

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: Thursday, 7.13.23

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

Number of patients seen today: 6 Preceptor: Heather Kindschi

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 36-year-old male whose surgical history includes fistula surgery x5 at local hospital up to 8/2022 including excision of anal tag on 4/2022 and multiple fistulotomy and seton placements. He had colonoscopy screening 9/2022; seton placement for anal fistula and flexible sigmoidoscopy with biopsy on 11/11/22; rectal exam under anesthesia (EUA) with seton removal, full-thickness endorectal advancement flap, and bilateral pudendal nerve block; partial fistulotomy with seton placement and wound debridement on 3/23/23; rectal EUA 5/12/2023; laparoscopic surgical loop ileostomy in the RLQ due to fistula-in-ano on 5/31/23.</p> <p>Past medical history: complex refractory fistula in ano; hypertrophic obstructive cardiomyopathy (stable) diagnoses at age 17; tobacco abuse (chew); ETOH use on weekends; hypothyroidism</p> <p>Recent labs: abnormal lab results from 7/13/23 are Hematocrit 38.3 (39.0-51.0);</p> <p>Medications: acetaminophen; psyllium.</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.

<p>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.</p> <p>The purpose of this visit is to provide consultation from doctor and stoma team. Met with patient and wife in exam room. Patient presents with a loop ileostomy in RLQ. The afferent limb is inferior, and the efferent loop is inferior. The afferent limb is elongated, and the afferent limb is budded. Pouch removed and stoma/peri-stoma area assessed. Mucocutaneous junction is intact.</p>

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Brown liquid effluent observed in pouch. Wife maintains patient's pouching system. She was able to verbalize process correctly except for crusting method. Re-education provided on crusting method stressing powder is placed first. Wife verbalized process correctly after re-education. Hypergranulation tissue observed at the 9 o'clock area. Otherwise, stoma is red and moist without additional concerns. VO obtained from Dr Hull to cauterize area with silver nitrate. Procedure performed and patient tolerated well. Pouching system was changed from a flat flange to a convex flange with moldable ring and drainable pouch due to having a softer abdomen. Patient is scheduled for surgery on 8/7/23 for either a sleeve advancement or Turnbull Cutait with hopes for ileostomy reversal.

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>Altered body image secondary to stoma placement as evidence by repeated avoidance of looking at or touching stoma.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Hollister New Image 2 ¼" Convex cut-to-fit flange Brava ring Drainable pouch</p> <p>Assess the patient's feelings for comfort and contentment with body image.</p> <p>Assess recent variations in patient's behavior.</p> <p>Assess how competent patient feels to carry out care tasks for stoma/pouch.</p> <p>Support the patient in his attempt to problem solve.</p> <p>Educate the patient to join in on activities to promote healthy self-esteem.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Focus on the patient's self-concept will help improve self-image and confidence.</p>

<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Hollister New Image 2 ¼" Convex cut-to-fit flange Pro: works well with stomas that protrude and have a soft supporting skin Con: many styles to choose from. Choosing one that is inappropriate can cause skin damage</p> <p>Brava ring Pro: provides a flexible surface for the stoma Con: They cost less than paste and they are moisture resistant, but they are more difficult to apply than paste.</p> <p>Drainable pouch Pro: can be emptied without changing, resulting in longer wear time Con: requires manual dexterity. Can be messy if not emptied correctly.</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.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	To see something new each day that will help me pass my exams by providing a hands-on experience. Yes, I met my goal for today. I was able to mark a spot on one of the patients.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	To see something new each day that will help me pass my exams by providing a hands-on experience.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	It is interesting to review the afferent and efferent limbs of the loop stoma and the fact that they are not necessarily designated by their name. This means you need to be mindful of which one functions and which one does not.
Reflection: Describe other patient encounters, types of patients seen.	Male – education that he needs to designate a provider for his stoma care and supplies. Female – consult; provided post op education on nutrition and activity and crusting method Female – consultation for new stoma problem in a long-term stoma patient. Will need CT scan and medical provider follow-up with test results. LLQ ileostomy. Previous RLQ ileostomy. Multiple abdominal surgeries. Hernia suspected. Change to convex wafer until surgical intervention/medical provider follow up. Educate about marshmallows and Gatorade for dietary impact on effluent and dehydration risks. Review activity modifications to protect abdomen and suspected hernia. Female – mark for rectal cancer surgery Male – consult polyps on stoma

Reviewed by: _____ Date: _____

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