Cleveland Clinic

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: Friday, 7.14.23 Yount, Sarah

Number of Clinical Hours Today: ____ Care Setting: _8_ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __5___ Preceptor: ___Sarah Yount_____

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.** Critically ill 66-year-old female presented to hospital with nausea and abdominal pain. She was admitted to SICU on 7/12/23 after emergent laparotomy for bowel ischemia due to small bowel obstruction secondary to volvulus. The tip of the J had originally been on the left and crossed over to the right with adhesions on the right lateral wall, kinking the pouch. Patient has a large R pleural effusion with associated atelectasis and questionable pericardial effusion. Increase in ascites. Stable left hydronephrosis with renal atrophy. Patient is intubated on ventilator. Imaging information in EMR. **PMH:** non-alcoholic steatohepatitis (NASH); primary biliary cirrohisis (PBC); a-fib; arthritis; asthma; ulcerative colitis s/p colectomy with end loop ileostomy 6/17/2013; proctectomy ; IPAA; diverting loop ileostomy; primary repair of icisional hernia of extraction site 11/2013; ileostomy takedown with primary repair of parastomal hernia 10/27/2014; open cholecystectomy with bile duct exploration 10/2022; pleural effusion s/p R thoracentesis in March, May, June (x2) 2023; HLD; DMII; hypothyroidism; cervical HPV in 2004; cirrhosis 6/15/2022; PVAI 6/29/2021; cystocele repair 2006; hysterectomy ovaries remain 2004; low cervical c-section; enteritis of small intestine (1984). **HPI:** exploratory laparotomy reduction of small bowel volvulus, pelvic adhesiolysis and resection of tip of the J of J pouch; acute circulatory insufficiency; acute blood loss anemia; acute kidney injury; coagulopathy; cirrhosis with portal hypertension and splenomegaly; severe metabolic disorder; complex life-threatening medical problems. Pelvic stone, tip of the J, and omental resection specimens collected during surgery. **Labs:** results from 7/14/2023; only abnormal results listed. HB 8.8; HCT 27.1; PLT 46; INR 1.4; APTT 44.1; K 3.6; CHLOR 106; GLUC 205; CA 8.3; TPROT 4.7; ALB 3.3; ALT 6; TBILI 1.5

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	Medications: atorvastatin; fludrocortisone; midodrine; droxidopa; semaglutide; rivaroxaban; levothyroxine; pantoprazole; insulin glargine; loperamide; sertraline; calcium carbonate; hydroxychloroquine; ursodiol; vitamin A; zinc sulfate; meclizine PRN.

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.

Patient seen bedside, sedated and intubated, some facial expressions observed, nods yes/no to some questions. Patient is POD 2 and this is the initial WOC nursing visit.

Purpose of visit: consult for leaking pouch; order to remove stoma rod.

Care outcomes: rod removed; leaky ostomy pouch changed, and fitting for new pouch completed; apply pouch to RLQ JP drain due to copious amounts of drainage coming from insertion site.

Next scheduled visit: 7/17/2023 for lesson #1

Assessment:
Stoma type: loop ileostomy
Diameter: 1 ¾" and mushroomed over skin
Location: LUQ
Protrusion: budded
Mucosal color & condition: red, moist, edematous
Mucocutaneous junction separation: partial separation at rod sites 3 o'clock and 9 o'clock
Rod: present upon arrival; removed during visit. Rod was sutured in place. Easily moveable after sutures cut. Removed without difficulty.
Peristomal skin: clear and intact
- Location of skin impairment: N/A
- Peristomal contour: rounded from 9-3 o'clock; concave from 3-9 o'clock
- Supportive tissue: semi-soft with more firmness noted from 9-3 o'clock

Ureteral stents present: yes, per EMR
- Removed this visit: no

Stoma foley present: No
Output characteristics:
- Effluent: thin liquid brown-green
- Emptying frequency daily: per nursing staff

Pouching system:
- **Removed**: Coloplast Flat Cut-to-Fit Post-op drainable pouch with window; Brava 4.2 ring
- Wear time: 2 days
- Evaluation: leaking at 9 o'clock with undermining circumferentially. Once abdominal swelling subsides, may need to be fitted with convexity.

Pouching system recommendations:
- Skin care: apply skin barrier powder to any areas of skin breakdown PRN until healed. Dust off excess powder.
- Pouching system **applied**: Hollister New Image 3 ¾" Flat Ceraplus Flange with Tape Border; ½ of a large adapt convex oval ring from 3-9 o'clock, covered with ceraplus ring, paste at 3 and 9 o'clock

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Expected wear time: 3-4 days.

Midline abdominal incision covered with ABD pads; not assessed.

Drain/tube present: yes

Location: Jackson Pratt RLQ
Assessment: leaking copious amounts of serous drainage from stoma site and into bulb; suture present; peri skin intact
Care provided: Applied strip paste to creases smoothing with paste caulking, 1 ¾" ConvaTec SUR-FIT Natura Durahesive Flat Cut-to-fit skin barrier cut off center with outer radial slits, HVOP, hy-tape and drain port to front of pouch to pull JP drain tubing through.

Location: Indwelling urinary catheter
Assessment: N/A
Care provided: none

Location: GI feeding; right naris
Assessment: N/A
Care provided: none

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. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc*** Pouching System is leaking effluent. JP drain site is leaking copious amounts of serous fluid.	**Statements should be directive and holistic relating to the problem/concern.** Evaluate adhesive product and appliance fit on an ongoing basis. Report any signs of leaking or break in pouch seal to WOC nurse.	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** Provides opportunity to problem solve and evaluate need for further intervention. If the skin barrier material is discolored or undermining of the stoma output is present, this indicates a break in the seal. This can precede skin injury and complete loss of the pouching system seal.

Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product.</u> Identify an alternative to the product. <u>Alternatives should be from a different category or</u>	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** *Strip Paste fills deep folds and scars to prevent leaks, but it requires manual dexterity to use. *Paste Caulk is good for evening out surfaces. Some pastes contain alcohol, which is a skin irritant. Paste tube may be difficult to squeeze. Paste cannot be used with urostomy. *1 ¾" ConvaTec SUR-FIT Natura Durahesive Flat Cut-to-fit skin barrier. A flat skin barrier has an even/level skin surface, but they are more flexible, and ideal for protruding stomas. You can apply a barrier ring to help with convexity and a seal. However, not everyone has a smooth peristomal area.

classification. In other words, what could be used if the product was not available?	*skin barrier powder protects moist or denuded skin. If not properly applied, it can interfere with the pouching system seal. *HVOP these pouches are good for urostomy sites because of the constant flow of effluent. New stomas may have a high output of thin effluent. These bags have a higher capacity and will not need to be emptied as much as a smaller bag. HVOP usually can attach to dependent drainage systems. This is a good option for this patient at this time as she is bedridden. However, these pouches are longer than standard pouches, which may not fit as well in a person's clothing. *Hy-tape is a zinc oxide, waterproof pink tape made of washable plastic. This makes it good for areas exposed to effluent. The zinc oxide is good for the skin and does not contain latex, which is great if the patient has a latex allergy. However, it is not clear/see thru. *Drain port: is a good product to stabilize tubing from drains that are pouched due to leaks. The disadvantage is that it fits well with JP drains, but it is too small for feeding tubes. *Hollister New Image 3 ¾" Flat Ceraplus Flange with Tape Border. A flat skin barrier has an even/level skin surface, but they are more flexible, and ideal for protruding stomas. You can apply a barrier ring to help with convexity and a seal. However, not everyone has a smooth peristomal area. *½ of a large adapt convex oval ring was great for creating a deep oval convexity on an uneven abdomen with a mushroom shaped stoma. However, it is more absorbent to fluids than the barrier rings. *barrier rings prolong pouching system wear times by creating a better seal. Requires dexterity to apply.

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 goal is to learn something new each day. Yes, my goals for today were met. I was able to learn how to pouch a JP drain.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal is to learn something new that will help me apply knowledge that makes me successful in obtaining my WOC certification.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	This is a very sick patient. She is familiar with pouching due to her PMH. Adhesions contributed to her HPI. She has had transfusions, is not coagulating, Xarelto is being held, and the list goes on. She has a very long road before she is going to be independent with her pouching system. It will be interesting to see how she does in response to her re-education.
Reflection: Describe other patient encounters, types of patients seen.	Female – flush K-pouch daily, RLQ, routine care Male – urothelial CA, teaching to family for ileal conduit Male – NPWT to R ankle initiated for 3-day pre-op prep Male – quadriplegic, partial sigmoidectomy, isolation of sigmoid colon for urostomy, end colon conduit, neurogenic bowel and bladder

Reviewed by: _____ Date: _____

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