Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name:Meaghon Hollyfield Day/Date: Monday 05/15/23

Number of **Clinical Hours Today**: Care Setting: Hospital _X_ this is to be a # Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __8___ Preceptor: Lacee Dillard

Journal Focus: Wound _____ Ostomy __X__Continence _____ Combination Specify: _____

Directions: WOC nurses function as consultants and develop plans of care for other caregivers 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) that directs care for other caregivers such as staff nurses, home health nurses, family members, etc. (How is the care to be done when you are not there to do it)?

This assignment should be WOC-focused and approached as both patient documentation and critical thinking development. Complete each section of the document using a holistic WOC nursing approach combined with critical thinking strategies. 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 no later than **48 hours** following the clinical experience day. See samples in the 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.**
	A 62 year old male with significant comorbidities including cardiovascular disease, hypertension, diabetes, and cirrhosis. He was previously diagnosed with a malignant polyp for which he underwent piecemeal removal for. There was invasive adenocarcinoma however, definite margins is not possible due to it being a piecemeal specimen. Two weeks ago the patient underwent robotic repeat colorectal resection to take out the malignant poylpectomy site as well as lymph node dissection. He was passing flatus and tolerating his diet post-operatively and was discharged home. The patient presented to the ER on 5/10/23 with complaints of poor appetite, persistent diarrhea, and concern for infection due to some drainage from his abdominal incision. A CT was performed in the ER and was concerning for possible anastomotic disruption. The surgeon was consulted and spoke with the patient and wife who were both agreeable to a diversion being performed. A Brooke ileostomy was created on 5/11/23 and the WOC nurse was consulted for assessment and ostomy education.

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.

This is a follow-up visit for a 62 year old male who is 4 days post-op from the creation of an ileostomy. Patient is sitting up in bed, eating breakfast. WIfe at bedside. Patient reports tolerating his diet without any complaints of distention, nausea, or vomiting. A flat one piece drainable pouch remains intact without any signs or symptoms of a leak. Patient is agreeable to continued education and performing an appliance change at this time. Patient verbalized the desire to perform the pouch change while standing at the bathroom sink as he says this is how it will be performed when at home. Patient was able to ambulate to the bathroom independently. Supplies provided to the patient. Prior to removing the pouch, the output was emptied. Emptied approximately 450cc of light green to brown liquid output, some eggs noted within the pouch as well. Educated and reminded the patient on the importance of emptying the pouch when it is half full or less to prevent pulling and promote better adherence of the appliance. Patient verbalized understanding. Patient was able to independently change the appliance with verbal cueing and periodic reminders

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from the WOC nurse. The stoma measured 38mm and is beefy red, moist, and viable. Mucocutaneous suture line and peristomal skin intact.The patient's wife cut the appliance to the appropriate fit, as requested by the patient due to shakiness in his hands. The skin was cleaned with warm water and patted dry. A flat two piece mio flex barrier and opaque drainable pouch with filter was applied. The patient denied any further questions and verbalized comfortability with changing the appliance with the assistance and supervision of his wife. Provided some supplies in anticipation of discharge. The WOC nurse will continue to follow until discharge for continued ostomy education and support as needed.

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***	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**
Risk for fluid and electrolyte imbalance We are not using risk diagnoses in our care plans in this program even though risk diagnoses are probably used in our workplaces. The thought of the faculty has been that the plan should be about active problems that need to be addressed for your patient. This issue can easily be addressed under a dx of knowledge deficit Knowledge deficit related to care of an ileostomy	Provide education regarding the risk for dehydration and electrolyte imbalance. Encourage the patient to drink 8 ounces of fluid each time the pouch is emptied. Educate the patients on signs and symptoms of imbalance and dehydration and when to report to physician for follow-up. Provide the patient with written education regarding how to change and empty the appliance and the necessary lifestyle modifications. Have the patient perform an appliance change prior to discharge ok, but didn't he do this on this visit too? What are your instructions for the staff when you are not there? It could be something like.... Patient to change pouch when leaking or every 3rd day	Understanding the severity of this complication will motivate the patient to take action. This will ensure the patient is getting adequate input and hold the patient accountable to drink fluids. Dehydration is one of the leading causes of readmission to the hospital after this surgery. Understanding the early signs and symptoms to monitor for is important to promote prompt intervention and prevent readmission. Written material is good to provide in addition to the verbal education and demonstrations provided so that the patient has it to review when they are at home. This return demonstration prior to discharge is a good way to ensure the patient comprehends the education that has been provided and that the patient is competent and able to perform this skill.

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	Reinforce steps as needed Use push/pull technique for pouch removal Cleanse skin w warm water Gently dry peristomal skin Meaghon, complete the rest of the plan here please...	

1. Identify each WOC product in use/identified in POC. **2. State at least one disadvantage of the product.** **3. Identify an alternative to the product.** Alternatives should be from a different category or classification when possible. Do not just substitute one brand for another.	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** 1. A flat two piece cut-to-fit mio flex barrier and opaque drainable pouch with filter was utilized. 2. This barrier does not provide any convexity and would not be ideal for all body types. 3. The Sensura Mio Flex light convexity barrier could be used if the stoma needed to be raised from the level of skin more, but the nurse wanted to limit the amount of strain or stress on the suture line.

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

1. What was your goal for the day? **2. Were you able to meet your learning goal for today?** **3. Why or why not?**	With the first clinical being mainly wound, I really wanted to observe some ostomy education today. Fortunately, we had several ostomy patients today and I was able to witness education for both an ileostomy and a colostomy. Not only was I able to witness education being provided but I was able to see a patient perform a pouch change.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	I would like to see how to pouch an ostomy when conditions are not ideal. For example, a stoma that is recessed or damaged peri-stomal skin is present. I think this would help in the development of critical thinking and creativity in product and accessory utilization.

Reflection: **1. Describe other patient encounters, and types of patients seen.**	We saw a variety of patients today. Things ranging from diabetic foot wounds to DTIs and pressure injuries. We also saw a patient with a new colostomy. One patient in particular that is stuck on my mind, was a 17 year old male who was an attempted suicide three months ago after getting in an argument with his parents. We were consulted for evaluation of multiple DTIs. He was bedbound, quadraplegic, with a peg tube and a trach. Oh wow, how sad
2. Identify/describe thoughts related to the mini-case scenario, anything you might have done differently, etc.	I was unable to be present for the initial education post-op due to it not being one of my clinical dates and I wish I could have witnessed that first education session. I would be curious to see how education begins. It was awesome to get to see the patient change his pouch independently and feel confident in doing so. I think that more education was needed regarding diet and lifestyle modifications especially with this being an ileostomy. Also, when applying the appliance, I did not feel that enough emphasis was given regarding the need to warm the appliance with body heat rather than just putting the appliance on and being done with it. Great observations!

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Reviewed by: Patricia A. Slachta Date: 5/17/23

Meaghon, let me know if you do not understand what needs to be added here. If you have a sort of pouch change template for planning, you can use this in your own practice. For purposes of the journals, we do need to see that you understand what the staff (or patient, etc.) need to know when you are not there.

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