

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Amelie Penberthy Day/Date: 2/6/23

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

Number of patients seen today: 6 Preceptor: Karen O'Brien

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>Patient has a history of significant constipation with the inability to have a bowel movement without assistance including previous disimpactions in the OR. – <i>is there a known clinical reason/diagnosis for this? With marking, also consider including pt weight and habitus.</i> Consult requested for WOC nurse stoma site marking. Patient was pleasant on encounter and open to learning. The loop ileostomy was explained to him and his mother during the visit. Loop ileostomy will be marked on the right side of the abdomen, there were no additional notes/considerations per surgeon. On visual inspection of abdomen in supine position, patient has minimal adipose tissue with no scars. Palpation and edges marked of the abdominal rectus muscle along with the inferior aspect of the ribs. Abdomen inspected at the sitting position finding a central horizontal deep crease going through umbilicus when bending slightly. Infra umbilical fat mound summit located. Belt line avoided, bony prominences avoided. Site marked with a circle and “X” at the RLQ. Patient was asked to sit up straight and asked to visualize the marking. Then the patient was asked to stand and marking was inspected and patient asked to visualize the mark. Site marking was then visualized with the patient bending forward.</p> <p>Patient consented to and understood the permanence of the stoma tattoo site marking. Tattoo site marked at the RLQ.</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.

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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.

Patient is a 22 year old male with a history of significant constipation with the inability to have a bowel movement without assistance including previous disimpactions in the OR. Consult requested for WOC nurse stoma site marking. Patient was pleasant on encounter and open to learning. The loop ileostomy was explained to him and his mother during the visit. Loop ileostomy will be marked on the right side of the abdomen, there were no additional notes/considerations per surgeon. On visual inspection of abdomen in supine position, patient has minimal adipose tissue with no scars. Palpation and edges marked of the abdominal rectus muscle along with the inferior aspect of the ribs. Abdomen inspected at the sitting position finding a central horizontal deep crease going through umbilicus when bending slightly. Infra umbilical fat mound summit located. Belt line avoided, bony prominences avoided. Site marked with a circle and "X" at the RLQ. Patient was asked to sit up straight and asked to visualize the marking. Then the patient was asked to stand and marking was inspected and patient asked to visualize the mark. Site marking was then visualized with the patient bending forward. Stoma marking confirmed at the RLQ.

Patient verbalized consent and understanding of marking purpose and procedure. Patient consented to and understood the permanence of the stoma tattoo site marking. Tattoo site marked at the RLQ. Patient was given the surgical marker and advised to maintain a circle around the tattoo site for surgery. Image of marking attached.

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><i>The active problem here is constipation (what is this pt's diagnosis?)</i></p> <p><i>Consult was for stoma marking and education.</i></p> <p>Patient had a large crease across abdomen when sitting.</p> <p>Patient may not remember to keep mark visualized.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Please keep your circled stoma site mark fresh with supplied marking pen.</p> <p><i>Is there anything else this patient needs to do? Consider their success and comfort.</i></p> <p><i>Should site be covered?</i></p> <p><i>What if they have further questions?</i></p> <p><i>What if the caregiver has questions?</i></p> <p><i>Diet consideration?</i></p> <p><i>ADLs?</i></p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>The stoma marking had to avoid the crease along with considering the skin barrier size. The marking could be above the crease, if needed but it is better if on the summit of the infra umbilical fat mound.</p> <p>This is why the tattoo is made so the doctors can see the marking in the OR.</p>

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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>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Permanent tattoo- This might not available or the patient may not consent. An alternative would be to do a surgical marker with a tegaderm over the marking. – <i>this is the most commonly used and evidence backed method, however many surgeons do prefer tattoo method for various reasons. .</i></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?	Yes, the whole day was full of stoma markings. I was able to see different shaped abdomens. It was great practice. – <i>great!</i>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I hope to practice more with incontinence cases.

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	I learned about a very complex stoma marking. The surgeon wanted the stoma to be switched to the other side of the abdomen because of hernia repairs, but the site options were not ideal. The nurse made a choice but was going to discuss concerns related to the hernias that were located on that side as well with the surgeon. Stoma marking can be very tricky. – <i>it can. Taking the time for a thorough assessment when able is imperative. This should be done within reasonable patient limitation, however it can't be stressed enough to patients that this is a very important visit to facilitate their success.</i>
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Reviewed by: Mike Klements 2/6/23 Date: 2/8/23

*Hi Amelie – your note on this patient is well constructed. The POC is missing some components. While there is currently no diversion to take care of, we want to make sure that this patient is set up for success. See my prompts above. Please elaborate your plan of care based on these prompts prior to the qualification of this as a satisfactory submission for ostomy marking. Reach out with any questions.
-Mike*

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