Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ___Tatiane Abud Pimentel_____ Day/Date: 12/28/2023

Number of Clinical Hours Today: 8h Care Setting: __X_ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __4___ Preceptor: ____Candance B. RN CWOC nurse_____

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.**
	Patient with a history of stage IV rectal adenocarcinoma and weight loss who was admitted with complaints of cruciating abdominal pain. The onset of symptoms was gradual, starting 2 weeks prior to admission, with a gradually worsening course since that time. The pain is located diffusely, without radiation. The pain is rated 9/10. The patient states that pain is made worse by physical activity, position, and respiration and is relieved by nothing. The patient denies chills, diarrhea, fever, hematochezia, melena, and vomiting. The imaging revealed ongoing bowel obstruction with severe gaseous dilation of the colon in the upper abdomen. The patient underwent, on the same day of admission, exploratory laparotomy with ileoostomy creation to the RUQ. Consult placed for the WOC nurse to provide teaching due to new stoma creation.

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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.*

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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.

On 12/28/2023 was the inicial visit to the patient this admission. The reason for the consultation was ostomy teaching. Demonstrated how to remove an appliance from its place. Demonstrated how to sizing stoma, currently RUQ stoma is sized at 2 1/4. Visual assessment: budded stoma, moist and pink, round-shaped, with intact mucocutaneous junction. Gas and a small amount of brown liquid stool were noted on the pouch. Peri-stomal area clear and intact skin with no discoloration or skin issues assessed. Creasing is noted at the 3 o'clock position close to the umbilicus. The patient stated he was too tired to participate in the teaching process; however, the reformer nurse wife is eager to learn. The patient is educated about the necessity of compliance with teaching process since he will be the primary caregiver for his stoma. Patient agreed to participate and place hands-on practice during appliance change.

Current pouch system: Moldable Medium Flat 2 1/4" 70mm Convatec wafer; 2 1/4" Transparent drainable filtered velcro closure pouch.

Extra supplies: Eakin skin barrier ring, adhesive remover, skin prep

WOC nurse recommendation: Ostomy care every 3 or 4 days or if signs of leakage; Monitor stoma and skin, empty ostomy pouch when 1/3 full; proper use of extra supplies as eakin skin barrier ring, adhesive remover spray, and belt; Dietary guidelines and fluid + electrolytes replacement provided.

Patient and significant other were able to repeat back instructions correctly. Patient was able to perform self-ostomy care with assistance of this writer. Both, patient and wife verbalized understanding of proper fluid and nutrition intake, stoma care education provided as well as signs of stoma complications. All question were answered to their satisfaction.

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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*** 1. Risk for electrolyte imbalance 2. Risk for imbalanced fluid volume 3. Risk for situational low self-esteem	**Statements should be directive and holistic relating to the problem/concern.** 1. Risk for electrolyte and fluid volume 1.1 Education regarding electrolyte replacement (BRAT foods, medications) 1.2 Education regarding appropriate hydration status 1.3 Monitor intake and output 1.4 Education about signs and symptoms of electrolyte abnormalities and dehydration 2. Risk for situational low self-esteem 2.1 Ascertain patient strengths 2.2 Ascertain patient past coping behaviors 2.3 Assessment of how competent patient feels about their ability to perform stoma self care	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** - Monitor intake and output helps to ensure that the patient has adequate in and out amount of fluids, any early fluctuations can be detected and appropriate measure will be taken sooner. - Use of foods that slow the intestinal transit time has the goal to increase the of stool inside of the body which promotes absorption of electrolytes, as well as nutrients. - Education on signs and symptoms of imbalances approach has the goal to empower the patient when make clear where he should seek for help. - To help patient on adaption and acceptance of the new situation - Development of realistic plans for future based on past experiences is a good way to recognize changes in the self-concept, this way is easier to help patient cope with the present situation - Patient with self-esteem issues may think they are not capable to keep their own personal care.

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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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** 1. TWO-PIECES CONVATEC (Moldable Medium Flat 2 1/4" 70mm Convatec wafer + 2 1/4" Transparent drainable filtered velcro closure pouch): Two-piece pouches can increase the risk of leakage because of the separate parts, the wafer and the pouch can fall apart. Also, leakage can be difficult to be notice due to the flange on the wafer . On the other hand, the Hollister One-Piece Drainable Ostomy Pouch – Flat SoftFlex Barrier can adhere easier on scarred or uneven skin (Patient has creases close to stoma site), and there is no risk of the appliance coming apart. Also, one-piece pouching systems are generally less expensive than two-piece systems.

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?	GOAL: Become familiar with preceptor, types of patients the CWOC nurses visit, especially ostomies patients. MEET GOAL: Yes, I met my goals I had a pleasant moment with my preceptor, as well as shadowing her in 4 patients consultation.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My next journal goal is to learn more about Colostomy.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I would educate patient about risk of blockage and the use of hy-tape or brava strips option in case of leakage become a problem

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Reflection: Describe other patient encounters, types of patients seen.	We were consulted 4 patients: 1. Preceptor second follow up with patient who has a mix of non-viable tissue with fungal rash sacral wound. Preceptor treatment in Nystatin powder with Triad wound paste. 2. Patient has existing Ileostomy. Patient was self care. Preceptor provided supplies and assessed patient skin. (Braden) 3. Patient with rectouretheral fistula, since fistula has small amount of exudate, preceptor plan of care was the use of cleanser and placement of ABD pads to absorb drainage.

Reviewed by: _____ Date: _____

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