



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Janet Barylski Day/Date: Monday, 7.10.2023

Number of Clinical Hours Today: Care Setting: Hospital X Ambulatory Care Home Care Other:

Number of patients seen today: 4 Preceptor: Adam Shaw

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.

<p>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>Patient is a 55-year-old female patient that reported to the clinic for consultation on laparoscopy surgical ileostomy non-tube (N/A) secondary to severe constipation resulting in N/V that has been refractory to treatment interventions with medications and PT. Patient experiences fecal incontinence alternating with constipation. On February 8, 2022, patient underwent the following anorectal physiology testing: anorectal manometry testing, rectal sensory testing, balloon expulsion, and EMG recruitment. Testing indicated abnormal anal sphincter strength, hyperacute rectal sensation, abnormal pelvic floor movement, slow transit constipation and overflow fecal incontinence due to obstructive defecation secondary to non-relaxation of the puborectalis/pelvic floor dyssynergia/poor pelvic floor movement.</p> <p>Past medical history: asthma, bipolar 1, CKD, depression, eating disorder, HTN, constipation, gastroparesis, POTS, hypothyroidism.</p> <p>Recent labs were performed on 7/10/23 labs for general chemistry, tumor markers, and blood counts. Abnormal results are: Chloride 107, BUN 28, Creatinine 1.36, Glucose 127, eGFR 57, platelet 143, abs lymph 0.72</p> <p>Medications: fluoxetine, cetirizine HCl, metoclopramide HCl, spironolactone, methylphenidate LA, estradiol vaginal cream, levothyroxine, polyethylene glycol, ginkgo biloba, biotin cap, vitamin C, magnesium oxide, cholecalciferol, coenzyme Q10, chromium picolinate, simethicone, lubiprostone, esomeprazole, albuterol HFA</p>
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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.

Patient is a 55-year-old female patient that reported to the clinic today for consultation on laparoscopy surgical ileostomy non-tube (N/A). Patient was initially seen for severe constipation resulting in N/V that has been refractory to treatment interventions with medications and PT. Patient is accompanied by her husband. She requires preoperative stoma site selection and marking. Preoperative education was provided today verbally and via video education. Patient has already reviewed the preoperative pamphlet.

Stoma site selected is RLQ within the Rectus muscle after examination of patient's abdomen for optimal location. Site was marked with tattoo ink. Patient ability to visualize selected site was verified.

Q&A session at the end of visit and address peri-and post-operative concerns, lifestyle modifications, diet, activity, clothing and medications. A brief discussion of anatomy and physiology occurred with a brief description of the surgical procedure/modifications, introduction to pouching system and how the transition to a J Pouch may occur. Patient's psychological concerns were if the pouching system was going to be permanent and when she could resume normal activity including exercise. All questions were addressed, and understanding was verbalized.

With regard to medication specifically, patient was informed that some formularies of her medication may need to be adjusted such as long acting/enteric coated prescriptions. Patient will review this information with the medical provider and make preparations to have access to any changes upon completion of the surgery.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Alteration in bowel elimination related to symptoms of pelvic floor dysfunction resulting in constipation alternating with diarrhea.</p> <p>Impaired elimination requiring surgical intervention that creates patient knowledge deficit.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Pre-operative education via video and verbal review of pamphlet as noted above.</p> <p>Tattoo to RLQ using mock-up disc, 25g needle and black tattoo ink.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Marking stoma sites before surgery provides the patient with a proposed stoma site, subject to change during operation. Stoma site marking results in better quality of life for the patient, improves patient confidence and independence, and lowers the risk of postoperative complications.</p>

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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. <u>Alternatives should be from a different category or classification.</u> In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Preoperative video Preoperative pamphlet 25g needle Tattoo ink Flat mock-up disc</p> <p>If preoperative video and pamphlet were not available, one may use one of several posters displayed in the clinic as an aid to education along with verbal information that is procedure specific.</p> <p>In place of 25g needle and tattoo ink, one could use a surgical marker and transparent dressing and a flat skin barrier product.</p>
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

<p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal was to observe and participate in every patient visit.</p> <p>Yes, my goal was met.</p> <p>Adam was easy to work with, included me in his teaching and patient care, provided opportunities for me to participate in tasks and explained to me different aspects of daily tasks.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>Fistula care; more review of different products, product selection, and product application.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>I chose this for my case scenario because this candidate may be ending up with a J-pouch. This was an area I needed to revisit to support didactic material.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>Male – ileoconduit in RUQ and ileostomy in LUQ, Rectal CA, neurogenic bladder Female – skin irritation – ring and pattern Male – only wanted to see MP to discuss reversal wanted to push for that.</p>

Reviewed by: _____ Date: _____

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