Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ____Stacy Mariano____ Day/Date: Thursday 2/2/23

Number of Clinical Hours Today: ___8_ Care Setting: _X__ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __6___ Preceptor: __Aaron Fischer_____

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.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.**
Continent Diversion evaluation, flushing of catheters.	PMH: Cauda Equina, Spina Bifida, neurogenic bladder, asthma, recurring UTI HPI: abdominal pain reported at 6/10, chronic in nature, patient has no cardiac history, mild asthma, current dual fecal/urinary incontinence with urinary retention due to neurogenic bladder, no DM or other endocrine disorders, no steroid use, no history of DVT, patient reports some depression and anxiety. *– any directive below to address this?* Vitals wnl, BMI of 36.86 indicating obesity, patient wheelchair bound, labs unremarkable as related to consult. Patient had MACE in the past. This admission has been for cutaneous appendic0-vesicotomy, colectomy w/proctectomy and ileostomy. Postoperatively patient has a suprapubic foley and a urethral catheter that has been ordered to be flushed.

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.*

The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for…, follow- up visit for…, evaluation and management of…, etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care.

Initial post operative visit for evaluation and ordered flushing of abdominal stoma foley and urethral foley per MD orders *– be specific as to what these are for… you mention appendicovesicostomy in h+P*. . Patient spouse and mother at bedside, very supportive and willing to learn. Spouse is blind and requesting instructions in Braille, we will look into this further. *Watch verbiage here… Try not to leave things open ended in charting. If an action or referral was made, simply state such. No need to chart if nothing was done.* Location of continent diversion is umbilicus, stoma is deep red and moist, peristomal skin intact, stoma foley to gravity draining clear, yellow to pink tinged urine. Dressing is dry sterile gauze which was changed during visit. Foley was flushed using clean technique with 180 ml of sterile saline, urethral catheter draining clear yellow to pink tinged urine to gravity, flushed in same manner. Patient reports some abdominal/surgical pain and discomfort during procedure, requested PRN pain medication, provided emotional support. Patient has abdominal incision midline that is noted to be well approximated and clean, ileostomy

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changed yesterday and is assessed to be intact with no leakage. *Ileostomy pouch changed. – consider all verbiage when writing WOC notes from a legal review standpoint.*

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc*** Knowledge deficit related to self-care of new urinary drainage stoma. Acute vs Chronic pain, actual. Fluid/electrolyte imbalance related to high volume output. *Consider more continence focused active problems here.*	**Statements should be directive and holistic relating to the problem/concern.** Patient to read/review printed handouts on continent diversions and home care. *– consider setting here, POD #2. This directive needs to include the care/maintenance of this patient to the bedside caregiver.* Patient/family to participate in hands on lessons prior to discharge. ~~Nursing to~~ instruct patient on signs/symptoms of infection. – *what are these? Be as directive as you can. Anyone can do this.* Nursing to irrigate stoma foley and urethral foley every shift. *Per order? Be specific here. This is an open ended statement. We want to promote patient safety.* Patient to request PRN pain medication prior to stoma care as needed. – *"medicate for pain PRN per order."* ~~Nursing to~~ instruct patient on nonpharmacological methods of pain management. – *and implement?* Patient to increase po fluid intake to prevent dehydration and electrolyte imbalance. *Operationalize this for all data* Nursing to instruct patient on risks of fluid loss related to urinary function and ileostomy. Nursing/patient to record intake and output to prevent dehydration. *– dehydration is very dangerous risk with ileostomy, what are the parameters?* *This is an extremely complex patient. Any other consults? Activity? Support surface?* *This could be a good option for your complex*	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** Patient education and participation in hands on education sessions sets patient up for success at home and helps to maintain sense of control over health status. This in turn can lead to improved outcomes. Patient/family need to be aware of early signs of infection to prevent re-hospitalization. Stoma will need to be irrigated regularly because it has been created out of bowel tissue which will continue to produce mucous risking blockage. Pain management during hospitalization will help patient to be more receptive to teaching sessions and self-care. Teaching methods of non-pharmacological pain control adds additional ways to manage pain and increase self-care. Maintaining adequate hydration decreases risk for UTI and dehydration due to large volume output from combined continent diversion and ileostomy. Recording I&O gives visual aid to hydration status.

	plan of care if you are able to follow up with this patient, especially if there is any issue with FI	

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 section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** Patient currently has indwelling catheters for urinary output but will go home with self-catheterizing supplies. Indwelling catheters put patients at increased risk for UTI, require a drainage system. Intermittent catheterization, when done properly, can be more discreate for the patient, decrease the chance of infection and does not require the use of a drainage system. Patients can use catheters coated in silicone or uncoated. Uncoated catheters require the extra step of applying a water-based lubricant prior to catheterization. Size will vary among patients and be determined prior to discharge.

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 today was to assist in the care of patients encountering continence issues which was achieved by by seeing this patient.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal for tomorrow is to continue to seek experiences with patient who have continence issues.

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	The patient in this journal was a good experience as it is not a condition I am likely to see often where I will be practicing. – *this is good to see. If one does arrive in your place of work, you will be prepared.* Patient's with spinal issues that lead to immobility and continence issues are challenging when they have diversional surgeries, but also from the standpoint of pressure and skin issues. This patient reported that she has been self-catheterizing for several years and in retrospect I should have gotten more information from her on her knowledge base and comfort so to better prepare for the next lesson. Other patient's we saw today included several ostomy leaking and scheduled pouch changes.

Reviewed by: ___Mike Klements 2/6/23 received___ Date: __2/8/23

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Hi Stacy – see my notes throughout. Continue to be as specific and direct as you can with patient plans of care. This patient is very complex and has many needs. In the above plan, focus on directive to the nurse. Prior to the qualification of this as a continence focused journal it does need some updates. Put yourselves in the shoes of the professional here – what do you need the nurse to do in regards to the continence needs of this patient? Please update the POC.
Reach out with any questions.
-Mike

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