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: 12/27/2023**

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

Number of patients seen today: ___3__ Preceptor: Cindy Cisneros _____

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.** **PMH:** no previous pertinent past medical history **HPI:** This is a ~ 50 y.o. male with no previous medical history who presented as a trauma alert on 12/11/2023. He sustained multiple gunshot wounds to the left arm, left thigh and abdomen which resulted in injuries to the small bowel, descending colon, retroperitoneum, and diaphragm. He was taken to the OR S/P exploratory laparotomy small bowel resection, reanastomosis, left hemicolectomy with end colostomy and closure on 12/12/2023 with trauma surgery. He had a left pneumothorax S/P left chest tube placement which was removed on 12/14/2023. He developed a LLQ hematoma that was drained by IR on 12/20/2023. His abdominal wound and fascia dehisced. His culture grew ESBL. He was started on meropenem by infectious disease with expected completion date on 1/02/20204. He has been on contact isolation. His abdominal wound was managed by trauma surgery with wet to dry dressings. Trauma surgery transitioned him to negative pressure wound therapy with a white sponge at the base and black sponge on top of this to try to promote granulation. The negative pressure wound therapy is being managed by trauma surgery. He has thrombocytosis and leukocytosis. His platelet counts have been above 1 million for which he was started on aspirin daily. Local wound injuries to his upper and lower extremities are being managed by trauma team with saline wet to dry dressings, and Kerlix. The patient was first seen by wound management team on 12/12/2023 as a consult for new transverse colostomy post op teaching. The patient is being seen today as a follow up for colostomy teaching and care. **Labs:** WBC 13.8, Hgb 8, Hct 24.2, MCV 86.4, platelets 1,624, Na 135, 4.5, Chloride 102, potassium 4.5, CO2 25, Anion Gap 8, BUN 15, Creatinine 0.83, Glucose 104, eGFR 94, Calcium 10.1

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

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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.

In Patient Consult for Wound Management Support Team

Visit Date: 12/27/2023

Reason for Consult: New right transverse colostomy post-op teaching follow up
Coordinated with trauma team due to colostomy close proximity to VAC dressing

24 Hour Course:
Afebrile, vitals stable, no events overnight, remains on meropenem, wound VAC functioning well
Pain is controlled, tolerating a regular diet, colostomy is functioning.

Hospital Course:

Patient is a ~ 50 y.o. black male with no previous pertinent medical history who presented as a trauma alert on 12/11/2023 with multiple GSW to the left arm, left thigh and abdomen which resulted in injuries to the small bowel, descending colon, retroperitoneum, and diaphragm. He was taken to the OR S/P exploratory laparotomy small bowel resection, reanastomosis, left hemicolectomy with end colostomy and closure on 12/12/2023 with trauma surgery. He had a left pneumothorax, S/P left chest tube placement with removal on 12/14/2023. He developed a LLQ hematoma, S/P IR drainage on 12/20/2023. His abdominal wound and fascia dehisced and culture grew ESBL. He was on cefipime and then started on started on meropenem by infectious disease with expected completion date on 1/02/20204. He has been on contact isolation. His abdominal wound has been managed by trauma surgery. Trauma surgery was using wet to dry dressings. On 12/24/2023 the abdominal wound dressing changed to negative pressure wound therapy per trauma surgery. Per notes they are using a white sponge at the base and black sponge on top of this to try to promote granulation. The patient has thrombocytosis and leukocytosis. His platelet counts have been above 1 million for which he was started on aspirin daily. Local wound injuries to his upper and lower extremities are being managed by trauma team. Per notes they are using saline wet to dry dressings, and Kerlix. The patient was first seen by wound management team on 12/12/2023 as a consult for new transverse colostomy post op teaching. The patient is being seen today as a follow up for colostomy teaching and care.

Objective
Visit Vitals
BP 123/82 (BP cuff location left arm, patient position lying)
Pulse 88
Temp 36.9 C (98.5 F) oral
Resp 18
SpO2 96%
Ht 1.803 m
Wt 100 kg

Physical Exam

Constitutional:
General: Calm in no distress
Appearance: Normal
HENT: Head: Normocephalic atraumatic
Pulmonary: Effort is normal. No respiratory distress
Abdominal: General: no abdominal distension, abdomen is soft, non-tender, colostomy is healthy, pink mucosa, swelling

decreased, peristomal skin with mild tiny white bumps that could be from tiny white follicles
Musculoskeletal: normal range of motion
Neurological: No focal deficit present, alert oriented to person, place, and time
Psychiatric: Mood normal, behavior normal

Labs: WBC 13.8, Hgb 8, Hct 24.2, MCV 86.4, platelets 1,624, Na 135, 4.5, Chloride 102, potassium 4.5, CO2 25, Anion Gap 8, BUN 15, Creatinine 0.83, Glucose 104, eGFR 94, Calcium 10.1

Wound Team Summary Assessment:
The patient was resting in bed. The trauma team was present for the wound VAC dressing change. Coordinated with the trauma team ahead of time due to the stoma being at close proximity to the wound VAC. The trauma team used adhesive remover spray to remove VAC dressing. He had hair growth underneath the VAC dressing. I used adhesive stoma powder brushed powder off and shaved hair off with disposable shaver. As VAC dressing was being removed by trauma team I removed the stoma appliance using adhesive remover spray. Thes stoma was then covered with a moist 4x4 gauze to prevent stool spillage while the trauma team continued with VAC dressing change. The peristomal skin had small white bumps that could be from hair follicles. He had areas of hair around the peristomal skin. The perisomal skin was cleansed with warm water, moist, 4x4 gauze, and pat dry. Stoma powder was applied along the peristomal skin and brushed off. The hair was shaved off with the disposable razor. After use the disposable razor was discarded in the sharps container. Eakin material was applied at the edge of the VAC wound that was on the side of stoma to create a barrier in case the wound VAC leaked. The trauma team proceeded to debride the wound and change the VAC dressing. When the trauma team left, I proceeded with the stoma appliance change. The patient's left wrist was hand cuffed to the bed. The correction officer removed his hand cuff so that the patient could demonstrate and change stoma appliance. I asked the patient to verbalize steps in the stoma appliance change that was previously explained to him at the previous visit. I reminded him and reinforced education as we went along the appliance change process. The patient was in a sitting position and so was not able to see the peristomal skin around the lower part of his ostomy and on the sides. I told him about the crease on the right lateral side of his stoma at the 9 o'clock position and the crease at the mucocutaneous junction in the lower part of his stoma at the 6 o'clock position. He demonstrated stoma powder appliance followed by brushing it off and application of skin prep afterwards. I assisted in applying the stoma powder and skin prep in the area that he could not see due to his position in bed. He was educated by applying a 2nd layer of Eakin around the stoma to create a good seal. He was assisted in applying the Eakin in areas which were less visible for him due to his position in bed. I used the previous appliance type Convatec Esteem + 40-50mm size stoma range 1- piece Moldable pouching system, #413517. I reinforced that he needed to apply warmth with his hand for 3 minutes to create adhesive bonding to the skin. He demonstrated closing of the appliance tail using Velcro. Afterwards he applied with the elastic strips # 74269 around the edge of the wafer that was visible and I assisted in applying the strips in areas not visible to him.

Supply List:
40-50 mm 1-piece Moldable from Convatec, Esteem + # 413517
Eakin Cohesive Seal 4 inch # 839001
Stomahesive powder # 025510
Cavilon No Sting Spray #3346
Ease Strips #422163
Esenta Adhesive Remover Spray # 423289

Wound Team Plan:
Plan:
Continue with ostomy care, continue with ostomy instruction/teaching, continue with local wound care, continue with skin monitoring, WOCN to follow as needed, supplies left to the patient. Coordinated with the trauma team for this Friday to change wound VAC and appliance change. The corrections facility nurse was reached to discuss appliances used and ability to continue with current products or similar ones.

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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)
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*** **This was discussed in summary and plan**	**Statements should be directive and holistic relating to the problem/concern.** **This was discussed in plan of care and summary**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** This was discussed in care summary

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.** **The product that we used for the log patient was 1 piece modable from convatec, esteem. For me the disadvantage was that it was the first time I was using it. It has 3 strips that need to be removed separately. It took me a while to practice before going into the room. I wanted to make sure I understood it. Also you have to warm the wafer for 3 minutes with your hand which I did prior to application for the patient. I think that this may be a problem if you have an ileostomy and are not used to doing this. I say this due to spontaneous leakage of loose stool that can occur . This can also occur with a colostomy but not as likely as with an ileostomy. We went over the ideal times to change a colostomy appliance with the patient as part of the education. If this product was not available I would use a moldable 2 piece.**

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 go over ostomy change and reinforce education. We coordinated with trauma team to see the patient at the same time. Reinforcing education and assistance on what the patient needed was important. I felt I accomplished this. It was a learning experience to see how the trauma team and wound care team worked together in this process.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	I have clinicals next week. I would like more ileostomy encounters. It would be a good experience if I see an ileostomy patient that is coming in with a longstanding stoma maybe with peristomal issues that I can learn from. Of course this is not something that is predictable but I would like that experience.

Identify/describe thoughts related to the	I probably would have brought some sort of mirror so the patient could see his

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mini case scenario, anything you might have done differently, etc	complete stoma and peristomal skin in a sitting position. He had limited mobility due to the VAC dressing and because he was handcuffed. It was good that the correction officers allowed the handcuffs to be temporarily removed. This helped but I think that with another patient not in this situation it would be easier for the patient.
Reflection: Describe other patient encounters, types of patients seen.	Other patient encounters were Crohn's patient with an ileostomy. Coloplast wafer. I don't like that there is no moldable wafer for Coloplast. I think they should change this.

Reviewed by: _____ Date: _____

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