Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Yuhan Kao _____ Day/Date: _____02/06/2023_____

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, s***elect 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 **Briest 1358327**	69 y.o male with medical history significant for incisional hernia, ulcerative colitis with complication that resulted in open Sigmoidectomy with Colorectal anastomosis under general anesthesia in 2020. Coming in today as prescheduled surgery case for exploratory laparotomy, total proctocolectomy w/ ileoanal J pouch, diverting ileostomy, incisional hernia repair, cystourethroscopy w/ bilateral ureteral stent placement Surgery is scheduled at 1100 and site marked is needed for the upcoming Ileostomy.

Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

Ostomy Consult: Stoma site selection and pre-procedure instruction

Patient was in the pre-procedure unit with his wife at the bedside. Introduced our roles and the purpose of our visit upon arrival and check if it is a good time to assess his abdomen for site marking. Both patient and his wife are expecting us and ready for the procedure. Patient was already in hospital gown and was laying on a gurney. Patient and his wife both seemed very knowledgeable regarding his disease and knew his medical history very well. Able to state the procedures that he will be going through today and what procedures he had gone through in the past. Once the initial assessment of basic knowledge of his procedure was established, we moved forward with the actual site marking process. Patient's gown was lifted up to his chest and blanket was used to cover below his pelvic bone to protect privacy. Patient in lying on the gurney in supine position. Abdomen was round and scar was noted at midline abdomen, not tender to touch in all 4 quadrants on the abdomen. We asked the patient to try to tighten his abdomen muscle so we can assess his rectus muscle and know the edge of the area on both side. Patient was able to complete that without any difficulty and we were able to identify the area of his rectus muscle. We then started with the utilize the iliac crest on the right side to patient's umbilicus and find the point that is about 3 inches away from the umbilicus, within the rectus muscle, and on a flat surface on the right lower quadrant. Once the initial site was marked, we assessed the patient in a sitting position and bending forward position and found that he was not able to see the marking site in these 2 positions due to his body habitat so site mark was changed to right upper quadrant. And when the patient tighten up his abdomen muscle again while in sitting position, the incision hernia is clearly visible. After careful consideration, it is still thought to be the better option to keep the site mark with the hernia to stay within the rectus muscle. Site was marked with surgical marking pen. We repeated the same process on the left side of the patient and marked another site (as back up) on the left upper quadrant.
As we just finished marking the left site, the surgeon came in to the room to start the consent process as it was less than an hour before the scheduled procedure time. We checked with both the patient and wife for any additional question before we exist the room.

WOC specific medical & nursing diagnosis	**WOC Plan of Care (include specific product used today)**	**Rationale** ***(Explain why an intervention is chosen; purpose)***

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Site marking for upcoming Ileostomy	Site Marking recommendation: Optimal stoma site selected with patient in supine, sitting, and bending forward position within rectus muscle, visible to patient. Avoiding skin fold. Site marked with surgical marking pen at left and right upper quadrants.	Site marking: Site marked within hernia to stay within the rectus muscle.

What are the disadvantages of using the <u>product(s)</u>? What alternatives could be used and why? **Identify each WOC product in use. This is an opportunity to communicate product knowledge and critical thinking.**	Surgical marking pen- Disadvantage: Could come off very easily during scrubbing. Alternative: Tegaderm to cover the site marking, or make a scratch with a needle.

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?	Yes, able to conduct a site marking and able to manage majority of the wounds and ostomy independently without much prompt or help. Had few cases of ostomy teaching and return demonstration with the patients.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	This was the last day of my clinical day

Number of Clinical Hours Today: _9___

Care Setting: ___Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: 10 Types of patients seen: Acute and chronic wound Assessment and treatment and ostomy management. (Pediatric: Follow up ostomy assessment and management. Adult: Pressure injuries and ostomy management and consultation. Site marking for new ostomy. Complex ostomy site management. Surgical wound management with wound vac change. Moisture related dermatitis management. Wrote wound care consult notes).

Preceptor: Thanuttha (Tak) Tiensawang

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Reviewed by: _____ Date: _____

**References are not generally required for daily journals

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