

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: __Kelsi Critzer__ Day/Date: 9/11/23

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

Number of patients seen today: 5 Preceptor: P.Clay

Journal Focus: Wound 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>Pt is a 2 y.o. male with ileostomy.</p>	<p>Patient has a past medical history including imperforate anus, omphalocele, congenital hydronephrosis with a covered cloacal exstrophy type picture and tethered cord. Patient has a surgical history of omphalocele closure and ileocolostomy with ileocolostomy followed by an exploratory laparotomy, ileocolostomy, end ileostomy with colonic mucous fistula, and umbilical plasty (2021). Additionally, patient underwent bilateral ureterostomy, transplantation of ureter to skin (2021). Patient presents with chief complaint of mucus fistula prolapse and decreased ileostomy output. Patient underwent exploratory laparotomy with lysis of adhesions, ileostomy revision, and mucous fistula resection.</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>Reason for Consult: New consult for patient with a revised ileostomy (existing ileostomy pt)</p> <p>Patient assessed with Mother, spanish interpreter and P.Clay RN, CWOCN at the bedside. The patient's pouch was assessed to be intact with no leakage or concerns. The stoma is in the RLQ and appears red, moist, round, and budded. The stoma measures approximately 19mm in diameter. Functioning watery dark green effluent. Mom reports nightly pouch changes due to lifting around the edges to prevent leakage into incisions. Mom reports intact peristomal skin with no concerns currently. Recommend continuing use of Hollister newborn 2-piece to accommodate nearby surgical incisions/vessel loops. Pt currently has two abdominal incisions with vessel loop drains in place (midline and transverse). This pouch is small on the patient but will work until the vessel loop drains are removed, at which time the patient should be able to transition back to his Hollister 2-piece cut to fit pouching system. Some trimming and modifications may need to be made until the incisions are well healed. Mom is comfortable and proficient with ileostomy care and pouch changes. Patient is being recommended for PICC placement to receive TPN/lipids due to inability to tolerate tube feeds. Pt remains inpatient and will be followed by the WOC team.</p> <p>Wound Team Plan:</p> <p>Continue providing ostomy care, continue to monitor skin and WOCN to follow as needed. Follow up in 2 weeks after discharge at APH Outpatient Ostomy Clinic. Patient’s mother verbalized understanding of the need to initiate TPN/lipids to meet patients nutritional needs. Mother demonstrates comfort and confidence in providing ostomy care for patient.</p>

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Wound-Specific Plan:

ileostomy care: Hollister Newborn 2-piece pouch, Cavilon no-sting barrier film, Stomahesive powder, eakin dough, Scissors, Eakin Cohesive paste

1. gather supplies and cut wafer to size
2. gently remove the old pouch, may use the adhesive releaser spray
3. cleanse skin with warm water only, dry thoroughly
4. dust any reddened/open areas with Stomahesive powder, then dab/spray with No Sting Barrier Film to form a protective crust.
5. place a ribbon of Eakin dough on the skin, around and snug to the stoma. May use Eakin paste directly around the stoma.
6. apply the wafer/pouch
7. cover the pouch with hand for at least 2 minutes to better activate adhesive

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Fluid and electrolyte imbalance and weight loss related to high stoma output and increased episodes of emesis	Closely monitoring labs and replacing electrolytes as needed Dietician referral Initiate TPN Administer Imodium as ordered (3x daily)	Early identification allows for early intervention and complication prevention Comprehensive approach to ensure child has nutritional needs met and prevent weight loss Provides patient with necessary nutrition not met with PO intake Slow intestinal mobility to allow for better absorption of nutrients
Peristomal skin breakdown related to frequent pouch changes	Limit number of unnecessary pouch changes Use adhesive releaser for removal of pouch Thoroughly assess skin with each pouch change	Encourage mom to change pouch when leaking or every 3-4 days to avoid damaging peristomal skin Allows for gentle removal of adhesives Early identification of breakdown allows for early implementation of corrective measures
Pain related to surgical incision and pouch changes	Administer pain medication prior to pouch change Coordinate pain medication administration with pouch changes	Controlled pain promotes patient comfort and participation during pouch changes

Identify each WOC
This section helps to communicate your product knowledge and critical thinking skills.

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<p>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>Products should be available in the US.</p> <p>Hollister newborn 2-piece: currently placed in this pouch due to proximity of surgical incisions/drains. This pouch is very small and requires frequent emptying. Once the vessel loops are removed and healed the patient can resume use of previously preferred Hollister 2-piece cut-to-fit pouching system. Additionally, this pouching system could be currently used and trimmed down to avoid surgical incisions.</p> <p>Coloplast elastic barrier strips: Added to assist with adherence of pouching system to patient. Strips only can be added to bottom half of wafer due to incisions and still easily lifts with movement. This addition is not necessary.</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.

<p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal for the day was to function as independently as possible in creating a plan of care for a patient and complete a progress note from start to finish. I did meet my goal and feel more confident in documenting assessments, interventions, and plan of care.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>My goal for tomorrow is effectively pack a wound in a difficult area that a cover dressing cannot be used.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>I would have educated my patients mother to limit the number of times she changes the pouching system unless it is leaking.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>Additional patients I took care of were granulomas on G-tubes, diaper rash, and skin breakdown related to trach ties.</p>

Reviewed by: _____ Date: _____

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