Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ____Gina Farinacci-Nugent_____ Day/Date: 5/30/2023

Number of Clinical Hours Today: _10___ Care Setting: __X_ Hospital __ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __7__ Preceptor: _Chizu Sakai-Imoto_____

Journal Focus: _____Wound _X____ Ostomy ____Continence ____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.

Today's WOC specific assessment	72-year-old male patient. PMH of childhood polio with residual left leg weakness, HTN, prostate CA treated with radiation seeds (2008), chronic foley for urinary retention, rectal cancer s/p radiation. Patient was transferred from and outside hospital to CC on 5/2/23 for evaluation of brown colored urine and concerns for rectourethral fistula. CT and MRI performed. CT ABD and pelvis showed mild circumferential rectal wall thickening with recto-prostatic fistula and MRI 5/4 showed large rectourethral fistula. Flexible sigmoidoscopy with biopsies on 5/8/23 and/ open pelvic exenteration (open proctosigmoidectomy with abdominoperineal resection and end colostomy, cystoprostatectomy with creation of ileal conduit 5/11/23. The patient is being discharged home today after spending 30 consecutive days in the hospital. Plans are for discharge home today with home care. The patient is looking forward to leaving and is eager to make sure he is fully prepared for the car trip home. His wife is at the bedside this morning. Visit today for pouch change to be completed prior to discharge. Patient provided with supplies for home.

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 is alert and awake. Skin color light in tone. Texture and turgor normal. Abdomen is soft and non-tender. Wife is at bedside. First, appliance removed from ileal conduit. Stoma: The stoma and peri-stomal skin is cleansed with mild soap and water. RLQ, protrudes slightly, red, and moist. Two stents with sutures in place and functioning. There is a full mucocutaneous junction separation from 1-3 o'clock. The peri-stomal skin with mild erythema at the junction. The peri-stomal contour is flat and the supportive tissue is semisoft. The character of output is yellow urine with mucous. Current wear time 3-4 days. Current pouching system is Hollister New Image 1 ¾" CeraPlus convex flange. Hollister Hollihesive skin barrier washer, paste and Hollister urostomy pouch. Recommended stomahesive powder as needed. Directions include apply after skin has been cleansed and thoroughly dried. Apply a small amount to irritated skin and brush sway excess. Then apply ostomy pouching system as usual.

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The patient is advised to change the urostomy pouch first and then the colostomy. Patient educated on proper hand washing and infection control and keeping the supplies for urostomy and colostomy separate. Discussed the use of drainage bag for nighttime and cleaning recommendations including cleaning drainage bag with vinegar and water. Patient is going to use the drainage bagfor during travel home.

Second, appliance removed from end colostomy. Stoma LLQ, budded, red and moist. Mucocutaneous junction intact. Peri-stomal skin is clear and intact. Peri-stomal contour is flat and supportive tissue is soft. The character of output is liquid brown stool. Current pouching system if Hollister New Image 2 ¼" flat flange, Cera Ring, and applied drainable pouch. Recommend stomahesive powder as needed. Patient advised if leaking should occur, pouch should be changed immediately. Patient advised to empty pouch when 1/3 to ½ full and to change immediately of leaking.

Recommendations for patient include home health care to assist with ostomy management and follow up visit in 2 weeks.

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
1. Alteration impaired skin integrity related to skin breakdown at ileal conduit site. 2.Disturbed body image related to colostomy and ileal conduit	Review risk factors for mucocutaneous separation including. Per NT therapy note review patient is positive for Severe Protein-Calorie Malnutrition. Plan: Continue Ensure Max. Address skin breakdown around stoma and treat appropriately to achieve healing Ileal conduit: Hollister New Image, 1 ¾" CeraPlus convex flange. Hollister Hollihesive skin barrier washer, paste and Hollister urostomy pouch Colostomy: Hollister New Image 2 ¼" flat flange, Adapt CeraRing, drainable pouch. Provide an opportunity for patient to view and touch stoma. Point out signs of healing and normal appearance of colostomy. Provide the patient opportunities to participate in self-care.	A mucocutaneous separation treated like a wound. Used a Hollihesive washer and stoma paste to fill in the dead space. Paste is hydrocolloid based protective skin barrier used to fill in uneven surfaces and increase ostomy wear time. Independence in self-care improves self confidence and integration of stoma into body image

Identify each WOC product in use/identified in POC. State at least one disadvantage of the	Ileal conduit: Hollister New Image 1 ¾" CeraPlus convex flange cut to fit, Hollister Hollihesive skin barrier washer, paste and Hollister urostomy pouch. Patient & wife will need to apply Hollihesive and paste to maintain seal. Extra products and extra steps and increase costs. Wear time could be decreased if Hollihesive and paste not properly applied. Alternatives products include skin barrier

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?	powder. Hydrofiber or calcium alginate dressings are other options to fill the mucocutaneous wound bed. For the Colostomy alternative products include SenSura Mio Extended wear 1 piece drainable pouch and Brava Ring.

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?	Yes. My goal for today was to perform a ostomy pouch change. I was able to perform an ostomy pouch change today on a patient that had both a ileal conduit and a colostomy.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My leaning goals for tomorrow include evaluation of patient in outpatient clinic for stoma marking.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Having to change 2 appliances in one patient encounter can be a challenge. Making sure that all the needed supplies are available and separated and ready to go.
Reflection: Describe other patient encounters, types of patients seen.	Other patients seen today include 2 patients for follow up NPWT. The first NPWT patient had an extensive complicated NPWT dressing change necrotizing fasciitis. The second was ICU patient with NPWT for sternal wound. I saw a male patient today for re-intubation of an end ileostomy with 16 Fr foley.

Reviewed by: _____ Date: _____

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