



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: 9/26/23

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

Number of patients seen today: 10 Preceptor: Linda Coulter, BSN, CWOCN

Journal Focus: 6 Wound 2 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.

Today’s WOC specific assessment	A 56 year old female admitted for planned exploratory laparotomy for rectal cancer. Wound care consulted for assessment of ostomy and myocutaneous flap care. Suture dehiscence. Post operative J Pouch Ileal pouch anal anastomosis (IPAA) with end loop ileostomy and myocutaneous flap reconstruction. PMH: Rectal Cancer HPI: Exploratory laparotomy Labs: WBC 12, NA 128, K 2.8, Albumin 3.0
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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.

Woc nurse consult outcome: Stoma and pouching system were assessed. Stoma rod removed intact, Patient tolerated well. No complaints of pain/discomfort. 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

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Mucocutaneous Junction: Intact

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,

Discussed the need to support the abdominal area when coughing/laughing with a small pillow or hands.

Discussed working with therapy and moving to the bedside commode for urinating. Monitoring skin around stoma and ostomy care.

Please do not use purewick- New vaginal flap in place.

Thank you for this consultation. While inpatient please contact the WOC department with questions or changes in condition.

WOC specific medical & nursing	WOC Plan of Care (include specific products	Rationale (Explain why an
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diagnosis and concerns	used)	intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p>Leakage from ostomy site, midline incision or vaginal flap placed</p> <p>Infection to flap or midline incision</p> <p>Developing wounds from pressure injuries</p> <p>Urinary incontinence possibility</p> <p>Altered skin integrity related to skin breakdown at vaginal flap</p> <p>Increased midline incision dehiscence</p> <p>Decreased intake of oral intake for healing promotion</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Keep skin clean and dry. Moisturize daily</p> <p>Notify WOC department for any developing pressure injuries or suspected open wounds.</p> <p>Turn and reposition every 2 hours when in bed.</p> <p>Administer pain medication as ordered</p> <p>Consult dietitian for additional dietary supplements</p> <p>Encourage dietary supplements and healthy diet and increased protein intake.</p> <p>Empty pouch q4h and PRN. Record output.</p> <p>Educate husband on plan of care and rationale</p> <p>Change pouch 3 times a week and PRN for leaks</p> <p>Notify physician WOC department for increased output more than 1000 in 24 hours for possible continuous collection bag placed for high output</p> <p>Notify WOC department for leakage in ostomy pouch.</p> <p>Keep small pillow as support for movement or laughing</p> <p>Assess peristomal/ostomy Q4 for skin breakdown or leakage</p> <p>Assess midline BID for monitoring dehiscence</p> <p>Maintain clean skin in vaginal flap for healthy skin growth promotion</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Frequent assessment allows for earlier intervention of skin breakdown</p> <p>Cleansing helps to keep skin clean and dry, free from irritants to prevent skin breakdown.</p> <p>Pain control enhances healing and allows for pt participation in care</p> <p>Protein intake helps in healing promotion.</p> <p>Emptying pouch Q4 hours will allow adequate records of output from pouch and monitors for leakage.</p> <p>Improve pouch seal for stoma allowing for progression in body contour</p> <p>Frequent assessment allows for earlier intervention</p> <p>Cleansing helps to keep skin clean and dry, free from irritants to prevent skin breakdown.</p> <p>Husband can intervene on pt’s behalf and participate with care. Helping with compliance.</p>

Identify each WOC product in use/identified in POC. State at least one disadvantage of the	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
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<p>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>piece Hollister premier system with clear front piece and flexible fit barrier with more frequent pouch changes.</p> <p>Hollister skin barrier ring: Used if peristomal skin is irritated. Alternative eliminate</p> <p>Stoma powder for skin irritation Alternative: Use hollihesive to skin irritation for additional support. Alternative: thin hydrocolloid</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 why not?</p>	<p>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</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>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.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>This patient was a planned surgical case that had come from another state. Patient and husband understood and continuously asked appropriate questions.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>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.</p>

Reviewed by: _____ Date: _____

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