



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Chelsea R. Castro

Day/Date: 1/8/2024

Number of Clinical Hours Today: 8 Care Setting: Hospital Ambulatory Care Home Care Other:

Number of patients seen today: 4 Preceptor: Brittany Gesing

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</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>41 y/o female with past medical history of MS, MDD, gastroparesis, GERD, chronic gastritis, anal fissures and UC. Patient presented with UC flare c/o moderate left sided abdominal pain, rectal pain and worsening diarrhea 4-5 BMs/hr associated with blood and mucous. She underwent a Laparoscopic Total Abdominal Colectomy with End Ileostomy and Mucous Fistula for severe colitis refractory to medical management and is POD #3. Stoma present in RLQ measuring 1 1/4 inch, red and moist, edematous. Partial separation of the mucocutaneous junction is present from 12 to 3 o’ clock. Small amount of brown, mushy effluent containing undigested food, 2 tablets and 1 capsule noted in pouch. Peristomal skin is clear and intact. Peristomal contour is concave. Supportive tissue is soft. Pfannenstiel incision with mucous fistula located at midpoint measuring 1 1/2 inches, is pale pink and moist. Scant mucous drainage noted. No pouch or dressing present over mucus fistula.</p> <p>Labs notable for WBCs 17.5, Hgb 9.8, Plt 600 K</p> <p>Medications include bupropion 100 mg tab PO BID, sertraline 150 mg PO QD, zolpidem 10 mg PO qHS, pantoprazole 40 mg PO QD, prednisone 40 mg PO QD</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.

WOC nurse consulted for ostomy discharge teaching. Patient's significant other and both parents present for teaching session. Hands on pouch change lesson provided. Patient reports difficulty at looking at new stoma. Emotional support provided and patient able to successfully perform pouch change with minimal assistance. Scant amount of serosanguineous output noted on back of the flange.

Current pouching system includes 45 mm Hollister New Image convex flange, moldable ring, and high volume output pouch.

Recommendations include sizing up to 57 mm convex flange and adding ostomy belt to promote stoma protrusion and achieve adequate seal. Skin care to include gently cleansing area around stoma with 4 x 4 gauze pads moistened with warm water, application of Stomahesive powder to irritated or denuded skin with each pouch change as needed, and patient instructed on gently brushing off excess powder. Pouch to be changed every three days. Initial wear time goal of 4-6 hours for ostomy belt. 4 x 4 gauze and menstrual pad placed in underwear to cover mucus fistula. Pouch changing supplies, supply order form, 24 hour output measuring log, and graduated cylinders provided. Patient reports that daily fluid intake consists of 5-7 cans/day of sugary, carbonated beverages. Education on dehydration, maintaining adequate hydration, GI soft diet, oral rehydration drink recipes and dietary restrictions provided. Patient and family able to verbalize an understanding of teaching and denied any further needs.

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>Fluid and Electrolyte Imbalance</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Reinforce patient teaching on maintaining adequate hydration, consuming fluids with electrolytes, and following GI soft diet: -sip small amounts of fluids throughout the day -preferred beverages can be modified to meet hydration and electrolyte requirements (allow carbonated beverages to sit and lose carbonation,</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Maintaining hydration prevents dehydration and consuming beverages with electrolytes prevents imbalance. Encouraging patient to consume preferred beverages will help maintain adequate hydration.</p>

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<p>Mucocutaneous skin separation</p>	<p>follow recipes to make own oral rehydration solution or modify drinks by adding small amounts of salt and sugar) -reinforce teaching on checking consistency of ileostomy effluent, measuring output with graduated cylinder/keeping log, and need to contact provider for output greater than 1200 mL in a day -refer to pharmacist and dietician</p> <p>Educate patient on importance of checking for separation between skin and stoma during pouch changes.</p> <p>Perform peristomal skin care: -gently wipe around the stoma and peristomal skin with 4x4 gauze moistened with saline or warm water -fill area of separation loosely with Stomahesive powder and gently dust off any excess</p> <p>Provide teaching on contacting physician or WOC nurse if separation does not improve in two weeks or worsens.</p>	<p>Following GI soft diet and reintroducing foods slowly prevents cramping and obstruction.</p> <p>Referring to other members of multidisciplinary team ensures comprehensive care, will assist patient in finding other forms of medications to promote adequate absorption and address specific dietary needs for ileostomy.</p> <p>Providing teaching aids the patient in identifying complications.</p> <p>Cleansing the site allows visualization of degree of separation and prevents skin breakdown from exposure to effluent.</p> <p>Identifying abnormalities and addressing early can prevent complications such as complete mucocutaneous separation, infection, and stoma retraction.</p>
<p>Body Image Disturbance</p>	<p>Provide emotional support. Allow patient to express feelings and concerns regarding altered appearance.</p> <p>Permit patient to perform pouch change, visualize and handle new stoma.</p>	<p>Offering support and exploring patient's concerns can facilitate discussion of management of commonly encountered issues r/t new ileostomy and help patient adjust.</p> <p>Promoting independence with ostomy can empower patient to develop skills needed to successfully manage new ileostomy.</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. Alternatives should be from a different category or classification. 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>57 mm Hollister New Image Flexwear Convex Flange (cut-to-fit): Flange size had to be increased d/t stoma edema. Patient may require different size as edema resolves. An alternative product would be Coloplast Sensura Mio two piece pouch and light convex barrier cut to fit.</p> <p>Stomahesive Powder: can make adherence of pouch to skin difficult if applied excessively and not brushed away. Alternative would be to omit or use only PRN for peristomal skin irritation.</p> <p>Hollister adapt flat barrier ring: Barrier ring application increases time of pouching system application. An alternative product that could be used is Hollister Adapt skin stoma paste.</p> <p>Hollister Ostomy Belt: Patient may not tolerate wear time of 4-6 hours and if applied too tightly can lead to skin breakdown. Alternative would be to leave the belt off.</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.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	My learning objective for the day was to learn about the common types of ostomy issues that lead to a WOC nurse consult. Yes, I met my learning goal for the day.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My goal for the next clinical day is to learn more about Urodynamic studies and the types of patients who require this type of testing.

Reflection: Describe other patient encounters, types of patients seen.	In the morning I was able to attend a class on basic ostomy care for new graduate pediatric nurses that was taught by my preceptor for the day. We were able to see four patients for different needs including discharge ostomy education, troubleshooting a leaking pouch in a patient with a new loop ileostomy and providing wound care and complicated pouch change for a patient with an ECF.
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Reviewed by: _____ Date: _____