



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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: \_Gina Farinacci-Nugent\_\_\_\_\_ Day/Date: 6/02/2023

Number of Clinical Hours Today: 10 Care Setting:  Hospital \_\_\_ Ambulatory Care \_\_\_ Home Care \_\_\_ Other: \_\_\_\_\_

Number of patients seen today: 7 Preceptor: Therese Cobb

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>M.S. is a 65 year old male patient with significant history of HLD who presented with headaches 2/3/2021. Patient found to have right brain mass s/p ST resection of GBM at OSH in 4/2021 s/p chemo and radiation, s/p R PO craniotomy for recurrent GBM on 3/4/22. Per note review wife reports that patient began experiencing severe cramping and abdominal pain that led the discovery of a perforated bowel that was treated via colectomy and end colostomy on 5/21/23. The patient was originally discharged to a facility but was then sent back to ED due to persistent neurological defects. He presents with 5 days of left sided weakness and AMS.</p> <p>PMH: GERD, COVID-19, Left cervical radiculopathy PSH: See above</p> <p>Labs: WBC 9.30 HB: 10.0 HCT: 30.5 NA: 137 K: 4.2 BUN: 12 CREAT: 0.63 Glucose: 112 CA: 8.3 MG: 1.9 P: 2.9</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.

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Initial consult requested by D. Limbert PA-C to assess ostomy needs. Family was not present at bedside at start of visit but did arrive as we were placing the ostomy pouch. Per nurse, patient is confused and restless.

General: Awake, pleasantly confused, and restless  
 Skin: Skin color light in tone, texture, and turgor normal  
 Abdomen: Soft  
 Stoma Type: End Colostomy Diameter: 5/8" x 1 1/8"  
 Location: LLQ  
 Protrusion: Flush  
 Mucosal condition and color: Red and moist  
 Mucocutaneous junction: Intact with sutures present  
 Peri-stomal Skin: Erythema. Negative for satellite lesions  
 Location of Skin Impairment: Circumferential  
 Peristomal contour: Concave  
 Supportive Tissue: Soft  
 Character of output: Dark brown liquid effluent  
 Emptying frequency per day: Per nursing  
 Current Pouching System: Patient was wearing a Hollister Premier Urostomy Pouch  
 Current wearing time: Unknown  
 Recommendations: Skin Care: Stomahesive powder  
 Pouching System: Hollister New Image 1 3/4" Flat Flange, Small Hollister Oval Convex barrier ring, drainable pouch

At time of visit, patient was pleasantly confused and slightly restless. His wife arrived as we were putting on the pouch. Wife expressed grief over patient's confusion and restlessness. We did not do extensive teaching today. We told the patient's wife that we would call her before next change to see if she would like more extensive teaching.

<b>WOC specific medical &amp; nursing diagnosis and concerns</b>	<b>WOC Plan of Care (include specific products used)</b>	<b>Rationale (Explain why an intervention is chosen; purpose)</b>
<b>Peri-stomal MASD: Irritant Dermatitis</b>	1.Remove pouch using push and pull technique  2.Cleanse peri-stomal skin with warm water and pat dry  3.Apply stomahesive powder. Dust off excess. Use until irritation is healed. If satellite lesions should develop, recommend switching to 2% anti-fungal powder  4.Apply Hollister New Image 1 3/4" Flat Flange, Small Hollister Oval Convex barrier ring, drainable pouch  5.Empty pouch when 1/2 to 1/3 full  6.Visit scheduled for 6/5 for hands on teaching	Using push and pull technique protects skin from mechanical injury  Regular hygiene helps to promote healthy peristomal skin.  Stomahesive powder absorbs excess moisture, improves pouch seal, and helps to heal skin breakdown  Ensuring proper ostomy fit and use of ostomy and access products reduces leakage and prevents peri-stomal skin complications.  Emptying pouch will prevent

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	with wife if appropriate and able	leaking and odor.  Involving the wife in patient's ostomy care may improve the quality of life for this patient
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<b>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?</b>	<p>Stomahesive powder <b>Disadvantage:</b> If excess is not removed then barrier may leak. <b>Alternative:</b> DomBoro solution soak. Karaya Powder to absorb moisture and acts as barrier.</p> <p>Hollister New Image Flat Flange, Small Hollister Oval convex barrier ring and drainable pouch: <b>Disadvantage:</b> Having to use 3 different products add and extra cost. Alternative: Coloplast SenSura Mio Flex light convex barrier and drainable pouch</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.**

<b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b>	<p>My goal for the day was to see a patient with a peri-stomal skin complication. I was able to meet my goal.</p>
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	<p>Learning goal for next clinical day include NPWT dressing change and ostomy care.</p>

<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	<p>I would soak the erythematous skin with DomBoro solution. 1 packet in 1 ¼ cup of warm water. Soak the gauze in solution and gently place on peri-stomal skin breakdown for 15 min.</p> <p>I would add no sting skin barrier after applying stomahesive powder to form a protective layer and protect skin</p>
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	<p>Other patient encounters included pouch change ileostomy, pouching a patient with multiple fistulas with an Eakin Pouch, visit with multiple patients with pouch leaking, placed a one piece pouch on patient with esophagostomy</p>

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

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