



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:10/21

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

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

Journal Focus: 10 Wound 4 Ostomy Continance 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	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. PMH: Abdominal pain r/o infectious process Hx: Diverticulitis, DM, HTN, HLD Labs: WBC 15, NA 125, K 3.8 BUN 109, Creat 4.5
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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.

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

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Mucosal Condition and color: Dusky, Red

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)
Identify specific problems or concerns. "Risk" concerns should be	Statements should be directive and holistic relating to the problem/concern.	Statements should explain why the intervention/directive should

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<p>incorporated into the plan for actual problems/concerns.</p> <p>As a WOC specialist there is a risk of the ostomy retracting or prolapsing, Peristomal injury, increased risk of pressure injuries on sacral, back, elbows, legs, scrotal, heels and toes. Compromised healing from nutritional deficiency</p>	<p>Empty pouch q4h and PRN. Record output. Keep skin clean and dry. Moisturize daily Educate daughter on plan of care and rationale Change pouch 3 times a week and PRN for leaks Notify physician WOC department for increased output more than 1000 in 24 hours for possible continuous collection bag placed for high output Notify WOC department for leakage in colostomy. Notify WOC department for any developing pressure injuries or suspected open wounds. Apply heel protectors when in bed. Chlorhexidine bath every day for foley care till discontinued. Turn and reposition every 2 hours when in bed. Consult Pt for evaluation and plan once extubated and awake. Administer pain medication as ordered Maintain Total care bed</p>	<p>be followed. References are not required, unless utilized.</p> <p>Emptying pouch Q4 hours will allow adequate records of output from pouch and monitors for leakage. Improve pouch seal for stoma allowing for progression in body contour Turning and repositioning will help to reduce pressure on bony prominences. Using specialty devices (cushion, mattress, heel boots) will also help to reduce pressure. Frequent assessment allows for earlier intervention Cleansing helps to keep skin clean and dry, free from irritants to prevent skin breakdown. Daughters can intervene on pt's behalf in nursing homes and participate with care. Helping with compliance. Pain control enhances healing and allows for pt participation in care Allow bed to alternate pressure on bony premises for reduced pressure injury occurrence</p>
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<p>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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US. Patient used the Hollister pouching system. With a Barrier ring and paste. The foley catheter placed for irrigation was inserted by the wound/ostomy department and monitored throughout the day/length of stay</p> <p>Hollister new image convex 1 ½ stoma size may change requiring a different sizing. This is a two piece system and can assist in monitoring stoma appearance. Alternative: Using a one piece Hollister premier system with clear front piece and flexible fit barrier with more frequent pouch changes. Hollister skin barrier ring: Used if peristomal skin is irritated. Alternative eliminate Stoma powder for skin irritation Alternative: Use hollihesive to skin irritation for additional support. Alternative: thin hydrocolloid Total care bed- Alternative Envella bed if pressure injuries do not improve. Another alternative is to use supportive devices such as waffle bed protection or wedges for assisted turns.</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.

<p>What was your goal for the day? Were you able to meet your learning goal for today? Why or</p>	<p>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</p>
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why not?	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 and responding 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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