

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: 9/19/23

Number of Clinical Hours Today: \_\_8\_\_ Care Setting:  Hospital \_\_\_ Ambulatory Care \_\_\_ Home Care \_\_\_ Other: \_\_\_\_\_

Number of patients seen today: \_\_5\_\_ Preceptor: \_P.Clay RN, CWOCN\_\_\_\_\_

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><b>Today's WOC specific assessment</b></p>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p>17 m.o. male with history of Hirschsprung's disease s/p total colectomy with ileostomy 4/22/2022, ileoanal pull-through with diverting loop ileostomy 5/9/2023, takedown of loop ileostomy 7/6/2023 who presented with fever and vomiting that started day prior to admission. Per mother patient had a fever of 101 yesterday and he has not been acting like himself he has been way fussier, and they have not been able to get him to stool even with enema. He had a small bowel movement yesterday. He is having good wet diapers, had 1 emesis in the ED nonbloody. No recent illness and parents deny sick contacts.</p> <p>Abdominal x-ray done in the ED with free air concerning for perforation. Surgery was consulted and took patient for emergent exploratory laparotomy. Intraoperatively perforation was seen at the previous anastomosis and underwent minimal bowel resection, lysis of adhesions, and end ileostomy</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><b>Reason for Consult:</b> New consult for patient with a new ileostomy</p> <p><b>Wound History:</b></p> <ul style="list-style-type: none"> <li>• Patient S/p laparoscopic assisted total abdominal colectomy with leveling end ileostomy on 4/22/22 by Peds Surgery, secondary to Hirschsprung's disease.</li> <li>• Patient now s/p "laparoscopic assisted endorectal pull through with diverting loop ileostomy" on 5/9/23</li> <li>• Takedown of loop ileostomy 7/6/2023</li> <li>• 9/18/23- perforation at anastomotic site, Exploratory laparotomy, end ileostomy, bowel resection, and lysis of adhesions.</li> </ul>
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**Pressure Redistribution Support Surface:** Standard, crib with Z flo pillows

**Fluid and Nutrition: Patient is currently NPO with continuous**

**Wound Team Summary Assessment:**

Patient assessed with P.Clay RN, CWOCN and patients mother at the bedside. The patient presents with an intact Hollister 1-piece pediatric pouching system to the RUQ ileostomy. The stoma was assessed through the pouching system and found to be pink, moist, round, budded, with tan tissue on the tip of the stoma. Currently, no stool or flatus has been passed and a small amount of serosanguinous drainage was noted in the pouch. The pouch appears to be cut wide with some skin exposed, so WMST will plan to change the pouch when stool output is noted to prevent skin from breaking down. Mom remains comfortable and confident with ileostomy care but has concerns about Ryder being older and more curious. Mom requested that the patient be placed in a 2-piece pouching system. WMST agrees that this is a good option now that Ryder is older and the 2-piece pouch will allow for a belt to be attached. WMST will return tomorrow to provide a routine pouch change and place the Hollister 2-piece pouch. Supplies sent to the unit in preparation for next day pouch change. RN updated.

**Wound Team Plan:**

Continue ostomy care, continue ostomy instruction/education, continue to monitor skin, WOC nurse to follow as needed and Supplies left for patient

Follow Up: Clinic, APH Outpatient Ostomy Clinic. Patient to follow up in 2 weeks after discharge.

**Wound-Specific Plan:**

Ileostomy care: Change pouching system every 3-4 days or PRN for leakage

Supplies: Hollister 1 3/4 Wafer, Hollister 1 3/4 drainable Pouch, eakin dough, barrier extenders, no-sting barrier film, stomahesive powder, adhesive releaser spray, scissors

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.
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)
Ileostomy care	Change pouching system every 3-4 days or PRN for leakage Supplies: Hollister 1 3/4 Wafer, Hollister 1 3/4 drainable Pouch, eakin dough, barrier extenders, no-sting barrier film, stomahesive powder, adhesive releaser spray, scissors 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,	The purpose of routine ileostomy care is to prevent pouch leakage, assess stoma, assess peristomal skin, and make necessary changes such as modifying wafer size or adding accessories.

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<p>Fluids and Nutrition</p>	<p>around and snug to the stoma. 6. apply the wafer/pouch 7. cover the pouch with hand for at least 2 minutes to better activate adhesive</p> <p>Maintain NPO status as ordered until provider advances diet</p> <p>Maintain continuous IVF as ordered</p>	<p>The purpose of maintaining NPO post operatively is to ensure bowel function has returned prior to adding foods to be digested</p> <p>The purpose of maintaining IVF is to keep the patient hydrated and provide the body with sugar until patient is able to resume a diet</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. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>Hollister 2-piece pouch (1 ¾ drainable pouch and 1 ¾ cut-to-fit new image wafer and flange): 2-piece system takes up more space and is more parts to keep up with than 1-piece. Alternatively, the Hollister pediatric 1-piece pouch can be easily concealed from patient and parents have experience with pouch.</p> <p>Eakin dough: can be seen as unnecessary or additional expense. Can be removed from POC or a hydrocolloid could be placed on skin prior to pouch application.</p> <p>Coloplast Elastic Barrier extenders: Additional adhesive applied to the skin, instead a belt can be used to support and hold ileostomy pouch in place.</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><b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p>My goal was to set up an opportunity to develop a continence plan for a patient with a SCI or TBI and I am officially set to visit inpatient rehabilitation that specializes in SCI's and TBI's. I feel I met this goal and will really have a well-rounded practicum.</p>
<p><b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b></p>	<p>I would like to learn more about ABI's and how to do lymphedema wraps and lower extremity wound care.</p>

<p><b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p>The parents of this patient have another child with a colostomy, and this is the patients second time with an ileostomy so they have a very good understanding of how to care fore the patient and they know what to expect. I might briefly review</p>
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	skin care for ileostomies just as a refresher.
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	Other patient encounters I experienced today was trialing a 2-piece pouching system instead of a 1-piece on a patient with a colostomy. A follow-up on skin breakdown underneath trach ties that is completely healed and a patient with changes to the stomas appearance and function.

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

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