

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Natalka Wiszczur Day/Date: 9/14/23
 Number of Clinical Hours Today: 8 Care Setting: Hospital X Ambulatory Care Home Care Other: outpatient clinic
 Number of patients seen today: 6 Preceptor: Jeanine Osby
 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	<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>75-year-old female. PMH of anemia, hepatitis B, IBS, polyneuropathy, dyssynergia, spinal stenosis of the lumbosacral region, GERD, Uterine cancer 21 years ago treated with radiation and hysterectomy, ILD, endometriosis, kidney stones, and HTN. The patient had a loop sigmoid colostomy created in May of this year for chronic diarrhea and bowel obstructions due to radiation proctitis. Allergic to sulfa.</p> <p>The patient was seen in the outpatient setting for complaints of peristomal skin pain and irritation.</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.

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.

Follow-up visit for the evaluation and management of peristomal skin pain and irritation. The patient is pleasant and alert. Walking with the assistance of a cane. The patient states no current issues with the ability to change the pouching system and expresses joy at the freedom she has gained from having a colostomy. The patient’s stoma is located in the left lower quadrant. It is red, moist, and slightly protruded but concavity is viewed with movement. There is a tiny area of denuded skin in the 5 o’clock position. Painful pseudoverrucous lesions are noted from 11 to 2 o’clock. The stoma site measures 1 1/4” in diameter. The rest of the peristomal plane is soft, rounded, and intact. The stomal output is soft brown stool.

The WOC nurse treated the peristomal skin with crusting (done with Stomahesive powder and a Safe n Simple skin prep and allowed to dry) then covered the area with a Hollister Adapt CeraRing. The patient prefers to continue using the Coloplast SenSura Mio deep convex 1-piece drainable system, but the aperture was cut slightly larger than the previous pouching system to 1 3/8”.

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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> <ol style="list-style-type: none"> 1. Altered skin integrity due to concavity of stoma with movement. 2. Pain related to pseudoverrucous lesions around the stoma site. 3. Altered skin integrity due to improperly sized pouch aperture. 	<p>Statements should be directive and holistic relating to the problem/concern.</p> <ol style="list-style-type: none"> 1. Increase convexity through the use of the Coloplast SenSura Mio deep convex 1-piece drainable system. 2. Use of the crusting method, layering of skin barrier powder and skin prep, around the stoma site with special care taken to cover the pseudoverrucous lesions. The patient can also take over-the-counter pain medication as directed by the manufacturer until the lesions subside. 3. The patient's aperture size should be cut to 1 3/8” to allow for a proper fit. 	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <ol style="list-style-type: none"> 1. Convexity helps apply pressure around a stoma and increases protrusion. This helps to prevent effluent from leaking onto the peristomal skin reducing the risk of compromised skin integrity. 2. Crusting aids in creating a surface that is dry and protects the damaged skin while allowing the ostomy pouch to adhere. 3. Appropriate sizing of a pouching system reduces leakage of effluent onto the peristomal skin and reduces the risk of moisture-associated damage.

<p>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</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Stomahesive powder and Safe n Simple skin prep used in the crusting method may not be desirable due to the time and complexity of the method. An alternative treatment could involve the use of silver nitrate to cauterize the pseudoverrucous lesions.</p> <p>The sue of the Hollister Adapt CeraRing, skin barrier ring, may also not be preferred due to the extra step involved when pouching. An alternative is to use a Hollister New Image skin barrier flange which does not involve tape and reduces the number of steps needed.</p>
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used if the product was 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.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	My goal was to be introduced to ostomy care and management. I met my goal but am still feeling some confusion on the proper identification of which products to utilize.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Continue to develop my skills in product choice for ostomy care.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	n/a
Reflection: Describe other patient encounters, types of patients seen.	I saw a patient who refused to change, or even to learn how to change his own colostomy pouch. He comes two times a week to the clinic and utilizes the emergency department when he has a leakage. He was well-known to the staff at the clinic. I also saw a patient with a mucus fistula and was able to learn about stoma caps and see granulomas on her ileostomy. I got to watch a patient be sited for a future temporary loop ileostomy for possible revision of her colostomy. Another patient had an end ileostomy and had been sent home from the hospital without supplies or education. It was interesting watching my preceptor provide education through the teach-back method. My final patient came from an assisted living facility and was in a state of neglect. His stoma was leaking, and his clothing, walker, and briefs were dirty with feces. He explained that the nurses at his facility refuse to help him as he is having a hard time managing. He is in contact with his ombudsman about the situation and my preceptor and I helped change his briefs, clean his skin and walker, and changed his pouch. He also had a biliary drain that was pulling at his skin, so we used a Foley securement system to attach it to his side and cleaned and dressed the drain site.

Reviewed by: _____ Date: _____

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