



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: 4/27/23

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

Number of patients seen today: 7 Preceptor: Megan Hincapie

Journal Focus: _____ Wound x Ostomy _____ Contenance _____ 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 seen today by ostomy nurse for scheduled pouch change x2. Patient went to OR on 1/10/2023 for open colostomy with loop transverse colostomy for incontinence of feces with chronic osteomyelitis. Patient has history of ileal conduit. Patient very anxious with both pouches needing changed at same time. Continued teaching needed and reassurance. Patient with history of paraplegia and multiple pressure injuries. Patient currently using 1 ¾” hollister new image flat flange, cut to fit (no accessories used), urostomy pouch, uro adaptor connect4ed to gravity drainage. Patient comfortable with pouch changes, but anxious and needing reassurance. Patient has a baclofen pump implanted in LLQ.</p> <p>Patient most recent labs noted 4/27 :</p> <p>WBC 8.83 RBC 3.60 HGB 9.4 Hct 29.7 Platelets 505</p> <p>4/26: Glucose 110 BUN 7 Creatinine 0.41 Na 135 Potassium 3.3 Chloride 95</p> <p>Current medications: Xanax 1mg Q8 Loperamide 2 mg Q6H PRN Oxycodone IR 15-20 mg Q3 prn Hydromorphone 0.5mg Q2 PRN Vancomycin 1.5G Q12 IV</p>
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	Oxycodone 20 mg at HS Scopolamine 1 mg patch every 72 hours Methocarbamol 750mg TID Lovenox 40 mg SQ daily Prochlorperazine 5mg Q6 PRN Neurontin 1200 mg Q8 Xarelto 20 mg daily
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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.

Patient seen today for scheduled pouch changex2. Pouch changes completed with patient assistance. 2 Weeks of supplies and order forms given to patient for both the ileal conduit and colostomy. Patient prepared for discharge to facility from WOC standpoint. Patient next scheduled visit for pouch change x2 5/1/2023.

Pouch #1: end ileal conduit

Diameter rounds to slightly less than 1 “

Location is in the RUQ. Stoma noted to be budded, red and moist with intact mucocutaneous junction.

Peristomal skin is clear and intact. Peristomal contour is flat with supportive abdominal tissue semisoft. Output noted to be clear yellow urine with mucus. Current pouching system is 1 ¾” hollister new image flat flange , cut to fit (no accessories used), urostomy pouch, uro adaptor connected to gravity drainage. Current wear time us 3 days, hydration to aperture. Recommendations for pouching system are to continue with same. Wear time goal is 3-4 days.

Pouch #2 loop transverse colostomy with a diameter of 1 7/8” noted in the LUQ. Stoma noted to be budded, red and moist with an intact mucocutaneous junction. Peristomal skin noted to be denuded with erythema circumferentially. Peristomal contour noted to be. Mildly rounded and semisoft supportive tissue noted. Output noted to be pasty brown stool. Current pouching system is 2 1/5” Hollister new image convex flange, cut to fit, Hollister adapt CeraRing, lock ‘n roll pouch. Wear time currently is 3 days. Recommendations to patient are to dust skin with stomahesive powder and seal with skin sealant. Patient is very resistant to change due to anxiety but is willing to try the stomadhesive powder. Pouching system applied 2 ¼” convatec sur-fit natura durahesive flat flange, drainable transparent pouch with a wear time goal of 3-4 days. Midline abdominal incision – noted healed scar.

The patient colostomy pouch was changed to a convatec sur fit natura durahesive flat flange due to patient request as he like this product better. The patient does not appear to need convexity. Patient likes that the convatec skin barrier is smaller that the Hollister new image which works better with the two stomas being so close together so that he does not have overlapping pouching issues.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
1: Altered skin integrity to peristomal skin surrounding colostomy	Patient will begin to use stomahesive powder with skin sealant to heal peristomal skin.	Skin noted to be denuded and erythematous. Patient has not been

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2. Anxiety regarding caring for stomas at home/ at facility after leaving hospital.	Referral made to DDSI behavioral health to assist with management of anxiety and difficulty with change/ trusting others to assist with care of stomas.	using stomahesive powder or skin sealant . patient stated that he has been having looser stools more recently and feels that his stool is burning his skin. Patient has significant anxiety during pouch changing and continually asking very similar questions over and over again to ensure that we are changing the pouch “the right way” patient needs continued reassurance and to be able to trust caregivers to care for him.
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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?	This patient was placed in a Hollister new image flat flange cut to fit (without any accessories) urostomy pouch, uro adaptor connected to gravity drainage. I think this patient may benefit from precut pouches as he has difficulty with cutting his pouches. A good pouching system for him may be coloplast sensura 1 piece urostomy pouching system. This may assist with his anxiety and dislike of having “too many steps”. The other pouching system for his colostomy we changed to convatex sur fit natura durahesive flat flange with drainable transparent pouch. This pouch worked better for patient due to smaller size of the skin barrier. I think another pouching system that may work for him would be alos made by coloplast and would be the flat sensura mio click barrier with the sensura mio click 2 piece drainable pouch. This patient has a lot of anxiety, so finding a pouching system that he likes, has success with and is able to manage well independently is a priority.
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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?	One of my goals today was to observe a pediatric pouch change. We were able to complete this goal on 2 pediatric patients today. In my practice I will not see pediatric patients, but it is still helpful to see and learn the differences in care of this population. I was able to do a lot of hands-on independent pouching changes which is helpful with building confidence. I felt today was a great day full of different learning experiences and was very helpful
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I am hoping to continue learning tomorrow and to be as independent as possible with pouching changes and with education when patients or their families have questions. I want to become more comfortable answering their questions and with recommendations.

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 was a very helpful day as we saw pediatric patients, completed a lot of teaching with patients who were being discharged and also cared for 2 patients with extremely high anxiety which increases the difficulty of teaching. The only thing I may have done differently is read more in depth into the patients charts and noted that they have this history of increased anxiety and called ahead to have the nurse prepare
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	the patient for our visit and also administer any anti anxiety medications that the patient may have to help them focus and relax enough that they can retain information.
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Reviewed by: _____ Date: _____

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