

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: 9/29/23

Number of Clinical Hours Today: 10 Care Setting: X Hospital ____ Ambulatory Care ____ Home Care ____ Other: _____

Number of patients seen today: 8 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. Admitted: 9/4/23 Dx: 5150 GD, Colostomy Hx of: Schizoaffective disorder, pancreatitis, GSW s/p bowel resection and colostomy, HTN, HCV s/p tx, HBV, DM, TBI, polysubstance abuse (ETOH, opiates, peripheral neuropathy). Allergies: Risperidone, Quetiapine, Lithium, Olanzapine, Penicillin, Thorazine, Haloperidol, Ability, Seafood, Lurasidone, and Metoclopramide. Isolation: No Isolation orders
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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. Patient requested visit by Ostomy clinician for ostomy pouching evaluation. Currently followed as needed for ostomy management. Last seen on 9/5/23, refer to note. Seen today on in treatment room with RN. -Abdomen: midline old healed surgical incision with scar contracture. LLQ with hernia, colostomy, and prominent horizontal skin fold to LLQ @ 3&9 o'clock where stoma is located. Dry stool located on scar contracture. Ostomy type: Colostomy Location: LLQ Stoma size/description: 19mm x 30mm oval (sizes may vary due to fluctuation), moist red budding stoma. Surrounding skin: Minimal peristomal dermatitis present. Granulomas @ 7-9 o'clock, stable. Pronounced skin fold @ 3&9 o'clock.

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Output: scant amount of formed stool around stoma

Appliance: changed Hollister #8331, 25x32mm, applied ½ adapt barrier ring (stretch out to small pencil shape) around pouch opening. Light dusting of stomahesive powder, dusting away excess powder. Then a ribbon of stomahesive paste applied directly to skin @ 3 and 9 o'clock to fill the abdominal crease. Followed by placement of pouch while skin fold is retracted.

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. <i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i> Impaired skin integrity related to LLQ colostomy and peristomal dermatitis.	Statements should be directive and holistic relating to the problem/concern. Continue light dusting of stomaadhesive powder prior to application of ostomy pouch. Apply stoma paste directly to abdominal skin fold. Peristomal dermatitis, skin irritation, PRN with pouch change: Retracting abdominal skin folds to properly apply sprinkling of stomahesive powder, dust away any excess powder away with gauze. -Colostomy pouch change: 1. Use Hollister #8331, or Convatec pouch #22771 with clip. 2. Cut pouch opening 1/8" larger than the stoma at 25x32mm or. Use Hollister oval cutting guide. 3. Mold ½ Adapt barrier ring to pencil shape and apply to border of cut pouch. 4. Apply a ribbon of Stomahesive paste to stoma at 3 and 6 o'clock to provide seal/prevent leakage. 5. Nursing assistance required. Ensure abdominal skin folds are retracted prior to application of pouch. 6. Cavilon barrier film under tape border only. 7. Change pouch q 3-4 days & PRN leakage. 8. Empty pouch when no more than 1/3 full.	Statements should explain why the intervention/directive should be followed. References are not required, unless utilized. Minimize peristomal dermatitis. Stool and urine are irritants to skin. Stool leaking on skin causes inflammation and denudation of skin adjacent to a stoma associated with exposure to effluent. To fill in the skin fold and crease to prevent any leakage and prevent further skin breakdown.

Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an	This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.
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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?	Convatec pouch 22771 is a lightweight, flexible, latex-free one piece system, cut-to-fit pouch. The pouch has a tail clip closure, allowing patients to be able to easily release gas during digestion. It is one time use and disposable. The stomahesive skin barrier helps protect the skin from semi-formed to formed stool. Stomahesive powder is an alternative to barrier film but can interfere with adhesive if over dust or not remove excess powder. (please refer to other products used here in previous journal entry)
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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 learn about certain peristomal situation that can occur such as peristomal dermatitis. My goal was met, I learned a lot from my preceptor. I am now knowledgeable of the attributes to dermatitis: moisture and stool/urine (irritant).
What are your learning goals for tomorrow? (Share learning goal with preceptor)	To possibly learn about more stoma or peristomal situations.

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.	We saw a patient with a retracted stoma and I learned about the specific device for it: convex appliance.

Reviewed by: Mike Klements received 11/20/23 Date: 11/20/23

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