

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Yuhan Kao _____ Day/Date: _____ 1/20/2023 _____

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	<p>16 y.o. male with a history of GSWx4 to abdomen and chest, Grade III liver laceration, retroperitoneal hematoma, pancreatic transection, gastric/duodenal/colonic perforation, s/p ex-lap and hemicolectomy (12/31), s/p ex-lap and wash out for pancreatic fluid build-up (1/3), and s/p gastrojejunostomy and end ileostomy (1/4).</p> <p>On the day of assessment, as part of continuous follow up on stoma management and assess for progression, the patient was sitting in the chair, on room air, and with multiple tubes and drains on him. Patient had a slum-sump tube in his left nostril that was hooked up to low wall suction, a small bore feeding tube that was in the right nostril for tube feeding. Patient was also receiving TPN and had 4 JP drains secured on his hospital gown to prevent dislodgement.</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:

Wound Consult: Ongoing follow up visit for the ostomy care and management.

On the day of assessment (hospital day 21), patient was agreeable to stoma assessment and pouch change. Stated he was quite uncomfortable and even though his pain was well controlled by his PCA, was still feeling overall unwell. Patient was mobile and was able to moved himself back to the bed and lied flat without any assistance and was utilizing his PCA bottom for bolus doses throughout the assessment. Upon initial inspection of the ileostomy site, the abdomen was flat and soft. The incision site at the mid abdomen was clean, dry, and closed by staples. The end ileostomy located at right lower quadrant and there was no leakage noted from the pouch system. Pouch was removed with adhesive remover to minimize the discomfort related to pulling on the skin and hair as much as possible. The removal was slow and careful. Once the pouch was removed and cleaned the stoma site with warm washcloth, the stoma was red, round shape and slightly budded, measured at 28mm. There was a stent (red Robinson) within the stoma and was sutured at the 1o'clock location. Mucocutaneous border and the preistomal skin was intact and no abnormal contour noted. The stoma was functional and there were brownish liquid stool noted in the bag and before removal and during pouch change. Due to the stoma was now slightly budded, the decision was to change from Coloplast 15981 to Coloplast SenSura 15696, Convex light pouch for better seal. The barrier plate was cut out at 28mm opening and barrier ring was applied around the opening. The plate, with the barrier ring already on, was trimmed with a small slit to accommodate the suture that is securing red Robinson. The pouch was applied over the stoma and reinforced the seal with Brava Elastic Barrier Strips (2 pieces). The patient tolerated the procedure well; noted that he did used his PCA button few times during the procedure. Patient was engaging in conversation but did not show interested in learning or even touching his stoma site when ask if he would like to help remove his pouch. Considered his phase to be observational and still required more time to cope with sudden change in body image. Once the pouch was changed, the patient asked to go back to his chair, assisted him with his lines and drains

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to prevent potential dislodgement before existed the room.

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 stoma management and education.</i></p>	<p><u>Ostomy Pouch Change; Coloplast SenSura 15696, Convex light pouch:</u></p> <ul style="list-style-type: none"> • Remove the old pouch and wash the skin with warm water and dry. • Cut out 28mm opening on the pouch barrier plate • Remove the circular backing from the pouch and apply barrier ring (Hollister #8805) around the cut edge of wafer • Trim a slit to accommodate suture that is securing red robinson • Apply over stoma and reinforced the seal with Brava Elastic Barrier strips (2 pieces). <p><u>Change:</u> Empty when 1/3 to 1/2 full. Change every 3-4 days (twice/week) and as needed.</p> <p><u>Supplies:</u> Supplies at bedside.</p> <p>Nutrition: isosource HN at 10ml/hr and increase by 10ml every 8 hours to reach goal rate at 100ml/hr. Also on parenteral nutrition at 100ml/hr x 24 hours to meet the daily kcal. Notify nutrition if patient cannot tolerate tube feed advancement.</p> <p>Pain management: Managed by PCA and patient had demonstrated competency on using the PCA button as needed. Pain service following when there was concerns.</p> <p>Psychosocial: (psychiatry & child life) Adjustment to illness and body image had been challenging for the patient. Utilize child care and psychiatry to provide age appropriate support and coping strategies.</p> <p>Occupational/physical therapy: OT/PT consult to assess and improve functional status.</p>	<p>Coloplast SenSura pouch is typically used for stoma height that is closer to the skin surface and needed a harder plate surface to achieve better seal.</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>Nutrition: Patient had been experiencing vomiting and tube feeding had been on hold multiple time. BMI under 18 and goal is continue to provide adequate nutrition as much as tolerated.</p> <p>Pain management: Patient's appeared to be well managed via PCEA and tolerated the pouch change with few PCA boluses.</p> <p>Psychosocial: patient was engaging in conversation during ostomy change but refused to engage in ostomy specific care. Made a statement about "this is gross" when there were effluent coming from the stoma.</p> <p>PT/OT: 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 opportunity to communicate product knowledge and critical thinking.</p>	<p>Coloplast SenSura 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 that is one piece and with light/soft convex such Hollister soft convex pouch.</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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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

<p>Were you able to meet your learning goals for today? Why or why not?</p>	<p>Yes, was able to conduct ostomy assessment and changing independently and written appropriate consult note.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>Continue to gain more experience on ostomy care and possible more complex ostomy care or wound care, such as wound vac or ostomy complication.</p>

Number of Clinical Hours Today: 6

Care Setting: Hospital Ambulatory Care Home Care Other: _____

Number of patients seen today: 7 Types of patients seen: Acute and chronic wound Assessment and treatment and ostomy management. (Peds: Ostomy management and follow up with pervious patient. Adult: Pressure injuries assessment and management, surgical wound management and consultation, and moisture related dermatitis management. Wrote wound care consult notes).

Preceptor: Thanuttha (Tak) Tiensawang

Reviewed by: _____ Date: _____

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

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