Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Pamela Pirrello_____ Day/Date: 12/20/2023

Number of Clinical **Hours Today: 10 hours**____ Care Setting: ___ **Hospital** __**X**_ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: ___3__ Preceptor: _____Cindy Cisneros_____

Journal Focus: _____Wound _____ Ostomy _X_____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 **OSTOMY MARKING**	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** **PMH:** Crohn's disease, depression, and pre-diabetes **Labs:** CBC (WBC 13.5, RBC 4.57, Hgb 10.9, Hct 34.9, MCV 76.4, platelets 568), CMP (Na 138, potassium 3.9, CO2 28, Anion Gap 7, BUN 12, Creatinine 0.74, Glucose 71, eGFR 127, Calcium 8.8, Mg 2.1, phosphorus 2.9, ALT 96, AST 34, Alkaline Phosphatase 96, Total Bilirubin 0.4, Albumin 2.4, Total protein 6.6, CRP 7.48 , prealbumin < 3 **MRE**- severe diffuse colitis **HPI:** This is a 27-year-old male with Crohn's colitis who presented with abdominal pain, nausea, weight loss, bloody stools, frequency and a perianal abscess. He has a past medical history of Crohn's disease, depression, and prediabetes. He was originally diagnosed in 2013 by colonoscopy. He was on infliximab from 2013-2015. He reports that it worked for him but for some reason it was stopped. He was intermittently hospitalized afterwards since he had no insurance. In 2018 he was on Mesalamine for approximately 2 months. In 3/2022 he again started infliximab but because of switching jobs his insurance with prescription lapsed. On admission he presented with abdominal pain, perianal pain, weight loss over the year totaling 130 pounds in 1 year and with recent weight loss of 30 pounds. He reports that originally, he was told by his primary physician that he was a prediabetic and needed to lose weight, so he forcefully did not eat much. This caused an approximate 100-pound weight loss. He recently lost 30 pounds that he says is because of Crohn's disease. He has had fatigue, intermittent nausea, vomiting. He takes marijuana daily. He reports between 6-10 bloody bowel movements a day that are diarrhea in consistency. He has not been eating well. He is currently not on a biologic however he recently had a visit with a gastroenterologist on 12/6/2023 who recommended starting Stelara. He reported not being interested in starting Stelara. His last colonoscopy was in 11/17/ 2023 which showed severe Crohn's colitis involving the entire colon and evidence of nodularity and ulceration within the anal canal. Also seen were large perianal skin tags raising the concern for perianal Crohn's disease. S/P incision and drainage of perianal abscess with seton placement on 12/11/2023. The patient was seen by colon and rectal surgery who recommended a diverting ileostomy to give the patient an opportunity to eat without pain, gain weight, and be	**This se** **Produc**

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	discharged without TPN. Wound Ostomy Care Team was consulted for stoma marking.	

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 Consult: Initial visit for stoma marking

HPI: Obtained from colon and rectal surgical note
This is a 27-year-old male who presented with abdominal pain rectal pain with a perianal abscess, weight loss, and fatigue. He has severe Crohn's colitis involving the entire colon. He has had recent weight loss of 30 pounds and endorses a total weight loss of 130 pounds in a period of 1 year. He is S/P incision and drainage of perianal abscess with seton placement on 12/11/2023 with colon and rectal surgery. Colon and rectal surgery have scheduled the patient for a diverting ileostomy to help the patient eat without pain, gain weight, and avoid being discharged on TPN. Wound ostomy team was consulted for stoma marking.

Wound Team Summary Assessment: The patient was having abdominal pain but eager to learn. He went over his medical illness and showed knowledge of his disease process and why he needs an ostomy. He was engaged and asked appropriate questions.

Taught the patient the following:
The patient was educated on stoma marking site and that it may not be the exact site selected by surgeon once in the OR
Used ileostomy book by Convatec and Preparing for Ostomy Surgery by Convatec. Educated on anatomy, surgical anatomy, involved, understanding the digestive system, stoma type, pouching systems, post operative lifestyle education, work, physical activity, eating, drinking, medications, clothing, travel, help and support resources, and discussed various stoma societies. He was educated on risk of dehydration with an ileostomy and mechanisms to avoid dehydration. The patient was also given a sample wafer, pouch, and Eakin to practice and help adjust. He was educated on opening and closing the pouching system. He was able to demonstrate opening and closing the Velcro pouch. The patient was receptive to education.

Site Marking:
Determined exact surgical procedure per surgeon's order; identified anatomical location; identified type of stoma, located belt line; stood the patient upright; had the patient lie flat, determined the edge of the rectus muscle; had the patient in the sitting position and assessed the abdomen for creases and folds; determined the location of the infraumbilical roll: observed for abdominal folds or creases, avoided scars, creases, bony prominences, costal margin, umbilicus, and confirmed the patient could see the proposed spot. The patient was able to see the stoma marking site. The patient approved the sites.

Stoma site marked with: Cleansed stoma marking site with Chloraprep prior to marking with skin marker, applied skin prep, and covered with tegaderm

Special Considerations: Unable to tolerate position changes due to abdominal pain. He was given pain medication by RN. Recent weight loss of 30 pounds and reported total weight loss of 130 pounds in a period of 1 year.

Physical Exam:
Alert and Oriented x 3
Abdominal: abdomen is soft, non-distended
Stoma marking: 1) First Choice RLQ stoma marking for possible ileostomy. The patient has many skin folds in the upper abdominal area and at the level of the umbilicus. He also many stretch marks from total weight loss. The area chosen for stoma marking had no skin folds, and no creases. It is at the summit of the infraumbilical fat mound, within the rectus muscle. He is able to see the marking site without difficulty in a sitting and standing position.

2) Second choice stoma marking LLQ for diverting ileostomy. Patient has many skin folds above this area and at the level of the umbilicus. He has stretch marks below and above this area. The location of the stoma marking was free of skin folds and creases. The site is within the rectus muscle on the summit of the infraumbilical fat mound. He is able to see the stoma marking in a sitting and standing position.

Last Recorded Vitals:
Blood pressure 128/68, pulse 98, temperature 36.9 C (98.4 F), temperature oral, resp. rate 16
Height 185. Cm, last weight 71.9 kg, BMI 20.92

Wound Team Plan:

Plan: Stoma marking completed, and education given to the patient to read over today. He was also given wafer and pouch with Eakin as part of education. Continue with ostomy care, instruction/education. Will follow up day after surgery. Surgery date schedule is on 12/21/2023.
Plan discussed with RN and patient

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***	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**

Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?

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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?	My goal today was to do a stoma marking. I also wanted to educate the patient on stoma marking, anatomy, type of stoma, and what to expect. I had the opportunity to go over psychosocial pamphlets of adapting to an ostomy. Education pamphlets were summarized with the patient. The patient was very receptive to learning. I felt I stayed there for a long time and gave the patient the necessary time he needed. I did not feel rushed which was great for the patient.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	Tomorrow the goal would depend on the time he gets back from surgery. The follow up plan for this patient was for Friday. I won't be seeing him as I don't have clinical that day but the goals I discussed with my preceptor would be stoma education. What type of stoma he has, what to expect from this type of stoma (effluent) and why. Risk of dehydration and why, recording I/Os to prevent dehydration, and what to do. How and when to empty pouching system, products used to change pouching system. Ordering supplies and resources.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I think I will be developing my personal strategy/routine on how to discuss education as I grow in experience. The more I do the better I will get and be able to teach.
Reflection: Describe other patient encounters, types of patients seen.	My first encounter today were also with urology. I had an ileal conduit and another encounter was a ureterostomy patient. It was great because I didn't expect to get this patient type experience. My preceptor told me the day before so I read up on it to refresh on details. For the ileal conduit I was happy that I felt comfortable explaining to the patient the reason for the stents and red rubber the patient had for ileal conduit. We went over stoma change and pouch application including the adapter used for the collection bag and we added the leg bag. I was able to go over the stoma appliance change with him. I did one part and he redemonstrated the other part. It was a good experience to see these patients because I work with colorectal so this was a great opportunity that otherwise I am not sure I would have.

Reviewed by: _____ Date: _____

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