Cleveland Clinic

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: 6/28/23
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Number of Clinical Hours Today: _10___ Care Setting: X___ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: ___6__ Preceptor: ___Teresa Cobb_____

Journal Focus: _____Wound _X____ 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.

Today's WOC specific assessment	64 year old female with PMH of deafness (needs sign language interpreter), chronic anemia, malignant neoplasm of the bladder s/p chemotherapy. The patient underwent a robotic cystectomy, ileal conduit, and lymphadenectomy with ovarian and uterine sparing technique on 6/23/23. The patient is POD 5 and is recovering without any complications. The stoma Foley was removed today. The patient is tolerating a diet, has return of bowel function, is ambulating, and has good pain control with oral medications. LABS BUN 14 Creatinine 0.89 NA 130 K 3.3 Calcium Total 9.3 Glucose 107 HB 10.2 HCT 31.4 MEDS Oxycodone Colace CIPRO Lovenox Vitamin D3 Vitamin B-12 Vitamin C Probiotics

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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.*

Follow up visit today for hands on lesson with patient's husband and ASL interpreter at bedside. Patient performed all of the hands on portion of pouch change very well. Patient has paperwork for dietary guidelines, pouch change instructions, prescriptions, and 2 weeks of supplies. All paperwork reviewed with patient and husband and all questions answered. Patient expressed through assistance of ASL interpreter a verbal understanding of all information. Patient is ready for discharge from WOC standpoint.

Physical Exam
General: Alert, cooperative and in NAD
Skin: Skin color light in tone, texture, and turgor normal
Extremities: No lower extremity edema
Abdomen: Soft and nontender
Stoma Type: End ileal conduit / Diameter: 1 ¼" slightly oval
Location: RLQ
Protrusion: Budded
Mucosal Condition: Red and moist
Mucocutaneous Junction: Intact
Peristomal Skin: Clear and intact
Peristomal Contour: Rounded
Supportive Tissue: Soft
Character of Output: Clear yellow urine
Emptying frequency per day: Per nursing
Current pouching system removed: 2 ¼" Hollister New Image flat flange cut to fit, Hollister CeraPlus barrier ring and urostomy pouch to gravity drainage
Current wearing time: 3 days

ET Outcome: Hands on lesson with patient and husband, ASL interpreter at bedside
Topic: Ostomy instruction
Readiness To Learn
Cognitive Ability: Alert and oriented
Motivation to Learn: Interested
Family Support: High. Very involved in patient care
Instruction Provided To: Patient and spouse
Patient Learns Best BY: Multiple methods
Factors Affecting Learning: Language Factors: Interpreter Present ASL, patient and husband are deaf
Physical Limitations: Hearing impaired
Learning Response: Responded very well to learning
Diagnosis: Bladder Cancer
Procedure/Surgery: End Ileal Conduit
Education Topics/Teaching Points: Ostomy care, stoma appearance and functioning, purpose of pouching system, postoperative care per WOC Nurse, postoperative self-ostomy care instruction, discharge equipment ordering and support options, and diet
Method of Instruction: Demonstration-Hands on Learning
Patient/Family Response: Performs skill independently: Correct procedure for emptying pouch and correct procedure for changing ostomy pouch
Follow-up Plan: No need for follow up
Supplemental Material: Eating right and avoiding dehydration after bowel surgery handout
Referral Recommendations: Home Health Agency

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WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Urostomy Care	-Gather supplies -Wash hands -Position yourself in front of a mirror -Perform pouch change preferably before eating or drinking -Asses the color of urine -Open pouch drain by rotating valve to the open position so that urines flows out. Empty all urine and mucous from pouch. Rotate the valve back to closed position -Perform hand hygiene -Remove old pouch using push and pull technique -Clean peristomal skin with mild soap and warm water. Rinse well and dry thoroughly. Do not use harsh chemicals around the stoma -Inspect peristomal skin for any erythema or rashes. Skin around skin should look like other skin. Notify your practitioner of any changes in peristomal skin including rash or irritation -May use gauze to cover stoma while changing pouch -Use a guide to measure your stoma and select the opening that matches your stoma. Use the guide to trace and opening on the back of the skin barrier. With scissors cut opening in the barrier that is 1/8” wider that the tracing. Smooth any rough edges with your fingers -Remove the backing of the barrier and apply the CeraRing to the back of the barrier. Center the opening of the skin barrier over the stoma with adhesive side down. Gently press the skin barrier	Wash hands to prevent infection Stoma is quiet before eating and drinking Push and pull technique protects skin from mechanical injury Rinse to remove any soap residue. If skin is not dry barrier may not adhere Harsh chemicals such as alcohol can harm peristomal skin Changes in peristomal skin such as redness are indicative of MASD The stoma size may vary and change in the first 4-6 weeks An inappropriate barrier can create irritation or open sores A CeraRing barrier helps to prevent leakage and infuses skin with ceramide to protect skin. It also helps to increase ostomy wear time Gauze can be used to wick urine away from skin Holding hand over pouch and barrier helps to seal it An overfilled pouch causes strain on the skin barrier attached to skin which can lead to leaking If valve not in closed position it will leak pouch contents

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Urostomy patient education	to promote adhesion. Connect the pouch to the skin barrier. -Hold your hand over the pouch and barrier for 30 second -Discard used supplies in appropriate receptacles -Remove and discard gloves and perform hand hygiene -Empty pouch when 1/3 to ½ full. If using drainage back, make sure valve is in closed position -Recommended pouch changes every 3 to 4 days or If pouch leaks, change it right away -During the night the urostomy pouch can be attached to a urostomy night drainage bag -Rinse the tubing and drainage container daily with soap and water and hang to dry -Rinse tubing and drainage container in ½ vinegar and ½ water weekly -Cover the end of tubing when not in use -Replace the drainage system of any cracks or leaks -Drink around 8 8oz glasses of water to avoid dehydration. Follow up immediately for excessive thirst, dizziness, dark urine or no urine output, syncope -Consuming foods such as poultry, cheese and cranberries will keep urine acidic. Some foods such as asparagus may cause urine to have odor. Some medications can also affect urine color and odor -Avoid tucking the pouch into tight pants -Shower with or without the pouch in place because the adhesive skin barrier are waterproof. Cover pouch filter before showering. If showering with pouch dry barrier thoroughly with towel or hair dryer -Carry extra supplies and clothing when traveling	When using a night drainage bag, you do not need to get up to empty the pouch and allows one to sleep through night Covering tubing prevents contamination An open drainage system can increase risk infection Drinking water flushes out waste and helps kidney function Patients with urostomy are at risk for UTI. Keeping urine acidic can help to prevent UTI Adequate fluid intake minimizes risk for dehydration and dilutes and protects kidneys Tight clothing can interfere with urine drainage Using a filter cover prevent water from entering the pouch. Drying barrier after showering helps to prevent MASD Patient needs to know when she should contact her practitioner with concerns The adhesive degrades over time

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	-Contact your surgeon or practitioner if you experience a significant change in stoma size, severe skin irritation or bleeding, a decrease in stoma output of signs and symptoms of UTI such as fever or foul smelling urine -Supplies can be orders for a medical supply store or pharmacy. Don't stockpile supplies -Check with your insurance carrier to see if they have a preferred provider -Consider joining a community based or online support group such as UOAA	Support groups provide valuable education and advocacy for patients

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 from a different category or classification. In other words, what could be used if the product was not available?	Hollister New Image cut to fit flat barrier and drainable urostomy pouch two piece system: **Disadvantage:** Multiple parts for patient. Using a 1 piece system eliminates need for additional supplies, making it more cost effective and easier to apply. **Alternative:** I might try a Coloplast SenSura Mio 1 piece light convex because the patient is only 5 days post op and belly is soft. CeraPlus Ring: **Disadvantage:** Sometimes rings can melt, and this can affect seal. It's also another step for patient. **Alternate:** Thin strip of Brava alcohol free paste around the flange

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?	I was able to meet my goal of performing and urostomy tech. It was a challenge because we had to arrange for the interpreter to come to bedside. Together we were able to successfully complete the hands on lesson with this patient.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	This is my last day of practicum. I plan to apply all of the knowledge that I have gained during my time and apply it to my everyday practice. I am very grateful for such a great learning experience.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I may have suggested the patient use a belt or at least demonstrated how to apply a belt I would have included in my plan of care for this patient the option of using a 1

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	piece pouch I would have recommended follow up as needed. It is common for patients to encounter issues at home in the first few weeks as the abdominal contours may change
Reflection: Describe other patient encounters, types of patients seen.	Other patient encounters included post op visit for patient with ileal conduit and colostomy, K pouch irrigation, wound vac, leaking ileostomy, and visit for patient assistance with obtaining ostomy supplies.

Reviewed by: _____ Date: _____

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