Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Sherry Storm_____ Day/Date: 6/8/23 7:45am-4:45pm

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

Number of patients seen today: __15___ Preceptor: _Sally Arnold_____

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	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** 44 year old female with history of ileal-conduit that was placed 9/2020 for bladder cancer that metastasized to pelvic lymph nodes. After her surgery she underwent chemotherapy. Patient walks with braces, lives alone. PMH also includes spina bifida, Meniere's disease, Chiari I malformation, HTN, VP shunt, multiple orthopedic surgeries as a child. Medications: Cholecalciferol, ibuprofen, EMLA, lisinopril, trazodone,

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.*

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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.

44 year old female who presents to the WOC today for follow up of her ileac-conduit. She has developed pseudoverrucous lesions to her stoma that are getting worse. Patient is changing her appliance without difficulty, she has had no leaking. She is doing vinegar soaks at home with appliance changes. Patient denies fever, chills, nausea, vomiting. Denies abdominal pain. She has gained weight, eating and drinking OK. Patient is doing hernia precautions. Getting appliance supplies without difficulty. Physical exam shows abdomen is non-distended and soft to palpation. No hepatosplenomegaly. No masses, non-tender, no rigidity or guarding. Appliance removed and wet underneath, wafer assessed and changed. Pouch assessed and changed. Stoma is red, oval goes round with lifting of abdomen, measures 1 inch when oval, 7/8 inch when round. Peristomal folds at 3 and 9 o'clock, deepest at 3 o'clock. Stoma is functioning of clear yellow urine. Output in pouch is clear yellow urine. Mucocutaneous junction intact. Peristomal skin with large psuedoverrucous lesions from 3 to 7 o'clock. No peristomal hernia noted.

WOC Recommendations
White vinegar soaks for 5 minutes with each appliance change.
Adapt Powder, Set with cavilon no-sting spray.
Slim Eakin ring snaked around stoma.
Hollister Convex ring around stoma
Hollister Soft convex 1 piece urostomy appliance, cut to 1inch
Hollister Ostomy belt if continued leaking.

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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Ileal-conduit in place	Use a dry paper towel to wipe skin around stoma. Wash skin around stoma with warm water & mild soap (Ivory or dial) without moisturizers. Pat dry. Cut wafer to 1", set aside.	Keeping the peristomal skin clean and dry is important to achieving good wafer barrier seal. Good wafer seal means less risk of leaking and peristomal skin breakdown.
Pseudoverrucous lesions	Apply 50/50 solution of distilled white vinegar/water moistened paper towel to stoma, let sit for 5 minutes. Remove and dry skin. Apply stoma powder to skin, dust off excess and set with 3M Cavilon No Sting Barrier Spray. Take slim Eakin ring, tear in one place, snake around stoma as close as possible. Take convex ring, place centered over stoma, mounded side down. Apply system centered over stoma straight up and down. Take your hand and hold over stoma like a karate chop, push in & bend forward for 20-30 seconds. If you leak on next application use belt. Apply belt around with flat side of hook to body. It should be snug but not to tight. Empty pouch when 1/3 to 1/2 fun to avoid blow off. Change appliance every 1-3 days. Change appliance in the morning before having anything to eat or drink. Continue hernia precautions. Keep your hand over the stoma and push in any time you cough or sneeze. Do not bend at waist to lift, lift with knees, squeeze abdominal muscles, apply hand over stoma and keep good body mechanics. Do not lift more than 10-15 pounds. Make sure you are drinking an adequate amount of fluids, 64 ounces a day is the recommendation, this will help to keep the urine less alkaline and help to resolve/decrease risk of developing pseudoverrucous lesions. OK to drink cranberry juice as this will help make urine more acidic. If this is not enough you can take Vitamin 500 mg two times a day to help acidify urine. Follow up in 1 week.	Acetic acid/white vinegar flattens pseudoverrucous lesions to allow for batter wafer barrier seal. Adapt powder has carboxymethylcellulose, pectin, and gelatin in it which will helps to absorb moisture from the skin and provides better adhesion of the wafer which means a better seal and less chance of leaking. No sting barrier spray is a barrier film that helps to seal the area of dermatitis and protect it from further contact with the irritant. Also allows for better adhesion of the wafer to the skin which decreases chance of leaking. Eakin ring being used for peristomal skin protection due to the urine/thin liquid output from the stoma. Convex ring helps to fill in the folds and make the stoma protrude more so the output is directed into the pouch. 1 piece urostomy pouch is typically easier to apply due to less steps and that ileal-conduits are highly active. Ostomy belt helps to hold the appliance in place with some added pressure to decrease chance of leakage. Emptying pouch when 1/3-1/2 full helps to decrease risk of compromising wafer barrier seal and leaking of urine under the wafer. Decreasing time between appliance change helps to decrease leaking of urine under the wafer and decrease peristomal skin complications.

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		Acidic urine acts to keep risk of peristomal complications low.

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.** White vinegar-could be irritating to skin and stoma if not applied appropriately. Alternative would just be keep the peristomal skin as dry as possible. Adapt Powder-to much can cause the wafer to not adhere appropriately. Alternative would be thin duoderm to protect the peristomal skin. Cavilon no-sting spray-can be difficult to remove. Can use a wipe if spray is not available. Slim Eakin ring-disadvantage is difficult removal. Can use a regular Eakin ring and smush it down to thin it out. Hollister Convex ring around stoma-disadvantage is could cause to much pressure which could cause pressure injury. Alternative is stacking Eakin rings to create convexity. Hollister Soft convex 1 piece urostomy appliance-disadvantage would again be causing to much pressure and pressure injuries. Alternative would be a two piece system. Hollister Ostomy belt-disadvantage is causing to much pressure and injury. Alternative would be a abdominal binder with hole cut in it to allow for appliance.

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?	To see more loop ostomies so I can better identify both os-functioning os and mucous os. We only saw a few ostomies today, none were loop ostomies.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	To see a pre-op patient for stoma marking and pre-op education.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Nothing I would have done differently. The patients weight gain likely caused her appliance to not fit correctly which allowed urine to leak under the wafer. Her appliance was adjusted, stoma measured for accurate size, more convexity added to help stoma protrude better. The goal here is to keep the wafer seal intact and maintain dry peristomal skin.
Reflection: Describe other patient encounters, types of patients seen.	We saw a variety of wounds and a few ostomies. Each patient is adding to my experience and knowledge base with both wounds and ostomies.

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Reviewed by: _____ Date: _____

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