

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: Wednesday, 7.12.23

Number of Clinical Hours Today:      Care Setting: 8h50min Hospital      Ambulatory Care      Home Care      Other:     

Number of patients seen today: 4 Preceptor: Jeanine Osby

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><b>Today’s WOC specific assessment</b></p>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p>Patient is a 59-year-old male who came to Cleveland Clinic on post-op day 11 (7/8/23) for further management of his care after dissatisfaction with outside hospital treatment of his muscle invasive bladder cancer s/p end ileal conduit placed in his RLQ.</p> <p>Past Medical History: bladder neck cancer with radical cystoprostatectomy and ileal conduit on 6/27/23 with takeback bilateral ureteral anastomosis leaks repaired on 7/1/23 and takeback fascial dehiscence on 7/7/23 closed with retention sutures and packed with packing strip.</p> <p>Labs: daily CBCs ordered; blood cultures x2 WNL results; urine culture results pending. Abnormal results from 7/11/23: HB 8.1; HCT 25.5; K 3.5; Gluc 115</p> <p>Medications: ondansetron; docusate sodium; lactated ringers IV; hydromorphone; oxycodone IR; acetaminophen; melatonin; piperacillin-tazobactam IV; NaCl 0.9% IV flush; enoxaparin injection.</p>
---	---

**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.**

<p><b>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.</b></p> <p>Visited patient at bedside for hands on pouch application lesson as part of discharge preparation. His wife and daughter are at bedside. Ileal conduit stoma in his RLQ with a urinary foley inserted. Internal stents are externalized and working their way out. Urine was observed to be coming out of stoma around foley and stents, not through them. Dr Anna Zampini contacted and</p>
---

(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.

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

instructed to leave foley catheter in place. Stoma protrudes slightly above the abdomen, is red and moist. Ureteral stents and catheter are not sutured or functioning. Urine is yellow with mucus. Mucocutaneous junction is intact. Peristomal skin presents with scattered erythema. Shaved peristomal skin and applied Stomahesive powder during bedside visit. Patient verbalized stating he did not know why the doctor did not just remove his penis. Patient also verbalized not wanting to remain hooked up to the overnight drainage bag and all the tubing because it weighs him down.

Hands on education completed. Patient did well with pouch change. Pouch connected to gravity drainage bag at end of lesson. Diet, hydration, and supplies for going home reviewed. Handouts for step-by-step instructions, diet, dehydration prevention, resource packet, and WOC nurse contact information provided. If patient is still in the hospital on Monday, 7/17/23, a pouch change will be scheduled for that date. Patient is appropriate for discharge from WOC nurse standpoint.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p><b>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</b></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>1) Nursing interventions for knowledge deficit related to ileal conduit care secondary to health status change.</p> <p>2) Altered body image secondary to surgical procedure related to bladder cancer as evidenced by verbalizations.</p>	<p><b>Statements should be directive and holistic relating to the problem/concern.</b></p> <p>Stomahesive powder            2 ¼" Hollister New Image CeraPlus convex cut to fit flange            Urostomy pouch            Gravity drainage bag</p> <p>1) Educate patient on how to care for his ileal conduit and health status change needs.</p> <p>2) Patient assisted in incorporating changes in ADLs and occupational activities by teaching him how to utilize the pouching system independently of the overnight drainage bag.</p> <p>Maintain a nonjudgmental attitude while giving care, and help the client identify positive behaviors that will aid in recovery.</p>	<p><b>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</b></p> <p>Stomahesive powder was used to promote skin integrity. Convex flange was used to help the stoma protrude further into the bag and help avoid leakage.</p> <p>1) Confusion or lack of understanding regarding one's health condition can interfere with their participation in care and their ability to make informed decisions.</p> <p>2) Expressing feelings can enhance coping strategies.</p>

<p><b>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</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>Stomahesive powder – if not applied properly, leaving too much powder on can cause the pouching system not to adhere properly            2 ¼" Hollister New Image CeraPlus convex cut to fit flange – if cut too small the stoma may be injured. If cut too large, the skin may become damaged.            Urostomy pouch – requires hook-up to nighttime drainage bag.            Gravity drainage bag – another apparatus to contend with. Creates another source for infection via tubing contamination.</p>
---	---

(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.

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

<b>used if the product was not available?</b>	I cannot think of an alternative in this case. Pouching will become easier for this patient once the catheter and stents are out.
---	---

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

<b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b>	To see things I have not seen before; to do and learn things that will help me with my certification exam.
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	To see things I have not seen before; to do and learn things that will help me with my certification exam.

<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	This patient has suffered through a lot of surgical procedures and has a cancer diagnosis to contend with. He is a ‘manly man’ who was more in tune to “football” than “paper and scissors.” He was resilient and persevered in learning how to perform the necessary tasks for self-care. His frustration was still evident as was his diligence. He seemed to feel better once he knew how to perform the pouch changes. I wish I had a way to prompt his communication of his feelings without prompting a negative conversation about the outside hospital. I feel this would have been helpful for him in addition to the supportive listening and education for his knowledge deficits regarding his stoma.
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	Male – geriatric patient; newly placed ileal conduit, JP drain; post op day 1; short term memory issues; his brothers help him to remember and understand things. Female – geriatric cancer patient; ileus secondary to narcotics; flushed stoma; r/o blockage or folding over of foley in stoma foley (not visible like it is with urinary indwelling foley); angry due to NPO status; Female – geriatric patient who needed a pouch change. Staff nurse did it before we arrived. Seal checked and intact.

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.