes and perform skin assessments in the outpatient setting. I was able to complete this with multiple patients during the day including the patient above. Most of the patients seen were follow ups from recent surgeries who needed to be re-evaluated for stoma/abdomen changes and pouching system appropriateness.</p> |
| <p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p> | <p>Providing postoperative education to patient’s and their caregivers on ostomy care, diet, and lifestyle modifications including verbal and hands on lessons.</p> |

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| <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>One of the patient encounters was with a gentleman and his wife regarding the location of his stoma. The patient reported having problems with his pouching system literally popping off his abdomen during activity. His stoma was located in his RLQ and was quite low. The patient had a high BMI and large, firm abdomen. This combination caused considerable difficulties with system management. Patient also had a peristomal hernia and wanted to have hernia repair and his stoma moved. The surgeon told the patient he needed to lose weight as no one would repair his hernia at his current weight/BMI. Patient was given a referral to the bariatric clinic and physical therapy. I feel that this is a frequent problem for many of the patients we’ve seen. Many patients struggle with weight and physical activity which results in poor outcomes. This is also true due to the fact that obesity is a risk factor for</p> |
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| | IBD. I think it may be worth considering all overweight/obese patients being referred to bariatric centers and PT as part of their postoperative POC. – <i>good point</i> |
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Reviewed by: _____Mike Klements 2/3/23_____ Date: _2/3/23

Hi Stacy – see my notes throughout. As this is an ostomy focused POC, make sure it is directing care in that regard. You are the WOC nurse in charge here and we want our instructions to patients to be clear. Please update the POC to reflect this verbiage. Be as holistic as you can. Reach out with questions. Additionally, please add your hours completed from this day to the journal. Updates can be done right in this document. -Mike

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