Cleveland Clinic

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Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Jennifer Lemert_____ Day/Date: 10/04/2023

Number of Clinical Hours Today: N/A__ Care Setting: _X__ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen: 1 with Lauren Forneris (this is an extra journal to illustrate the stoma marking that I did)__

Journal Focus: _____Wound __X__Stoma marking___ 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.

Stoma Marking	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** CC: Stoma marking needed HPI: Patient is a 68-year-old female with Renal Cell Carcinoma. She had previous nephrectomy and then required chemo therapy and is now maintained on Tivozanib. She is immunosuppressed. On 9/20/2023, she began to have increased intraabdominal pain and malaise. She lives in Richmond Virginia. As she began to feel worse, her husband decided to bring her to the hospital. She has all her medical care at Cleveland Clinic since she had a IVC clot removed surgically years ago. The surgery was a high-risk procedure that included opening both her chest and abdomen to treat her IVC thrombus. Since, she refuses care outside of Cleveland clinic. They drive to Cleveland every 4-6 weeks. Her husband tells me that to get her back to Cleveland, he had to lay her down flat in a makeshift bed in the back of their truck. She was admitted on 9/25/2023 with spontaneous small bowel perforation, intraabdominal abscess, empyema, right hemithorax and sepsis. She was treated with Fluid resuscitation, IV antibiotics, and chest tube for empyema, and percutaneous drain to intraabdominal abscess. Her chest tube has been d/c'd. Her intraabdominal drain has serosanguinous drainage. Exploratory laparotomy is planned to evaluate the perforation site and to lyse adhesions. The surgeons have requested stoma marking in 4 quadrants in case a small bowel or large bowel stoma is needed. PMH: Renal Cell Carcinoma, IVC thrombus PSH: Right nephrectomy, IVC clot removal SH: Married, lives with husband independently, previously independent in ADLs, non-smoker, no alcohol use Medications: Tivozanib, Heparin 5000units SQ TID, Metronidazole 500mg IVPB TID, Cefepime 2gm IVPB Q8hours, Pantoprazole 40mg IVPB

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	Allergies: NKDA Vital signs: 98.4, 112/72, 90, 18 Labs: WBC: 13.2, H/H 9.2/28, Plt 112, Electrolytes: normal

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.

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WOC is consulted for Stoma Marking.

Exam:
General: fatigued, quiet, cooperative, husband at bedside
Neuro: alert, oriented to person and place, speech clear, history-as per husband, able to move arms and legs-but clearly weak
Resp: even and unlabored
Abd: BS hypoactive, abd soft. Scar from IVC is present and well healed and involves a midline sternal scar and an upper abdominal chevron shaped scar that is along the ribs. As well, there is a midline 5inch incision that is vertical and centers on the umbilicus. Patient is unable to get out of bed. She is agreeable to position changes in bed.

For stoma marking, patient is laid flat in bed, her abdomen is flat, the rectus abdominus muscles are identified by having patient lift her head. She does have a 1-1.5 cm midline diastasis. The rectus abdominus is otherwise easy to palpate. Her waist is quite short, making any markings above the umbilicus close to the lower rib cage. For this reason, two stoma sties are marked at least three finger breadths lateral to and inferior to the umbilicus, centered in the body of the rectus abdominus. She is then placed in a sitting position at 80 degrees. Both stoma markings are over the abdominal prominence, do not fall in areas where there are creases, folds, or scars, and are visible to the patient when she looks down.

For specific steps in stoma marking and associated rationale, see below

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilize**
Surgery requests 4 stoma sites marked for possible stoma creation because of exploratory laparotomy planned for 10/5/2023.	1. Discussed with patient that her surgeons would like to be prepared to create a stoma if needed at the time of her surgery and that they requested WOC evaluation and marking. The marking	1. Any service provided to a patient requires explanation and consent. Being able to preoperatively mark a

	is not a guarantee that she will wake up with a stoma, nor is it a guarantee that the area marked will be the location of a stoma as the surgeon makes any final stoma decisions at time of surgery. Basic information about stoma is provided. If surgery on her intestine requires that stool has to be diverted away from an anastomosis site, or if the bowel is damaged in a way that it can not be reconnected, a stoma allows stool to transit the intestine and be evacuated at the level of the skin through a stoma, which is where the intestine is brought up to the skin of the lower abdomen and attached to the skin so that stool can be evacuated. The location of the final stoma is determined at surgery, but marking pre operatively gives the surgeon information about a location that would be easiest for a patient to manage and that would be most likely to maintain a longer wear time for the pouch.	patient for a stoma allows for this explanation as well as an opportunity for patient to ask questions and begin to learn about stoma care if stoma is required. Preoperative marking provides an opinion on the best location for a stoma given the patients abdominal contours in different positions and often considers clothing choices related to belt line as well as visibility of stoma for self-care.
	2. Gather supplies: Ink pen or marker that is removable from the skin with alcohol or soap and water, surgical marker, transparent dressing, sample of a 2-piece stoma pouching system.	2. Gathering supplies allows for more efficient and complete marking and patient education.
	3. Observe patient in as many positions as possible. In this patient, she is recovering from sepsis in a hospital setting, and is bed bound. She can be laid flat as well as positioned with head of bed elevated. Her abdomen is observed for scars, creases, folds, and changes in contour with position changes.	3. Unfortunately, this patient was bed bound, so different positions such as standing and sitting in a chair could not be assessed. Observing her in her regular clothing to evaluate the belt line was also not possible. Her abdomen was flat, though. Her previous surgical scars were also flat, soft and without retraction or crease, and were well away from any ideal site of a stoma. Challenges with marking were that she was not positioned exactly supine, her trunk was rotated, this affected marking, and her waist was quite short.
	4. Lay patient flat and have her lift her head while WOC palpates the abdomen for the location of the rectus abdominal muscles. Once the medial and lateral edges of the muscle are found, uses removable marker to note theses edges. Then identify 4 sites that are above and	4. Lying patient flat and having her lift her head allows her to engage the rectus abdominus muscle, making it easier to palpate. Noting the boundaries of the rectus muscle ensures the marking site places any stoma within this muscle. Initial

	below the umbilicus, two on either side. Ensure that these sites are at least 2 inches from the umbilicus and any likely surgical incision, and are in areas where the abdomen is flat. The marked areas should be within the boundaries of the rectus abdominal markings. For this patient with a markedly short waist, only two marking were reasonable, one left side, one right side.	markings allow the sites to be evaluated in different positions. Noting the umbilicus and the liely surgical incision sites allow for markings that accommodate pouching systems that do not have to be applied over the umbilicus or any surgical incision.
	5. Reposition patient or if possible have them assume different positions. Note any new contour changes, as well as the abdominal prominence. Confirm with patient that they can see marked areas with the patient in a sitting position.	5. Sitting, standing bending can all change the contour of the abdomen and if a contour change occurs at the location of a marking, this can predict early pouching system loosening and leakage. Contour changes at the position of the stoma marking require adjustment of marking.
	6. Once stoma sites are initially marked, if a Hollister marking kit is being used, a stick-on stoma can be placed on the patient and then the patient can be asked to change positions and can confirm that they can see the stoma.	6. The kit I use in Alaska has a stick-on stoma that often allows patient to see what some stomas look like. This often triggers a patient to ask questions about any future stoma. I find using these stick-on stomas seems to help the patient anticipate the stoma, resulting in less post operative anxiety. This kit was not used for this patient. The WOC nurse I shadowed was not familiar with this kit.
	7. Once final two sites are identified, remove temporary markings and clean permanent marking sites with alcohol, mark with surgical marker and cover with Tegaderm. 8. Allow time for patient questions or concerns	7. Cleaning skin with alcohol, marking with a new surgical marker, and covering with as Tegaderm allows for marking to last until time of surgery. 8. This often gives patients an opportunity to learn more or to express concerns. When concerns and questions are addressed pre-operatively, patients have better post operative outcomes regarding stoma care.

Identify each WOC product in use/identified in POC. State at least	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** The products used for marking were ink pen, alcohol wipes, surgical marker and Tegaderm. An

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?	alternative marking kit made by Hollister includes all but the initial ink pen and includes examples of pouching systems and a "fake" stick-on stoma to facilitate stoma care introduction at time of stoma marking. The alternative kit is mentioned above. The advantages of the kit are that patients can be given pouching systems that they can handle and inspect prior to surgery, this reduces post operative anxiety regarding stomas and improves patient outcomes. The advantages of not using a kit would be cost, but the kits I have in Alaska were free from Hollister.

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?	To illustrate competence in stoma marking
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	N/A

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Talking through marking, and then working together to mark a real patient was a great way to see a WOC use finger breadths to estimate 2 inches and to see her decide that 4 markings were not realistic. This patient was not well enough to ask a lot of questions, but her husband and her were appreciative of the care.
Reflection: Describe other patient encounters, types of patients seen.	N/A

Reviewed by: _____ Date: _____

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