



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Jennifer Bonick_____ Day/Date: 4/25/23

Number of Clinical Hours Today: _____ Care Setting: _____ Hospital _____8 Ambulatory Care _____ Home Care _____ Other: _____

Number of patients seen today: _____6_____ Preceptor: _____Angela Matus_____

Journal Focus: _____Wound _____6_____ Ostomy _____ Contingence _____ Combination Specify: _____

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>Patient was seen in the office today for an appointment with surgeon to discuss reversal of colostomy. Patient frustrated with stomas as it is prolapsed, and he feels “disgusting”. Patient expresses frustration with embarrassment in public due to protrusion of stoma noticeable through his shirt and also unable to take his shirt off when he is mowing his grass due to embarrassment. Patient denies any other pouching issues or skin concerns other than the prolapse he has noted. Plan is for surgery to reverse colostomy and give patient a temporary ileostomy. Visit with surgeon today was for patient to be educated and marked for a temporary ileostomy. Patient and wife were educated on the difference between colostomy and ileostomy.</p> <p>Patient currently living at home out of state with wife and daughter living nearby who is a nurse. Patient was admitted on 2/28/23 for septic shock due to enterococcus fecalis. Patient was S/P TAVR on 2/26/23 in West Virginia who developed bilateral lower extremity ischemia, sepsis with enterococcus fecalis bacteremia, AKI, and colitis. Patient subsequently ended up with a left AKA and right TMA due to ischemia. Patient was transferred to main campus CCF due to postoperative complications.</p> <p>Patient with PMH of CAD, DM, HLD, HTN, CAD s/p CABG, s/p TAVR.</p> <p>Medications :</p> <p>Aspirin 81 mg daily Isordil 20 mg three times daily Coreg 3.125 mg twice daily Protonix 40 mg twice daily before meals Apresoline 50 mg every 8 hours Demedex 50 mg daily</p> <p>Most recent labs:4/25/23 WBC 9.38 RBC 4.24 HGB 12.6 HCT 37.4 Platelets 199</p>
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	Patient chief complaint for today's visit is to assess pouching system and to mark patient for ileostomy and discuss reversal of colostomy.
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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.

<p>Patient was seen in the office today for ileostomy marking for his upcoming colostomy reversal. Stoma type is an end transverse colostomy. Stoma is prolapsed but is 1 ½” when reduced. Stoma reduces easily. Location of stoma is LUQ. Mucosal condition and color is red and moist. Mucocutaneous junction is intact. Peristomal skin is clear and intact. Peristomal contour is rounded with semisoft supportive tissue noted. Output of stoma is soft and mushy brown. Frequency of emptying is variable 1-4 times depending on what patient eats. Current pouching system is a 2 ¾” Hollister New Image cut to fit flat flange with a moldable ring and lock and roll pouch. Current wear time is 3 days per patient. Recommendations for skin care – stomadhesive powder dusted to skin. Pouching system applied: same system as patient is doing well with current pouching system.</p> <p>Patient was marked for ileostomy by tattoo method. Patient and family able to view the ileostomy video and all questions answered regarding an ileostomy. Ileostomy booklet given to patient. Patient noted to have difficulty looking at stoma during pouch changes. Patient did appear to get emotional when speaking to him about creation of new ostomy and closure of current ostomy site. Patient has very supportive family that were in the room during assessment.</p>
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WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Ineffective coping in relation to dealing with colostomy	Continue with current pouching system	Current pouching system that patient is using is working well for him without any leaking issues or pouching concerns. Due to the patient having a prolapsed stoma, I would not want to change his system as he is happy with the products and also has not expressed any issues.
Anxiety about upcoming surgery and creation of ileostomy and colostomy closure.	Consider a referral to DDSI behavioral health to assist with management of negative feelings toward body and ostomy. Continuing to provide positive feedback to patient about his stoma and his ability to attempt to participate in care of stoma. Validation of patient	This referral would be a valid suggestion due to the patient and their reaction to their stoma. Their first comment when asked how they were doing was “how do you think, this is disgusting, I’m embarrassed, and it is just so gross.” The patient was noted to have significantly negative feelings toward his body

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		and self-image. Patient admitted to not going out of his house because he is embarrassed due to his ostomy and worries about how he can manage outside of his home.
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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?	The products that were used on this patient today was a Hollister new image cut to fit flat flange, moldable ring and also a lock and roll pouching system. This pouch works well for patient but one disadvantage was the patient wife had difficulty with fitting everything together at times and expressed concerns due to her arthritis. I would continue with the moldable ring, or even offer the patient stoma paste to try if he is willing to try something different. I think the pouching system overall was a great fit for the patient, but also feel that a one piece may work for him due to his caregiver's arthritis issues. An alternative pouching system may be coloplast sensura Xpro easiclose wide one piece flat drainable pouch. The one-piece system may be easier for his wife to apply. The opaque design may also be nice as he does not like to see his stoma or its contents.
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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?	My goal for the day was to learn more about different products as well as learning more about ordering supplies for patients. We did a lot of ordering new supplies for patients, and I saw the process of how that works, which was interesting. I also wanted to participate in marking a patient pre-op, and was involved in three today, which was exciting to see and made me feel more comfortable with the process. I felt that I got a lot of experience today with pouch changes and becoming more comfortable with hands on care. I also really enjoyed working with Angela today as she is a great teacher and very thorough with patients. She made each of them feel comfortable with asking questions and expressing their concerns and fears.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I want to continue learning about the different pouching options and why we choose different systems for each patient. I also would like to have more hands-on experiences tomorrow to become more comfortable with the process from start to finish.

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	Today we saw three pre-op markings for patients, and one was to be marked in all 4 quadrants, so that was helpful to see. There were a lot of patients that had skin breakdown. Being present to witness how the stoma nurse addressed each issue and came up with a plan to assist with healing of the peristomal skin was extremely helpful.
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Reviewed by: _____ Date: _____

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