



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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name:     Gina Farinacci-Nugent     Day/Date: 6/09/2023

Number of Clinical Hours Today:   10   Care Setting:      Hospital   X   Ambulatory Care      Home Care      Other:  
    

Number of patients seen today:   10   Preceptor:   Chizu Sakai-Imoto/Coleen Potts  

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>R.M. is a 66-year-old male with a history of rectal cancer who presents with a prolapsed colostomy and a chronic leak from his LAR anastomosis with a presacral sinus. He underwent neoadjuvant CRT 2 years ago just prior to his LAR with DLI. Had the DLI reversed eight weeks later which was complicated by anastomotic leak and development of presacral sinus. Per H&amp;P note review his transverse colostomy is severely prolapsed and he would like to have it reversed.</p> <p>PMH of Hypertension, anemia, and tobacco use</p> <p>PSH of Proctectomy with DLI and DLI closure</p> <p>No current medications</p> <p>Current smoker 1 pack per week</p> <p>Patient is scheduled for Open Proctectomy Combo Abdominoperineal Pull-Thru with Creation Colonic Reservoir and Diverting Enterostomy on 6/12/23 and 2<sup>nd</sup> Stage Turnbull Cutait on 6/22/23.</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>Initial patient visit for stoma marking. Patient is scheduled for surgery on 6/12/23. The patient currently has colostomy LLQ which is prolapsed.</p> <p>Assessment:</p> <p><b>General:</b> Alert, no distress, cooperative</p> <p><b>Skin:</b> Skin color light in tone, texture and turgor normal</p>
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	<p>1. Discuss surgical procedure. Plan is for ileostomy</p> <p>2. Diet &amp; Fluids: Reinforce patient education regarding appropriate post op diet including soft foods, chewing food thoroughly, eating slowly, avoid high fiber foods. Eat small meals every 2 to 3 hours. Drink at least 8 8oz glasses of fluids daily. Record intake and output. During periods of higher output increase fluid intake beyond regular intake. Electrolyte solutions such as Pedialyte can help to prevent dehydration. Sip fluids rather than gulping. Avoid beverages that contain caffeine, alcohol, and high sugar content. Please seek prompt medical treatment for signs of dehydrations including but not limited to dry mouth, dark urine output, feelings of dizziness upon standing, fatigue and abdominal cramping.</p> <p>3. Activity: When cleared by surgeon you may return to exercise. Walking and light stretching are good options. Avoid heavy lifting or pushing.</p> <p>4. Empty pouch when ½ to 1/3 full</p> <p>5. Clothing comfortable and non-restrictive</p> <p>6. May shower or bath with pouch, check to make sure pouch seal is intact. Dry thoroughly.</p> <p>7. Assess the peri-stomal skin during pouch changes. The skin should not be reddened or sore.</p>	<p>placement of stoma helps to avoid leakage, poor pouch fit, irritation, pain and peristomal hernia.</p> <p>In addition to stoma marking, pre-operative is also important part of visit.</p> <p>-Soft foods low in fiber and chewing foods thoroughly can aid in preventing food blockage. Eating slowly and chewing food helps to improve digestion and absorb nutrients. An empty stomach can increase production of stool.</p> <p>-Average ileostomy output ranges from 500 ml to 1200 ml a day and can be even greater for some patients. Fluid losses can place patient at risk for dehydration.</p> <p>-Fluids containing caffeine, high sugar and alcohol can increase ostomy output which can contribute to dehydration.</p> <p>-Patient should be aware of signs and symptoms of dehydration and known when to seek treatment. - Keep track of intake and output. If output is greater than 1500 cc in 24 hours and urine output is</p> <p>-Exercise can help combat any weight gain experienced during surgery and is good for overall well-being. Avoiding heavy lifting or pushing helps to prevent hernia.</p> <p>-Redness and skin breakdown around the peri-stomal skin may indicate a poor seal</p>
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<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. <u>Alternatives should be from a different category or classification.</u> In other words, what could be used if the product was</b></p>	<p>1. Skin marker and transparent dressing: <b>Disadvantage:</b> May wash off with showering. <b>Alternative:</b> Permanent mark with 3 small spots 1-2 mm in size in shape of triangle using nontoxic ink</p>
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not available?	
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**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>	My goal for the day was to complete a stoma marking. I was able to meet my learning goal for the day. The patient previously had a DLI that was reversed and has a current colostomy that is with large prolapse and wishes to have it reversed. This patient's pre-op teaching consisted of reinforcement and re-education. I would have used a marking disc to mark the stoma site.
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	Goals for tomorrow include wound vac, ileal conduit, colostomy

<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	Although, this patient has previously had a DLI and a current colostomy I would re-educate/reinforce type of surgery, post op diet instructions, fluid management, signs of dehydration,
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	Other patient encounters included post-op visit end ileostomy, stoma check loop ileostomy, colostomy with peri-stomal skin breakdown

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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