

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Amanda Walker BSN _____ Day/Date: 9/19

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

Number of patients seen today: 10 Preceptor: L.C

Journal Focus: 6 Wound 2 Ostomy _____ Contenance _____ Combination Specify: 1

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 Post operative Ileal pouch anal anastomosis removal with end loop ileostomy myocutaneous flap reconstruction</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. PMH: Rectal CA, HPI: Exploratory laparotomy Labs: WBC 12, NA 128, K 2.8, Albumin 3.0 Postoperative ileostomy education, rod removal and midline incision/ Vaginal myocutaneous flap reconstruction check</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.

Mrs. P consulted for postoperative ileostomy education and pouch change. Admitted for exploratory laparotomy

Woc nurse consult outcome: Stoma and pouching system were assessed. Stoma rod removed. Recommendations for the pouching system were provided.

WOC next scheduled visit/plan: next pouch change is scheduled for 9/24.

Stoma type: loop end ileostomy
 Rod: Removed 9/21
 Diameter: 1 ½
 Location: LUQ
 Protrusion: Yes
 Mucosal Condition and color: Moist, Red
 Mucocutaneous Junction: Intact

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Peristomal Skin: Erythema
 Location of skin impairment: Redness near midline incision at 3o'clock
 Peristomal contour: Slightly rounded
 supportive tissue: Soft
 Character of output: Serosanguinous
 Emptying Frequency: About every 12 hours.
 Removed/Current Pouching system: 1 ¾ Hollister New image soft convex, barrier ring, Lock n'roll pouch.
 Current wearing time: New surgical site/pouch
 Recommendations:
 Skin care: Stoma powder to denude skin as needed with pouch change.
 Pouching system: 1 ½ Hollister new image soft convex, barrier ring to skin around stoma, Lock n'roll pouch
 Wear time: 3-4 Days
 Other: Do not apply adhesive to midline staples
 Drain: n/a
 Supplier: Edgepark set up at d/c
 Comments: Husband at bedside during care,
 Please do not use purewick- New vaginal flap in place.

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>Nutrition deficient, Fluid/electrolyte imbalance, Supportive care for CA treatment and post operation, Inability to ambulate. Dehiscence of incisions</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Monitoring the ileostomy output. Remaining hydrated with continuous enhancement of nutritional options at meals. Patients should work with PT/OT to improve ambulatory strength.</p> <p>Maintain comfort and understanding of pouch change and maintenance with ileostomy.</p> <p>Recognize any type of symptoms or changes to skin/output that may require attention.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Becoming dehydrated with ileostomy can be common. Teaching about the correct liquid intake and sodium levels are important. Having the patient and family be comfortable with pouch maintenance and troubleshooting should a problem occur is also important. Continuous education and feedback about new pouch can help increase patients knowledge and awareness.</p>

<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product</u>. Identify an alternative to the product. <u>Alternatives should be from a different category or</u></p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Having the patient use Stoma paste/ Ring barrier and pouch of perseverance. This patient used Hollister. There are several other brands that Linda uses and offers to patients based on preferences, situation and contour of body.</p> <p>Given the patient's age and daily living she may want to try other pouches after healing from this surgery. Following up with the surgeon or in the outpatient setting with different products/pouches to use could be beneficial.</p>
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classification. In other words, what could be 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?	. Yes during this clinical there were numerous wounds and ostomy situations happening. Watching NPWT changes and assessment of wounds. Following up with patients post operative for education regarding the pouch maintenance. Going with Linda to the outpatient area to meet some patients that are there with some emergent situations such as leaking or blockages. This clinical site has an abundance of WOC cases to learn from.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Next week will be following up with a patient that has been here for a lengthy time with moisture associated wounds, Tongue wound from intubation and new ostomy bag.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	This patient was a planned surgical case that had come from another state. Patient and husband understood and continuously asked appropriate questions.
Reflection: Describe other patient encounters, types of patients seen.	So far in my second day I assisted with a NPWT change to a patient that had an amputated AKA and the facility arrived from left in on for more than 3 days. It was recovering nicely but the patient was very aggressive and reluctant to have it changed due to pain. It was a new experience for me to witness a different NPWT change.

Reviewed by: _____ Date: _____

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