



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Kara Gregg Day/Date: 12//7/23

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

Number of patients seen today: 13 Preceptor: Dan Piekarek

Journal Focus: Wound x Ostomy Contenance 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.

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| <p>Today’s WOC specific assessment</p> <p>Ileostomy revision secondary to chronic peristomal granulomas</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>Patient is a 73 year old female with a history of bladder cancer. She is at the clinic today for ileal conduit management, parastomal hernia that is non surgical at this time. The patient has been fitted for a Nu Hope hernia belt and is here for evaluation of hernia with the use of the belt.</p> <p>Allergies: None</p> <p>Labs reviewed 11/26/23 and abnormal values noted: Sodium 134 GFR 70 RBC 3.77 Hgb 11.3 Hct 35.7</p> <p>PMH: Basal cell carcinoma, bladder cancer 2012, CAD, Hematuria, hx of chemotherapy, hyperlipidemia, HTN, hypothyroidism, maxillary sinus disease, osteopenia, ovarian cancer, thyroid disease, Past Surgical History: Appendectomy, coronary angioplasty, cystectomy, cystoscopy with ureteral stent placement, cystoscopy with stent removal, esophagogastroduodenoscopy, hysterectomy, port insertion, sinus surgery, transurethral resection of bladder tumor.</p> <p>Patient is a former smoker. Quit in 2005. 3 alcohol drinks a week.</p> <p>Patient ambulated to the room with a walker.</p> <p>Abdomen is soft, non tender and obese. There is a large hernia present. There are no open areas on</p> |
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| | <p>the abdomen. Bowel sounds x 4 quads. Skin turgor is intact. Capillary refill < 2 seconds Moist oral cavity Ileal conduit RLQ with pale yellow urine with small clear/white mucous present. She is alert and oriented to person, place and time. Mood and behavior are normal.</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.

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.

Reason for visit today- follow up on hernia, peristomal tissue, and fitment of barrier in the setting of a parastomal hernia, and inability to pass stool effectively. Pt has been measured for a Nu Hope Belt which has not yet arrived.

Pt has not yet received Nu hope belt. Talked with DME directly during her visit- they just received the Rx a few days ago unfortunately. However, they do have several in stock that will fit her measurements. Pt can go to the DME tomorrow am and will try them on and select her hernia belt.

She has not had any leaking or pouching difficulties since the new pouching system has been in use since her last visit.

New prescription created for supplies- patient given a copy and one sent to DME.

Parastomal hernia assessment completed. The patient did have an ER visit last week due to some pain in the hernia area- the pain was generalized but she was concerned about this as she has been having increasing difficulty passing stool over the last few weeks.

She describes feeling the stool at the exit of her rectum, but she is only able to pass a few soft pieces of stool an hour.

She did see her Gyn-Onc and had a rectal exam. Notes reviewed in the chart- there were no additional tests ordered. I discussed with the patient the option for pelvic floor therapy. She was very interested in this and a referral was placed to outpatient physical therapy.

Stoma measures 2x3cm and oval shaped. The stoma is red, moist and has a mild budded appearance.

The peristomal tissue is intact but fragile and stretched. There is evidence of a resurfaced ulcer and no other open areas. There is a visible golf ball size hernia approximately 4x4cm in size that is soft and non tender in the peristomal area at 3 o'clock.

Patient removed pouching system. She cleansed and reapplied with minimal intervention. She is currently in an extended wear Convatec 2 piece pouching system.

Barrier # 421040

Pouch # 401454

Eakin Cohesive Seal Ref # 839002

Urinary drainage bag

Adapter

Return in 1 month or sooner if you are having any issues or do not get your belt.

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| WOC specific medical & nursing diagnosis and concerns | WOC Plan of Care (include specific products used) | Rationale (Explain why an intervention is chosen; purpose) |
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| <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>Poor fitment of ostomy barrier secondary to parastomal hernia.</p> <p>Risk for skin breakdown secondary to tight stretch of peristomal and parastomal tissue r/t hernia.</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Convatec 2 piece pouching system. Barrier # 421040 Pouch # 401454 Eakin Cohesive Seal Ref # 839002 Urinary drainage bag Adapter</p> <p>Orders: Cleanse with warm water and pat dry. Allow to dry. Gently stretch the barrier to create a close fit to the stoma- no more than 1/8” of skin showing. Apply the pouch. Place your hand over the barrier for 5 minutes to warm and encourage good adhesion. Change the barrier every 3-5 days.</p> <p>Report any increasing pain or worsening bowel movements. Monitor the skin around your stoma closely and call the ostomy clinic for an appointment if any ulcers develop.</p> <p>Attend physical therapy for pelvic floor strengthening.</p> <p>Return in 1 month or sooner if you are having any issues or do not get your belt.</p> | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>The patient will benefit from continued care with the ostomy clinic on a at need basis due to risk for the development of peristomal and parastomal ulcerations. The skin is tight around the stoma due to the hernia.</p> <p>Pelvic floor therapy will strengthen the perineum musculature allowing for improved and complete stool passage.</p> <p>The hernia belt will support the tissue around the stoma and the abdominal muscles slowing the expansion of the hernia and reduce the amount of tissue stretch and lower the risk of ulcer development.</p> <p>The patient's anxiety will improve with physical therapy and her use of the hernia belt will also reduce her anxiety about the hernia increasing in size.</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</p> | <p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>CURRENT: Convatec 2 piece pouching system. Barrier # 421040</p> |
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| <p>product. <u>Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</u></p> | <p>Pouch # 401454 Eakin Cohesive Seal Ref # 839002 Urinary drainage bag Adapter</p> <p>Alternative:</p> <ul style="list-style-type: none"> • One piece pouching system with light and wide convexity that is soft and flexible to accommodate the contours of the hernia, such as a Convatec V3 plateau barrier or any soft convexity with a wide area of pressure dispersion. • Stop the use of Cohesive seal with change to light convexity. • Custom hernia belt- Nu hope is the only custom belt producer. |
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

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| <p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p> | <p>Goal was to trouble shoot any ostomy problem with suggested ideas and solutions to the provider prior to him evaluating the issue. We were able to meet this goal and it was great. I was able to talk and evaluate the current issue with the patient, talk with the provider about it and then he evaluated the patient. We were able to discuss the treatment plans and alternatives after the patients. We identified the need for pelvic floor therapy, which had not been suggested prior to this visit after multiple visits with other providers. Worked with DME to find a solution to the need for the hernia belt urgently. Still- this is an ongoing issue with this clinic and their local DME that needs to be rectified to improve patient care and outcomes.</p> |
| <p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p> | <p>Learning goals for tomorrow is to mark for stomal placement! Shared with preceptor and discussed plan for the visit.</p> |

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| <p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p> | <p>I can't think of what else to have changed. Multiple issues were identified and remedied during the visit. The patient left feeling satisfied and her anxiety and anger were much improved.</p> |
| <p>Reflection: Describe other patient encounters, types of patients seen.</p> | <p>We saw three standard ostomy patients today: ileal conduit, ileostomy and a colostomy. Basic follow up care were the objectives and prescriptions were created. There were two diabetic foot ulcers, three venous leg ulcers, NPWT on multiple pressure injuries, advanced Charcot- Marie Tooth disease with multiple finger amputations and L knee ulcerations with epibole removal, punch biopsy of a non-healing foot ulcer, avulsion wound care and a leg ulcer with hematoma evacuation.</p> |

Reviewed by: _____ Date: _____

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