



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Jennifer Lemert Day/Date: 9/20/2023 Preceptor: Kimberly Mauck

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

Number of patients seen today: 6 Preceptor: Kimberly Mauck

Journal Focus: Wound 3 Ostomy 3 Continence Combination Specify: 1 wound and ostomy

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>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>CC: WOC visit #3 for new colostomy patient, today needs colostomy discharge teaching</p> <p>HPI: N. B. is a 64-year-old female, with ESRD on HD via AF fistula right upper extremity, Anemia, Diabetes, Hypertension, CML-in remission since bone marrow transplant. She had colonoscopy as a part of a kidney transplant evaluation. At the time of her colonoscopy, she was found to have sigmoid colon stricture and scarring from recurrent Diverticulitis. This narrowed the colon to the degree that the adult colonoscope was abandoned for a pediatric colonoscope. Unfortunately, in attempting to pass the pediatric scope, a perforation occurred, this was recognized during withdrawal of the scope. She was transferred to the surgery service immediately as she was already under general anesthesia. Exploratory Laparotomy with Hartman’s procedure was completed. She is post op day #9. She is passing gas, and has passed stool several times through her colostomy. She is eating and drinking well, has minimal pain, is ambulating independently, and has completed colostomy teaching. Her close friend since childhood completed ostomy teaching with her as well.</p> <p>PMH: End Stage Renal Disease/Hypertensive Neuropathy-being evaluated for transplant Anemia Gout Pituitary Tumor Hyperprolactinemia Secondary Hyperparathyroidism Hypertension Diabetes-pre-op A1C 5.5 Obesity Diverticulitis CML-s/p BMT-in remission since</p>
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	<p>PSH: 9/11/2023: Exploratory Laparotomy with Hartman's Procedure 5/2023: Ligation AV fistula-Right upper extremity 5/2020: Pituitary tumor removal 11/2019: AV fistula-right 1989: Myomectomy Bone Marrow Transplant Hysterectomy</p> <p>SH: Lives alone, independently, cousin supportive and participated in colostomy care X-smoker No ETOH Works in education teaching technology</p> <p>Medications: Cefepime Flagyl 500 IVPB BID Lidocaine 5% patch nightly PRN Gabapentin 100mg po T/TH/Sat Sevelamer 2400mg po TID Insulin-lispro sliding scale Carvedilol 3.125mg BID Heparin 5000unitsO Sq while in hospital Oxycodone 5mg po Q4hr PRN pain</p> <p>Allergies: Erythromycin, anti-thymocyte globulin</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.

Physical Exam:

Gen: well appearing, well groomed, pleasant, and cooperative

Neuro: alert and oriented, speech clear and appropriate, MAEW and ambulates with a walker without assist.

Resp: even and unflavored

CV: VSS

Abdomen: abdomen is soft and minimally tender. Midline incision well approximated with staples, no erythema, induration, or drainage. Left lower quadrant colostomy sits 1/2 cm above skin, 2.5 CM slightly oval. Opening is central, surface around ostomy edges dusky, drier, and sloughing. Underlying visible stoma is red, well perfused, and moist. Peristomal skin is intact and without pinkness, redness, or irritation.

Extremities: no edema

Skin: otherwise, intact, warm, and dry

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Assessment: new colostomy, functional and in good condition, without stool impaction or obstruction.

Plan: Final discharge teaching completed. She can independently return demonstrate colostomy care. She can burp and empty her pouch independently. She can ask for necessary supplies, set up for pouch change, and independently remove pouch, check barrier for evidence of leak, evaluate stoma and peristomal skin, size stoma, cut wafer to correct size, clean peristomal skin with water, apply wafer, and snap down drainage pouch. Her cousin was present and can assist her and talk through steps as well. She can verbalize three foods that increase odor and gas: eggs, fish, asparagus. She can verbalize parsley and tomato juice as foods that reduce odor. She verbalizes understanding that her Hollister stoma guide includes this information as well. She is provided with one month of stoma supplies: adhesive remover, Soft Convex, 2-1/4-inch 2-piece Hollister pouch systems, scissors, Esenta deodorizer/lubricant, Adapt stoma rings if accidentally cuts barrier too large. She is provided distributor contact information. She has home health stoma services set up and they will assist with her first order. She is provided with the contact information for Georgetown Hospital Outpatient Stoma clinic.

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>New emergency, temporary colostomy for colon perforation during colonoscopy.</p>	<p>See above</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Independently emptying pouch is a necessary skill for discharge.</p> <p>Ensuring patient and family member/support person are near independent in colostomy care leads to better outcomes, less fear and higher QOL with stoma.</p> <p>Hollister two-piece soft convex system with transparent drainage pouch may provide better adhesion than a flat pouch, and allows patient to be able to see their stoma as it changes post operatively and they can see when their bag needs go be emptied.</p> <p>She does have some weakness in her hands and may intermittently miss cut her barrier. For this reason, stoma rings are provided to ensure adequate protection of peristomal skin. She verbalizes understanding of how to use these</p>

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		rings. She has specific concerns about odor. A pleasant-smelling lubricator deodorant sample was provided, which she was able to use easily and appreciated this. She should have less difficulty adjusting to the odor with bag change if she feels she has more control. She is reassured that with a sealed, non-leaking pouch system, she should not have odor.
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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. <u>Alternatives should be from a different category or classification.</u> 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>Hollister products are used as they are formulary. Alternative stoma supplies: flat flange or one-piece system. Initially post op, I recommend soft convex two-piece system with transparent drainage bag so the she can visually inspect her stoma or vent gas without removing the entire pouch system. Soft convex can have less leakage problems, one-piece pouches are more flexible, lower profile, less product ordered, less expensive, and less steps for application.</p> <p>Adapt stoma rings were provided as they are on formulary. Alternatively, she could re-cut her barrier to a better size. Some patients have product specific sensitivities. A catalog of different products was provided.</p> <p>Adapt lubricant deodorant is an alternative to the Convatec product that was provided. The Adapt product is a gel and has no odor. Discussion of foods that increase and decrease stool odor were discussed as well.</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 independently provide new ostomy D/C planning, and complete a case study for the above patient. Additionally, I wanted to focus on seeing patients with either ostomies only, or ostomies and wounds. Monday I was able to observe and participate in WOC consults for ileostomy, colostomy, ileal conduit, gastrostomy tube and JP drain care. From today on, I planned to be observed and evaluated for complete holistic assessment, correct product selection, and correct product application. I was able to meet this goal on two ostomy patients today. Additionally, I was able to see a patient who had a chronic fistula and an ostomy that she does all her own care on. Additional patients with wounds were also seen. One had hidradenitis suppurativa that was quite severe and included a 12x12 cm necrotic wound of the thigh. My last goal for the day was reached as I was able to go to the RN Wound Champions Meeting and see the WOCN providers coordinating PI prevalence day for September.</p>
<p>What are your learning goals for tomorrow?</p>	<p>Complete a day shadowing the plastic surgeon and WOC nurse in the outpatient wound care clinic. I plan to seek out opportunities to observe one patient interaction and then begin to participate in the outpatient visits for the purposes of identifying and filling in knowledge gaps regarding basic wound</p>

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(Share learning goal with preceptor)	care in an outpatient wound care setting.
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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Ideally, I would have been able to do all the ostomy teaching for the case study patient, however, she had completed two stoma WOC visits before I rounded on her. Because I do not have computer access for full chart review, and my preceptors are busy, we round together and often the history I get is direct from the patient and can be incomplete. Retrospective chart review fills in the knowledge gaps to complete the learning experience. In reality, when I am practicing, most of my chart review will occur before seeing the patient. Yesterday, I was able to anticipate my case study, and pre-emptively learn more about products available in the hospital and how patients are directed to stoma support, home health, and product order once discharged. Today, I coached patient minimally in her final independent pouch change and answered questions related to deodorizer lubricant and pouch changes.
Reflection: Describe other patient encounters, types of patients seen.	I was able to explore sample products in the WOC office including an Ostoform. This is a stoma ring-like accessory that includes a spout like edge on one side of the ring. It is designed to direct effluent away from the skin and into the drainage pouch. Interestingly a chronic ileostomy was evaluated that was pointing down. I was able to give him a sample of the Ostoform so that he could try it. Continuing to see PI as well and this is good as I do not usually see PI.

Reviewed by: _____ Date: _____

Chart note 9/20/2023

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