Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Jennifer Wyrock_____ Day/Date: 06/14/2023

Number of Clinical Hours Today: __8__ Care Setting: _X__ Hospital ___ Ambulatory Care ___ Home Care ___
Other: _____

Number of patients seen today: _4__ Preceptor: Chizu Sakai-Imoto_

Journal Focus: _____Wound _____ Ostomy ___X___ 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.** **PMH:** Pelvic abscess, rectal cancer, anemia, smoker **Surgical History:** 5/3/2019 Abdominal perineal resection 6/12/2023 Exploratory laparotomy, lysis of adhesion, splenic flexure mobilization, Turnbull-Cutait pull-through following resection of the coloanal anastomosis, Drainage of pelvic abscess, diverting loop ileostomy, bilateral ureteral stents **HPI:** 66-year-old male presenting to the hospital for pre-operatively for surgery. **Medications:** Oxycodone 5 mg orally as needed every 4 hours. Hydromorphone 0.2 mg intravenously as needed every 4 hours.

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.

WOC NURSING

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

Cleveland Clinic

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

TOPIC: POST-OPERATIVE ASSESSMENT AND CARE: GI Stoma

WOC Care Outcome:

66-year-old male admitted to a medical/surgical floor after an exploratory laparotomy, lysis of adhesion, splenic flexure mobilization, Turnbull-Cutait pull-through following resection of the coloanal anastomosis, Drainage of pelvic abscess, diverting loop ileostomy, bilateral ureteral stents. The patient is a previous ostomate who had an end descending colostomy for the last 4 years and he states that he feels comfortable with pouching an ostomy. The patient has a history of pelvic abscess, rectal cancer, anemia, and smoker. The patient's indwelling foley was removed after surgery. The patient is married with 2 children and is sexually active. The patient is now complaining of a feeling of bladder fullness but does not feel like he is able to void 7 hours after indwelling Foley catheter was removed.

Recommendations:
-Patient to increase activity.
-Patient to attempt to void.
-Obtain an order to straight cath from a practitioner if the patient is still unable to void after activity and attempting voiding.
-Evaluate the patient's urinary history including evaluating the patient for any prior retention episodes, any history of benign prostatic hyperplasia, or prostate cancer.
-Provide self-care instructions for new stoma.
-Follow up tomorrow to assess patient's retention needs and continue self-calf instruction.

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.	**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.**
1.Urinary Retention related to post surgical Indwelling foley catheter removal	1.Bedside nursing to document all urinary output -Bedside nursing to encourage patient to ambulate once every hour -Obtain an order for a urinalysis and urine culture ~~- Bedside nursing to obtain an order from a practitioner to straight cath if patient is unable to void 6 to 8 hours after surgery.-~~ *how soon after surgery was your visit? This may not be relevant.* *If this is the case, what is your directive? This is a continence focused journal, what should be done?* -Bedside nursing to obtain an order from a practitioner for a straight cath if the patient is unable to void 6 to 8 hours after Foley catheter removal.	1.Acurate documentation of urine output can provided information on the patient's hydration status and voiding patterns. -Activity can help encouraging voiding as well as assist in post-surgical recovery. -Patient's who have indwelling Foley catheters are at risk for developing a urinary tract infection which can contribute to a patient developing retention. -maintaining oral hydration will help to encourage voiding. -A patient's use of opioids can contribute to urinary retention and constipation.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

	-~~Patient to maintain oral hydration~~ – *what is the directive here? Be specific and operationalize goals. What is the target?* -Bedside nursing to encourage the patient to drink 64 ounces of water in a day. -Encourage the patient to decrease the use of opioids for pain management (see point below for pain management plan). ~~-Follow up with the patient tomorrow to assess for resolution of retention~~. – *remember this is directive to the caregiver.*	-PFME can help to decrease the rise of urinary incontinence developing after catheter removal.
2. Pain related to post-surgery	2.Bedside nursing to encourage the use of alternative pain management modalities such as heat, or ice when appropriate. -Bedside nursing to provided pain medication as ordered. -Bedside nursing to obtain an order for scheduled Tylenol.	2.Alternative pain treatment modalities can help to reduce patient pain and opioid use. -It is important for healing to manage pain as pain can interfere with healing. -Tylenol can reduce inflammation which can then reduce patient's pain after surgery while potentially decreasing the use of opioids.
3. Altered fluid/electrolyte deficits ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc***	3. Follow nutrition and dietician's recommendations. -Provided patient with oral rehydration solutions and educate patient's on the use of oral rehydration solutions. -Monitor patients intake and outputs and document them into the chart. -Educate the patient on measuring their loop ileostomy output after discharging from the hospital.	3. Following the nutrition team and dieticians' recommendation can help to benefit the healing process. -oral rehydration solutions can help to maintain hydration with a loop ileostomy. -Monitoring intake and output can help to determine if the patient is maintaining hydration, or if they are at risk for dehydration after surgery. -Measuring ileostomy output after surgery can help the patient keep track of high output and can give them an indication to reach out to their surgeons office.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

Cleveland Clinic

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

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.** Straight catheter-one disadvantage is that this requires the patient to be educated and requires for the patient to be able to perform the skill. An alternative is to maintain an indwelling Foley catheter for a longer period of time after surgery is preformed to allow for anesthesia to process out of the patient's system.

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 learning goal for today was to successfully pouch a patient with a complex fistula.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal for tomorrow is to take measurements of undermining a complex wound.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Urinary retention after surgery can be a common challenge on the medical surgical unit. There is such an importance in removing an indwelling catheter to avoid a patient getting a CAUTI, but some patients have challenges with retention after surgery and require intermittent catheterization after surgery. I would like to follow up with the patient and potentially teach the patient intermittent self-catheterization if the retention continues.
Reflection: Describe other patient encounters, types of patients seen.	We were called over to work in the outpatient clinic as my preceptor was the backup for the outpatient clinic and they were overwhelmed with appointments that were scheduled at the same time. One of the patient's we saw had a significant prolapsed hernia

Reviewed by: _____ Date: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.