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_____ Journal Completion Date: _7/25/23_____

Setting: ___X__ Acute Care _____ Outpatient _____ HHC ____ Other _____

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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

Today's WOC specific assessment	**PMH:** 60 year old female with unknown medical history who presented to ED after being found lying on the couch unresponsive. Length of time is unknown. Paramedics arrived and were able to revive patient. Patient responsive in ambulance, but confused. Labs significant for K 3, bicarb 19, lactate 2.9, CT and MRI head positive for stroke. **Surgical history:** No surgical history on file, patient confused and unable to give accurate history at this time **Medications:** Sodium bicarbonate 650mg PO two times a day after meals Rifaximin 550mg PO two times a day Lactulose 20g/30mL PO every 6 hours On Heparin gtt

Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

WOC Nurse Initial Referral for breakdown to coccyx/sacral area.

Pt is 60 year old female with unknown medical history who presented to ED after being found unresponsive on the couch for an unknown amount of time. Paramedics able to revive patient. Braden Score 15 per nursing. On First Step Mattress. Pt resting in bed. Calm and cooperative. Alert to name. Follows commands. Explained plan to pt. Pt turned onto left side. Blue under pad soiled with liquid brown stool. Nursing staff indicates pt continuously oozing stool with occasional urinary incontinence. Cleansed perianal area with periwipes. Perianal area with erythema. Superficial tissue loss to coccyx area measuring 3.5cm x 2cm x 0.25 cm. Wound base is

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red. Periwound macerated, without satellite lesions. Few external hemorrhoids noted surrounding anus. Gloved, lubricated finger inserted into rectum. Pt asked to clench down on finger. Moderate rectal tone noted and no stool obstruction palpated. Nursing indicates pt does get up to chair with 2 person assist two to three times per day. Needs assistance with turning.

Recommendations:

- External fecal incontinence collector while pt has liquid stools and is unaware of stooling
- Zinc barrier to area of IAD
- Begin toileting program
- Re-consult WOC RN if unable to maintain pouch for reevaluation and possible FMS placement

Will follow at intervals.

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*** Patient is experiencing incontinence associated dermatitis and is at risk for skin breakdown.	**Statements should be directive and holistic relating to the problem/concern.** 1) Have a second caregiver with you to apply external fecal incontinence collector as follows: - remove the paper backing from the pouch to expose the adhesive. - pinch the adhesive wafer of the pouch back on itself - spread the buttocks apart and apply the pouch so that it covers the anal opening. - attach the tube from the pouch to the tube of the collection bag - position the collection bag to the bed frame lower than the patient in the same way you would with a urinary collection system. - replace every 1-2 days and as needed for leakage 2) Apply zinc barrier cream to affected area as follows: - cleanse area with a pH balanced cleanser - apply a thin layer of barrier cream to affected area with each brief change and at bedtime. 3) Toilet patient every 2-4 hours, upon awakening, after meals, and at bedtime. If patient awakens during the night, toilet patient.	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** 1) The external fecal incontinence collector is a non-invasive way to protect the skin from breakdown without the risk of damage to the anal sphincter or rectal tissue. Because they are a closed system, the help to prevent spread of contagious/harmful organisms as well as help control/contain odor. 2) Zinc protects the skin from moisture and bacterial 3) May prompt patient to delay voiding until toileting times, reduces wetness, reduces skin damage due to incontinence

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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.** - external fecal incontinence collector can leak and requires nursing to change every 1-2 days. The Flexi-Seal system is inserted internally and can stay in place for 29 days. - Zinc Barrier cream may cause more irritation if you are allergic to metals. Also, zinc creams can be difficult to wipe off. People may cause trauma to the skin. Coloplast makes a clear moisture ointment that is petrolatum based.

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 choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?	My goal was to find a continence mini-case. My goal was not met. We saw three patients and none of them had continence issues.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	To find a continence mini-case and to see a fistula.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	- NICU 5mo old female Bishop Koop ileostomy. Father completed pouch change. - NICU 14yo male with 2 NPWT treatments … infected PEG site and Marfan Syndrome. - 62yo male SCLC and pancreatitis … pouch drain

Reviewed by: _____ Date: _____

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