

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Sandram Maceroni Day/Date: 12/05/2023

Number of Clinical Hours Today: 8 Ambulatory Care: outpatient clinic

Number of patients seen today: 4 Preceptor: Adam Shah

Journal Focus: Ostomy

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.

<p>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>37 yr old female with history anxiety and seasonal allergies, recurrent ovarian cancer and malignant bowel obstruction not amenable to percutaneous or transesophageal gastrostomy due to carcinomatosis and ascites. Currently on 12 hours cycled TPN at home via Hickman catheter and clear liquid diet. Recent admission from 11/16 to 11/27/2023 where she had a venting loop Jejunostomy on 11/23/2023. She presents for follow up after her surgery. Patients states she is here for stoma bridge removal however no order or reason for visit found in EPIC. GYN service was contacted, and the order was placed in the chart. Jejunostomy output is about one liter daily. She denies nausea and pain is controlled. All labs are within normal limits except for HGB of 9.1.</p>
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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.

<p>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.</p> <p>37 yr old female with history of recurrent ovarian cancer with carcinomatosis s/p venting loop Jejunostomy presents today after hospital discharge for stoma bridge removal, order obtained from the GYN service. She is doing well without any pouching issues at home and has home care nursing. Appliance is removed from stoma. The stoma measures 1 ¾” x 2” in RUQ, protruding with os located centrally, beef red, moist. Stoma functioning with light green to brown thin fluid. Peristomal skin intact. Stoma bridge in the 12-6 position in place. The sutures at each end were cut and bridge gently and uneventfully removed. Stoma was repouched and reviewed with patient using Hollistor New Image flat flange, with high output pouch, and Adapt Cera Ring #8805, as she was using at home. Patient encouraged to drink clear liquid diet as able, keep hydrated with power aide zero or low sugar sports drinks.</p>
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Patient is instructed to return to clinic as needed.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Fluid and electrolyte imbalance prevention</p> <p>Potential for knowledge deficit related to new loop jejunostomy</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Instruct and educate on replenishing fluids with low sugar sports drinks such as G2 or low sugar Power Aide.</p> <p>Reviewed pouch change with patient to reinforce teaching</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Continue fluids and home TPN to prevent dehydration.</p> <p>Reinforced steps with jejunostomy appliance change</p>

<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.</p> <p>Hollistor New Image flat flange, high output pouch, and Adapt Cera Ring #8805. Disadvantage could be the large size of the high output pouch, or leakage due to thin effluent from jejunostomy.</p> <p>Alternative pouching could be with: Convatec natura durahesive 70mm flat wafer with convatec 70mm high output pouch with a coloplast brava 4.2 mm ring.</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</p>	<p>Another stoma marking and goal was achieved.</p>
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goal for today? Why or why not?	
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Would like to continue with more product exposure and more experience with urinary diversions.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	None
Reflection: Describe other patient encounters, types of patients seen.	Pouch change and follow teaching with end ileostomy. Changed a NPWT vac on a perineal wound. Another stoma tattoo marking and preop education.

Reviewed by: _____ Date: _____

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