

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: 9/21

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

Number of patients seen today: 15 Preceptor: Linda Coulter RN, CWOCN

Journal Focus: 10 Wound 4 Ostomy _____ Continenence _____ 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 Has several moisture associated wounds throughout body, Bite tongue in process of intubation and has new colostomy bag from Hartmans procedure</p>	<p>Mr. W 52 y/o male from home alone. Daughter POA. Had been admitted several times before this admission for abdominal pain/discomfort. Was taken for emergent surgical intervention for colostomy was intubated post operative and given continuous dialysis. Hx: Diverticulitis, DM, HTN, HLD. PMH: of abdominal pain r/o diverticulitis Labs: WBC 15 , NA 125, BUN 109, Creat 4.5.</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>Mr. W consulted for postoperative colostomy assessment and wound care assessments WOC nurse consult outcome: Stoma and pouching system were assessed. Stoma is flush to skin. WOC next scheduled visit/ Plan: next pouch change is scheduled for 9/29. Stoma type: End Descending colostomy Rod: N/A Diameter: 1 ½ Location: LLQ Protrusion: No Mucosal Condition and color: Dusky, Red</p>
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Mucocutaneous Junction: Intact
 Peristomal Skin: Ecchymosis
 Location of skin impairment: Bruising at the 12-3o'clock
 Peristomal contour: concave
 Supportive tissue: soft
 Character of output: Serosanguinous
 Emptying Frequency: once a day
 Removed/Current Pouching system: 1 ½ Hollister premier soft convex, barrier ring
 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 premier soft convex, barrier ring to skin aournd the stomas
 Wear time: 2 days
 Other: Monitor peristomal area for skin breakdown
 Drain: N/a
 Supplier: Set up at d/c
 Comment: Patient intubated and no family at bedside at this time. Will leave colostomy information out for family should they want it.

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, Frequent movement and turns, Daily oral and bathing care for improved skin surface.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>This patient is on continuous dialysis, NG tube for gastric decompression and IV nutrition. IV fluids and antibiotics. Patient is on Hillrom totalcare bed. Wearing SED's and heel protectors. Given the patients skin condition and wounds, family brought in moisturizer and daily baths are given.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>The Patient is in ICU for monitoring and supportive care. There should be progression in the skin breakdown and recovery, Nutritional support should be giving the patient the caloric intake to repair the wounds and start producing output from colostomy.</p>

<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</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>The use of a convex one piece pouching system is used. Monitoring the stoma site and using the proper products to help prevent further breakdown.</p> <p>Using stoma paste, barrier ring .</p> <p>Bed is a totalcare,</p>
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from a different category or 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?	Goals for the clinical day was to see this patient and assess needs. Being able to see such a variety in wounds and ostomy coverage is educational and impressive to be able to see such cases. So far every day of clinical has been a constant adventure of learning new things and experiences.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Goals for tomorrow is to see a Necrotizing Fasciitis of the gluteal fold patient having a repeat I&D.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	This patient is going through a very uncertain health care crisis. Having gone through so much and still being able to fight makes me hopeful I can follow up with him when he moves to a stepdown unit. Even though it has been a few weeks that this patient has been at the hospital he has made vast improvement with moving with therapy, advancing his diet, producing a significant amount of output through his colostomy causing a need for a continuous collection bag being placed for high output and responds to questions.
Reflection: Describe other patient encounters, types of patients seen.	Today there was a variety of people seen in all ages and family asking the wound care department about leeches and maggots. Seeing compartment syndrome aftermath and a thigh abscess that has not healed completely in more than a year. Watching a rod removal from a loop Ileostomy

Reviewed by: _____ Date: _____

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