

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: 01/03/2024

Number of Clinical Hours Today: 10 hours _____ Care Setting: _____ Hospital Ambulatory Care _____ Home Care _____ Other: _____

Number of patients seen today: 3 Preceptor: Cindy Cisneros

Journal Focus: _____ Wound _____ 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.

<p>Today’s WOC specific assessment Follow up evaluation. Patient first seen for stoma marking. Now S/P loop ileostomy creation. Ileostomy care, teaching, appliance change. Patient</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. PMH: Crohn’s disease, depression, pre-diabetes HPI: This is a 27-year-old male with a history of Crohn’s. He was first diagnosed in 2013 by colonoscopy. In the past he has been on intermittent prednisone and mesalamine. He was on infliximab from 2013-2015. He reports good results with infliximab but due to insurance coverage he stopped taking it. He presented with abdominal pain and perianal pain, and significant weight loss of 30 pounds in 3 months and total of 130 pounds in about 8 months. On arrival he was found to have a perianal abscess, S/P exam under anesthesia incision and drainage with seton placement. He worked for abdominal pain with MRE showing diffuse colitis and colonoscopy showing severe Crohn’s colitis involving the entire colon and evidence of nodularity and ulceration within the anal canal. He also had large perianal skin tags raising the concern for perianal Crohn’s disease. He was tolerating a regular diet but due to significant weight loss he was started on TPN. He also was not eating well from previous fear he had developed from chronic abdominal pain that also contributed to his weight loss. He is S/P robotic diverting loop ileostomy creation. The patient was diverted so he can gain weight and receive medical therapy treatment for Crohn’s with expectation that he improves and not need his colon removed. Labs: WBC 10.4, Hgb 8, Hct 25.6, platelets 302, Na 139, potassium 3.9, Chloride 106, CO2 28, BUN 19, Creatinine 0.67, Glucose 72, eGFR 72, phosphorus 3.2, ALT 50, AST 18, alkaline phosphatase 86, total bilirubin 0.2, total protein 5, albumin 2.3 Last prealbumin <3 was done on (12/14)</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.

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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.

Wound Care Consult**Visit Date: 01/03/2024****Reason for Consult:** new loop ileostomy post op teaching and follow up**Wound History:** Taken from Colo-rectal note:

27 y male with Crohn's disease with exquisite anorectal pain, S/P exam under anesthesia, incision and drainage, seton placement on 12/11, also reporting diffuse abdominal pain, food fear with 30-pound weight loss in 3 months, total of 130 pounds in about 8 months, now S/P robotic loop ileostomy creation 12/22

Colonoscopy on 11/17 – severe Crohn's colitis involving the entire colon and evidence of nodularity and ulceration within the anal canal. Large perianal skin tags raising concern for perianal disease

MRE on 12/13

Per colon and rectal surgery the patient will be on TPN and regular diet as tolerated. This with diverting ileostomy and medical therapy for Crohn's may improve his chances of avoiding a colectomy. The patient will follow up with colon and rectal surgery outpatient.

Objective:**Visit Vitals**

BP 109/57, Pulse 86, Resp 17, SpO2 100%, Temp 36.7 C (98.1 F) Oral, Ht 185.4 cm, Wt 71.9 kg

Physical Exam:

Normal appearance, behavior normal, mood normal

Pulmonary effort is normal.

No abdominal distension, abdomen is soft

Loop ileostomy healthy red, full liquid consistency brown stool in appliance, small 3 o'clock mucocutaneous separation from previous stoma bridge, creases in peristomal skin below the stoma level

Labs:

WBC 10.4, Hgb 8, Hct 25.6, platelets 302, Na 139, potassium 3.9, Chloride 106, CO2 28, BUN 19, Creatinine 0.67, Glucose 72, eGFR 72, phosphorus 3.2, ALT 50, AST 18, alkaline phosphatase 86, total bilirubin 0.2, total protein 5, albumin 2.3 Last prealbumin <3 was done on (12/14)

Wound Team Summary Assessment:

The patient was resting in bed. He stated that his pouching system started to leak a few days ago. He reports that it took him a while to get his appliance placed independently with multiple trials. So far it has not leaked in "4 days". He is concerned about odor. He covered the filter with a sticker to help reduce the smell. At the time of visit no odor identified. Educated patient about odor eliminators including different brand and samples given. Discussed odor control foods and foods that can produce an odor. Discussed other ways of controlling odor. Making sure appliance pouch tail is clean after emptying and in between as residual stool in tail clip may cause an odor. Other ways of controlling odor that was discussed is cotton ball wet with mouth wash and applied in pouch can help with odor. Reinforced to always make sure appliance wafer and pouch are in place with good seal and when there is an odor. He is now eating better. Although he still has on and off abdominal pain. It has improved after surgery and endorses that he feels more confident he will gain weight. Reinforced eating small frequent meals as opposed to large meals. Discussed nutrition absorption in the small bowel. Reinforced keeping track of ileostomy outputs and supplementing liquids with high outputs. He was given handout information of how to manage high ileostomy outputs and when to call the physician. He will be keeping a log of 24hr outputs to take to his surgeon at follow up. He endorsed feeling anxious about discharge in 1-2 days. He called his insurance company that told him that he needed a PCP prescription for his ostomy supplies. He will be using PCP associated with hospital system for home health care (AT HOME) now until he gets a PCP. He only had on 2 ¾ inch (70mm) Durahesive Natura Moldable flat wafer with accordion flange left and pouch. More supplies brought to him. He agreed to ostomy appliance change since he was due for one. He reviewed step by step products and their uses. He removed ostomy appliance using adhesive remover spray.

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Reinforced push pull technique. Reinforced and went over peristomal skin, and stoma assessment, and appliance barrier wafer erosion. Reinforced assessment of creases along peristomal skin and need to keep skin flat when applying ostomy skin barrier. He was able to measure stoma with minimal assistance. Stoma measured 1 3/8" head to toe and 1 1/4" from side to side. He had hair growth along the peristomal skin. He was educated and redemonstrated the application of stoma powder brushing it off and shaving using a disposable razor. He then applied skin prep and waited to dry. Reinforced assessment of mucocutaneous junction separation at 3 o'clock position and application of stoma powder at the site which he applied without difficulty. He then applied 2" Eakin, 70mm drainage pouch with invisiclose tail closure and filter. Ease strips from convatec applied to the border and Brava elastic strips on the opposite side. We tried 2 different brands of ease strips and elastic strips since they were available so he can have experience. He demonstrated pouch closure with tail closure. With education the patient applied Adapt lubricating deodorant. Educated and assisted with application of Ostomy Belt. He did well. The patient was given more supplies for discharge.

Wound Team Plan:

Continue ostomy care and teaching as needed. Education materials provided. Supplies left for the patient for discharge. Per chart notes he will be discharged in 1-2 days.

Wound-Specific Plan:

Ostomy care orders
Change stoma appliance q 3-4 days
Change the appliance immediately for leakage, burning sensation/pain
Empty appliance when 1/3 to 1/2 full

Ostomy appliance orders:

- 1) Remove appliance with sensicare adhesive remover
- 2) Cleanse peristomal skin gently with warm water and gauze. Do not use moistened wipes that will not allow binding of wafer to skin and cause a leak
- 3) Pat Dry
- 4) Measure stoma with measuring guide weekly
- 5) Crust only if skin is irritated with stomahesive powder and no sting Cavilon spray
- 6) Mold 70mm Convatec wafer according to measuring guide
- 7) Connect to filtered pouch #79323
- 8) Mold Eakin ring around stoma
- 9) Attach appliance system to skin (make sure to remove clear backing first)
- 10) Have patient place hand over appliance for 2-3 minutes to secure seal

Ostomy Supply List

70mm 2 3/4" Durahesive Natura moldable flat wafer with accordion flange #421041
70mm 2 3/4" drainable pouch with invisiclose tail closure and filter #416422
Eakin Cohesive Seal 2" #839002
Cavilon no sting spray # 3346
Ease strips #422163
Esenta adhesive remover spray #423290
Adapt Lubricating Deodorant # 78501
Ostomy Appliance Belt #175507

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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)
<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>1)Dietary Concerns 2) Self esteem and care odor control specific 3) Nursing education for patient type</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>1)Discussed with patient dietary concerns, hand outs given on nutrition, eat small frequent meals 2) This is a young adult, he had concerns with odor. Education on foods that help with odor and what foods can cause odor. Odor eliminator and making sure appliance bag tail clip is clean 3) Plan of care with instructions for ostomy appliance placed in the chart for the nurses-discussed with the nurses where the instructions were and what appliance# and sizes were located</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>1)Patient has lost significant weight. He will continue with TPN but goal would be to eventually stop. He has an ileostomy so diet and maximum nutrition absorption is important for his success. 2)Patient had valid concerns with odor. As part of education these concerns were addressed 3) for continuum care and plan discussed with RN what was done and where to find supplies needed for ostomy 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>I actually like the wafers that are moldable they are easy to use and I find that the patients that I have seen so far like them. Moldable products seem less of a hassle to the patients. The appliance wafer that was used was find. In case that moldable wafers were not available then I would have to use a cut to fit. One thing I find a little cumbersome is the stoma belts. The one that are available in the hospital are a little bit hard to clip on. The Ease strips also have to be warmed ahead of time that is a bothersome as well. I can only imagine a patient trying to do that after he puts everything on and then has to do that before. I applied the strips under his leg which helped.</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 goal for today? Why or why not?</p>	<p>My goal for the day for this patient was education. I wanted to make sure he felt comfortable with his stoma appliance change. I wanted to be able to identify any issues that may be overlooked during the hospital stay that may cause a problem for the patient such as a skin integrity problem. I think that I met my goal. The patient also has a great attitude. He is living with his mother and endorses he will be the only one managing his ostomy. He was very motivated.</p>
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What are your learning goals for tomorrow? (Share learning goal with preceptor)	My learning goals for my next clinical day will be to continue with whatever experience I can get. I feel that whatever type of patient I have I want to get a better understanding of what the patient needs, and concerns are for the day. I am open to the experience that is available at the time.
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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	This is a young adult. I went over the basics, and concerns that he expressed during the visit. I didn't think about it till later that I could have mentioned sexual concerns such as intimacy with an ostomy.
Reflection: Describe other patient encounters, types of patients seen.	I saw a fresh post op surgery colostomy. The patient was having pain issues and was not up for education. Although was able to assess the patient and ostomy, the appliance was lifting out of place I was able to learn how to apply Eakin under the wafer and We went over a patient that I was supposed to see but unable to see since he was discharged. He had a complicated fistula. With my preceptor we went over the chart and many visits with different wound ostomy nurses that had seen him and viewed pictures of his progress from different admissions. We went over the many different products that had been used and purpose.

Reviewed by: _____ Date: _____

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