

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Teresa Hernandez-Zamudio Day/Date: 09/12/23

Number of Clinical Hours Today: Care Setting: 8 Hospital Ambulatory Care Home Care Other:

Number of patients seen today: 6 Preceptor: Megan Hincapie BSN, RN, CWOCN

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>59 year old male with anastomotic stricture following low anterior resection for rectal cancer. Patient is admitted for colonic perforation into the retroperitoneum without sepsis. The plan for the patient is to go to IR for drainage of pelvic abscess collection, OR after for diverting loop ileostomy. Patient is currently NPO, on IV antibiotics and IV fluids. Patient will need ostomy site marking for planned loop ileostomy. Latest vital signs BP 114/73, pulse 68, temperature 97.5 F, respirations 19, height 5’9”, weight 88 kg, SpO2 96% on room air. Patient has a history of rectal cancer, anal and rectal pain, malnutrition, anxiety, depression, hypertension, GERD, and history of ileostomy with reversal. Patient seen today for right sided ileostomy and LUQ colostomy marking</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>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.</p> <p>Patient’s initial WOC nurse consult is for stoma marking. Received consult for stoma marking for possible right sided ileostomy and LUQ colostomy. Hand hygiene performed. Gathered marking discs, marker, alcohol wipes, and tegaderm. Patient was seen and stoma marking completed as ordered. Patient had ileostomy in the past that he had leakage issues with. Emotional support provided. Discussed with patient difference between ileostomy and colostomy. Explained stoma marking purpose and procedure to patient. Patient verbalized understanding. Patient initially lying in bed, supine position, located and palpated rectus muscle borders and location of ribs, marked edges to better identify sites. Ribs sit low within abdomen. Abdominal contours were evaluated in lying, sitting, standing, and bending position. Abdominal crease noted when sitting and bending over. Scar noted to RLQ where previous ileostomy was located. Stoma marking completed in RLQ, LLQ, and LUQ within the abdominal rectus muscle and on</p>

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summit of infra umbilical fat mound. Marked sites with surgical marker and covered with tegaderm. Informed patient tegaderm is to protect site marking until surgery is performed. Patient is able to see site marking in sitting, standing, and bending position. Picture obtained and uploaded. Follow up visit scheduled for POD #1.

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> <p>Knowledge deficit related to possible right sided ileostomy and LUQ colostomy.</p> <p>Knowledge deficit related to stoma site marking.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Instruct patient regarding difference between ileostomy and colostomy and possible expectation prior to and after surgery.</p> <p>Instruct patient what stoma marking is and how it helps with the placement of the ileostomy and colostomy.</p> <p>Instruct patient to lay in bed in supine position.</p> <p>Instructed patient to forcefully cough or semi perform a half sit up. Located and palpated rectus muscle borders and location of ribs, Assess for abdominal contours in lying, sitting, standing, and bending position.</p> <p>Stoma site mark completed in RLQ, LLQ, and LUQ within the abdominal rectus muscle and on summit of infra umbilical fat mound away from creases and scars.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Educating the patient prior to surgery helps the patient have a better understanding of what is going on and what they should expect.</p> <p>Educating the patient about stoma site marking will help them understand why placement is important and how it can help improve pouch seal to prevent leakage.</p> <p>Improve visualization, abdominal palpation, and rectus muscle borders.</p> <p>Forceful cough or semi sit up helps engage rectus muscle borders and allows for proper identification of stoma site marking. Abdominal contours, scars, and creases might cause issues with pouch and should be avoided during stoma site marking.</p> <p>Improve stoma support and prevent hernia. Improve pouch seal.</p>

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	<p>Ask patient if they are able to see site marking in sitting, standing, and bending position.</p> <p>Mark sites with surgical marker and cover with tegaderm.</p> <p>Inform patient tegaderm is to be left in place until surgery is performed.</p> <p>Obtain picture and upload to chart.</p>	<p>Improve patient stoma management and pouch system changes.</p> <p>Improve identification of stoma marking for surgeon to identify and use during surgery.</p> <p>Improve preservation of marking.</p> <p>Surgeon and staff are able to identify marking if tegaderm and mark are not fully visible.</p>
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<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Utilized Marlen stoma site disc markers. It comes in different sizes to help guide marking and fit different abdominal sizes. Discs are rigid and reusable. After each use, the disc must be cleansed to be in compliance with infection prevention. There are different stoma site discs and markers that are disposable and have a little more flexibility.</p> <p>If the nurse does not have a stoma site disc, a wafer can be used in lieu of the disc. <u>Yes, can work well</u></p> <p>Tegaderm to help protect stoma site markings. One disadvantage with tegaderm is that some patients develop an allergy to the adhesive. In that case, any transparent film that the patient is not allergic to is able to be used. An alternative to transparent film would be to create a tattoo with permission of the patient and surgeon using a needle and marker. <u>Yes, this works but I must admit I would not want a tattoo here in case the site was not used</u></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 today was to get hands on experience on how to perform a stoma site marking. I was able to meet my learning goal today. I performed and participated in the stoma site marking and was able to see 3 different patients that needed stoma site markings. <u>Great!</u></p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>My learning goals for tomorrow is to learn more about ileostomy management.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>Patient was able to self reposition and sit at edge of bed. I would have asked the patient to attempt different positions that he knows he utilizes throughout the day and ensure the stoma markings are appropriate in every position. <u>could you not ask the pt to do this?</u></p>
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Reflection: Describe other patient encounters, types of patients seen.

Today was another productive day. I was able to participate in 3 different stoma site markings. One patient was wheelchair bound and required placement that functioned with her mobility. A different patient had a pendulous abdomen and we had to ensure the stoma site marking was not over loose skin and within a supportive area. A different patient had a leaking ileostomy pouch which required change. Another patient had an end jejunostomy and a leaking pouch requiring change.

Teresa, under Journals in discussions, I posted this on 9/12. If you have not read this post I encourage you to do so.

PLANS FOR CONTINENCE CLINICS & STOMA MARKING

The format discussed previously really does not lend itself to these two clinical situations. The journal you do on stoma marking should include the introductory information & assessment, but the plan is the steps you took when you marked the stoma site(s) & the why.

For the patient in a continence clinic, after completing the initial assessment information, just outline the procedure that was done for the PVR, urodynamics, or whatever procedure was done for the patient & the whys.

Remember, submit at least one journal before you submit a lot of journals. Use feedback from the first submission to make sure the remainder of your journals are on track.

So, I need to see the marking steps you took in the plan section...instructed pt to lie flat, identified rectus muscle by....etc. etc. Thanks
Reviewed by: Patricia A. Slachta Date: 9/14/23

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