



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: 4/28/2023

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

Number of patients seen today: _____ 7 _____ Preceptor: Aaron Fischer

Journal Focus: 1 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.

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| Today’s WOC specific assessment | <p>Patient seen today for ostomy consult for a leaking colostomy pouch. Patient seen in ICU. PMH of breast cancer s/p left mastectomy (1992), endometrial cancer s/p TAH-BSO (2020) and brachytherapy, recently diagnosed left iliac DVT (4/8/23, started on Eliquis outpatient), and now with obstructing sigmoid mass. S/p ex lap with distal descending colotomy for (4/25/2023) decompression (2L stool) and end descending colostomy. Admitted to SICU post-operatively due to profound hypokalemia and respiratory insufficiency. PMH of breast cancer, CKD, endometrial cancer, hyperlipidemia, and also hypertension. Current medications include :</p> <p>furosemide 20 mg tablet once daily. atorvastatin 20 mg tablet once daily ibuprofen 600 mg tablet, Take 1 tablet every 8 hours as needed for Pain acetaminophen 500 mg tablet, Take 2 tablets every 6 hours as needed for Pain pseudoephedrine 30 mg tablet, Take 30 mg every 4 hours as needed raloxifene 60 mg tablet once daily</p> <p>Most recent lab work :4/28/2023 WBC 6.39 RBC 3.06 HGB 9.1 HCT 27.8 Platelets 227 Protein 5.0 Albumin 2.9 Calcium 8.7 Alk. Phos. 29 AST 11 ALT 6</p> |
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| | BUN 4 Creat. 0.5 Potassium 3.0 Chloride 108 Patient consult for WOC was for lesson in addition to colostomy pouch leaking. |
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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 in ICU for leaking colostomy pouch. Patient awake and alert and ready to learn. Patient sitting up in bed upon arrival and appears to be in good spirits. Patient expresses frustration with having colostomy, but states that she knows that she must learn to care for it and change pouch. Patient noted to have end descending colostomy with noted measurement 1 5/8" in the left upper quadrant. Stoma noted to be protruding slightly, red, moist and edematous. No rod noted. Mucocutaneous junction noted to be intact. Effluent noted to be brown, liquid, and very thin. Peristomal skin is clear and intact with small amount of bruising on superior aspect of skin. Peristomal contour of abdomen noted to be rounded and supportive tissue noted to be very firm. Current pouching system noted to be 2 1/4" hollister new image ceraplus flat cut to fit with paper collar. Current pouching system removed using adhesive remover wipes. Skin was cleansed with warm soapy water and rinsed off. Peristomal skin was dried well. Patient was in a lock n roll bag, which was changed to a Hollister 2 1/4" high volume output pouch with soft tap, ultra clear and connected to gravity drainage. Pouch was not noted to truly be leaking. The lock n roll end was unable to contain such thin liquid output, and was noted to be leaking out of bag. Instructed patient that we will change her bag so that it can connect to a drainage bag and will eliminate the leaking. Patient tolerated pouch change well and was very involved in teaching by asking appropriate questions. Education given to patient regarding colostomy typical effluent is typically not as thin as her output and that this will most likely change over the next few days, especially as her diet is advanced. Patient is currently only on clear liquid diet. Patient educated that as her abdomen becomes less firm, she may need to change to a convex skin barrier and showed patient example. Patient verbalized understanding. Next visit with patient will be 5/1 and will also be discharge planning involved. Supplies left at bedside for 2 complete pouching changes. Instructed patient that we will see her on 5/1, or sooner if she has any leaking noted to her pouch or other concerns. Instructed patient to reach out to bedside nurse to have ostomy team pages with any concerns.

| 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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| Knowledge deficit related to stoma/pouching changes | WOC nurse will continue teaching with patient with each pouch change and also providing education on foods that will assist with making output thicker to be more manageable. Remove current pouching system with adhesive remover pads, cleanse skin with warm soapy water, pat dry. Measure stoma and cut flange to fit. Apply flange and bag to stoma site. Apply warmth to assist with adhesion of pouching system. Once | Patient noted to have frustration with output being so liquid from her stoma and worried how she will manage. Reassurance offered to patient regarding foods that will assist with thickening her output in addition to starting on solid foods once allowed. Education will be ongoing regarding pouching options |

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| | <p>patient is able to eat solid foods, start to include creamy peanut butter, pasta, cheese, bananas, rice, applesauce. Consult to dietary to assist with foods/ education for managing output and dietary suggestions. Patient pouching system to be connected to high volume bag with attachment to drainage bag to assist with measurement of output and also to eliminate any leaking from pouch closure. Instruction given to patient regarding pouching options that will be changing has her condition changes and also the output changes from her stoma. Patient and bedside RN instructed to call stoma nursing for any issues that may arise prior to scheduled pouch change or any questions. Patient given contact information for post discharge. Patient to schedule with outpatient stoma therapy on same day as her follow up with surgeon so that her pouching system can be assessed that day.</p> | <p>that may change as patient condition changes.</p> |
| <p>Acute post operative pain related to recent surgical procedure</p> | <p>Patient to be medicated as ordered prior to pouching changes if she is having discomfort. Instruct patient on medications that are included in their medication list and to request if having discomfort to assist with pouching changes to that patient is able to concentrate on learning objectives of pouch change,</p> | <p>Patient in slight discomfort during pouching change and is noted that she may be more receptive to education if she is not in discomfort. Education given to patient to request pain medication prior to pouching changes.</p> |
| <p>Anxiety related to disruption in body image and also unexpected surgical outcome of having a colostomy</p> | <p>Consult placed for DDSI behavioral health to assist with management of body image alteration and anxiety of managing pouching system at home. Continue to offer reassurance and guidance to patient. Offer distraction techniques if patient becomes overly anxious.</p> | <p>Patient colostomy was unplanned and patient noted to have anxiety regarding colostomy and outcome of recent surgical pathology.</p> |

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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</p> | <p>Patient is currently in a pouching system of 2 ¼ Hollister new image ceraplus flat cut to fit with a 2 ¼” Hollister high volume output pouch with soft tap ultra clear connected to drainage bag. This pouching system works well for patient currently. Patient abdomen is firm and stoma is edematous. Stoma is slightly protruding so she mostly likely once swelling of abdomen goes down and firmness resolves, will need a convex skin barrier. I would recommend possibly switching to coloplast sensura mio flex convex barrier with sensura mio click 2 piece drainable pouch. Patient output will most likely thicken up as her dietary intake changes.</p> |
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| used if the product was not available? | |
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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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| What was your goal for the day? Were you able to meet your learning goal for today? Why or why not? | My goal today was to participate more independently in education session with patient. I was able to participate significantly with education of patient regarding her possible pouching system changes that will occur as her abdomen changes contour. Explanation of the drainable pouching system was also given to patient who verbalized understanding. It was very helpful to take part in the teaching portion as it helps to reinforce what I have learned as well. |
| What are your learning goals for tomorrow? (Share learning goal with preceptor) | This was my last day of clinical portion. Although my goals are to continue learning and also to reach out to the representatives that I have contact numbers to obtain ostomy supplies to stock the office I work in to prepare for an ostomy day in my clinic going forward. |

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| 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 day that was full of mostly leaking pouches and teaching. This was very helpful to bring everything together and gain more experience and learning regarding education of patients, ordering supplies for them, and the process of planning for discharge to home or a facility. |
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Reviewed by: _____ Date: _____

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