Cleveland Clinic

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Jazmine Gutierrez_____ Day/Date: 9/28/23

Number of Clinical Hours Today: __10__ Care Setting: _X__ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _6____ Preceptor: __Shannon_Glavaz, RN, CWOCN_____

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	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** Patient well known to wound care team, hx of inner thigh friction skin changes. Ileostomy present, managed by nursing.

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.

Wound team focused follow up: Seen today for Ileostomy for high output. Last seen on 9/19/23, refer to note. Seen today at bedside with Nursing staff, NP and Wound/Ostomy nurse.
Wound location: RLQ
Ostomy type: Ileostomy
Location: RLQ
Stoma size/description: 25x32mm (1x1-1/4") oval shape, beefy red, and moist. No evidence of prolapse present.
Surrounding skin: No visible dermtitisnoted, dry/flaky skin
Output: Loose stool, +flatus in pouch, unable to asses output, primary nurse drained pouch. Per RN output has been 700ml per day.
Appliance: Intact. Placed in Hollister ceraplus #8931. Pouch not removed.
Change in wound appearance/status since last wound care specialist assessment:
Healing dermatitis and normal output found presently. Preventions will be applied for any serious concerns.
Use Hollister pouch 8331 or 8931, cut pouch opening to 25x32mm oval (1/8" larger than the stoma). Apply barrier ring around opening of pouch to provide seal/prevent leakage. Apply stoma paste to linear skinfolds defects. Stretch skin folds before applying ostomy pouch, ensure downward tilted stoma is positioned in pouch. Cavilon barrier film under tape borders only. Change pouch q

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4 days and PRN for leakage. Empty pouch when no more than 1/3 full.

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. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc*** Electrolyte imbalance related to high output from stoma. **Alternative:** Fluid and electrolyte imbalance	**Statements should be directive and holistic relating to the problem/concern.** Promote dietary adjustments. Goal is to eat more foods rich in soluble fiber such as oats, rye, apples, bananas and barley. Avoid foods rich in insoluble fiber such as cereals, legumes, and dried beans. Patients with ileostomies are particularly susceptible to volume depletion including sodium excretion. Monitor labs such as sodium and potassium.	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** Stick to low fiber bland diet until you are able to establish a normal stoma output, eating foods that are softer or easier to digest will decrease bloating and allow body to recover. Electrolytes imbalance may cause stomach cramps, fatigue, shortness of breath, bloated feeling and possibly can be fatal.

Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product.</u> 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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** Hollister pouch 8331 is a one piece, drainable pouching system designed to open at the bottom when emptying. The Flextend barrier is durable and offers high resistance to erosion. Stoma barrier ring is an adhesive hydrocolloid used around a stoma to enhance the seal. Stoma paste is a hydrocolloid-based protective skin barrier, filler to fill gaps between skin barrier and stoma. Cavilon barrier film helps protect intact or damaged skin from irritation caused by urine and/or fecal incontinence.

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?	No, it was a total fail because I was unable to assess the output due to the primary nurse draining the pouch prior to wound care team arrival. I wanted to see how much output comes out of an ileostomy to get an idea. Turned out the output was normal and primary nurse just panicked. Education was given to the primary nurse in regards to abnormal output and care of ileostomy patients, acknowledged understanding.
What are your learning goals for tomorrow?	I hope to see a patient with continence issues.

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(Share learning goal with preceptor)	

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	No.
Reflection: Describe other patient encounters, types of patients seen.	I got to see a patient with a double-barrelled stoma and another patient with a parastomal hernia with a belt in place.

Reviewed by: ____Mike Klements 11/20/23 received_____ Date: 11/20/23

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