

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Jessica Baker _____ Journal Completion Date: _____ 2/14/23 _____

 Setting: _____ Acute Care Outpatient _____ HHC _____ Other _____

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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

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| Today’s WOC specific assessment | <p>A 45 y/o female with past medical history of anemia, anxiety, fibromyalgia, hypercalcemia, major depressive disorder recurrent with severe psychotic symptoms, and tongue carcinoma. S/P surgery and chemoradiation. Most recent hospitalization for recurrent tongue lesion with metastasis to the lung, altered mental status. Admitting chest CT demonstrated pneumoperitoneum, pneumomediastinum, and right pneumothorax secondary to perforated sigmoid colon. Patient was taken to the operating room for exploratory laparotomy, right chest tube placement, evacuation of a large pelvic abscess, and creation of a LUQ colostomy. Patient has returned to home and is being followed by HHC.</p> <p>Labs: Na 133mmol/L, K 4.3mmol/L, Cl 101mmol/L, BUN 20mg/dL, Glu 125mg/dL, Cr. 0.72mg/dL, Ca 8.5mg/dL, Mg 1.9mg/dL, WBC7.0 10e9/L, Hgb 9.7g/dL, HCT 30.2 %, PLT 245 10e9/L</p> |
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Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

WOC services consulted by plastic surgery service for ostomy evaluation and management. Patient presented to the clinic accompanied by spouse. Patient reports she changes her own ostomy appliance with wear time of 1-3 days and empties pouch 2-3 times per day. Utilizing one piece cut to fit Hollister pouching system with flat skin barrier wafer and Eakin ring. Reports pain of 5/10 with appliance in place. Using OTC acetaminophen to manage with dose of extra strength taken 1 hour before visit. Reports pain as 2/10 at present. Patient also reports she is on tube feeding Isosource 1.5cal 4 cans per day via G-tube. Reports weight loss of 25lbs since surgery. Weight 148lbs before surgery and 123lbs currently. Patient instructed to continue tube feedings as ordered and to call PCP. Dietician consult placed. Pt agreeable to assessment. Spouse remains at bedside. “He wants to learn too since he is my support at home.” G-tube site gauze dressing removed. Site cleanse with water, pat dry. Peristomal skin intact and without irritation. No leakage noted.

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Site left open to air. Education provided regarding tube securement. Tube securement device applied. Colostomy pouch with brown pastey output. Skin barrier wafer noted to be cut larger than stoma size. States "I've been cutting it the same size since I left the hospital." Appliance removed to colostomy. Back of skin barrier wafer assessed and noted to have area of erosion at 6 o'clock and enlarged skin barrier ring. Peristomal skin red, denuded, and erythematous circumferentially to stoma. Area cleansed with warm, tap water moistened wash cloth. Stoma red, moist, and protrudes slightly above skin level. Abd soft to palpation. Palpation resulted in an increase of pain to 8/10. Encouraging deep breathing and using distraction to manage. Thin hydrocolloid dressing applied to peristomal irritation followed by firm convex one piece Hollister appliance. Demonstration and explanation of procedure along with appropriate sizing of stoma opening provided. Verbalized understanding expressing ability to perform. Written instructions provided for g-tube and ostomy care. Extra appliance provided. Voices desire to learn about irrigations and if this in an option for her. Information provided regarding colostomy irrigations for pt to review. Aware of need for formed stools before can consider as an option. Pt and spouse verbalize understanding of teaching and POC. Agreeable. HHC and plastic surgeon provided visit information and note. HHC to begin supplying new products. Follow-up apt made for one week.

| 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>Weight loss of 25 lbs. since surgery per patient's statement. Patient receiving tube feedings via G-tube with IsoSource 1.5 cal, 4 cans per day.</p> <p>Alternative: Impaired nutrition.</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Dietician consult. – <i>what about this? Should this patient call with questions? Make sure to consider the case study setting, this is an outpatient visit. .</i></p> | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>The patient reported losing weight even though she is on IsoSource 1.5cal tube feedings. The dietician can evaluate that patient's condition, nutritional needs, and readjust the tube feeding amount or type of tube feeding depending on the nutritional need.</p> <p>The G-tube securement device can adhere to the skin.</p> |

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| | | are usually tender after surgery, but if the pain is worsening with palpation, then the patient might need another CT scan to look for abscess or other complications. |
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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>Tube securement device. The tube securement device will help hold the G-tube in place, and reduce movement of the G-tube by securing the tube to the body. Disadvantage: The securement device may be an adhesive device, which could cause additional skin irritation. Alternative: NelMed-G-Tube Holder. A belt that is designed to hold the G-tube in place without the use of adhesives.</p> <p>Thin hydrocolloid dressing. The hydrocolloid will protect the peristomal skin by acting like a layer of skin with the ability to absorb small amount of drainage. Disadvantage: Adheres to the skin. Unable to absorb moderate amount of drainage. Alternative: 3M Cavilon® No-Sting Barrier Film spray.</p> <p>Firm convex one-piece Hollister appliance. This appliance can be used on a very soft abdomen. This appliance was used to help the stoma protrude further to allow better drainage from the colostomy. This will help to avoid stool getting under the appliance and damaging the skin. Disadvantage: The firm convexity may be uncomfortable for a patient. Alternative: Coloplast SenSura® Mio Convex Soft 1-piece drainable pouch with Brava® Protective Seal Convex ring. This pouching system is flexible.</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 choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</p> | <p>My goal was to learn about the education for the patient for tube feedings, and colostomy skin care.</p> <p>Yes. My goal was met.</p> |
| <p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p> | <p>A 22 year old with a FMS.</p> |

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| Reflection: Identify/describe thoughts | I realize that the patient had chemoradiation, which could effect |
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related to the mini case scenario, anything you might have done differently, etc

nutrition and wound healing. A dietician consult is probably a wise choice for this patient. The patient reported losing weight. I would not expect the patient to keep losing weight while on tube feedings. Therefore, I know that the patient's nutrition is compromised and needs readjusted for proper calorie and nutritional intake. I wondered why a plastic surgeon is on for this patient. Why not a general surgeon?

Reviewed by: __Mike Klements 2/15/23__ Date: __2/17/23

*Hi Jessica – Upon initial review, this POC needs updating. Remember, the plan of care is coming from you (the WOC specialist) and being delivered to the patient in this outpatient scenario. We are not directing care to a WOC nurse. You would be performing these actions as the specialist and then providing instruction on what needs to be done to maintain care until your next encounter. **Please revise this journal to reflect this.***

Reach out with any further questions!

-Mike

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