



Daily Journal Entry with Plan of Care & Chart Note

Student Name: **Grace Prazniak** Day/Date: **1/8/2024**

Number of Clinical Hours Today: **8** Care Setting: ___ Hospital **x (Outpatient Clinic)** Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: **7** Preceptor: **Sarah Yount**

Journal Focus: **Ostomy**

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.

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| <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>Pt was a 78 year old male with a significant medical history of bladder cancer (2015) with metastasis to the colon (2023), hypertension, smoking, right carotid artery bruit, and PVD with claudication. Pt has completed chemotherapy as of 6/23 and previously refused radical cystectomy for management of bladder cancer, opting instead for endoscopic resections. Stictures formed in the urethra following resection requiring placement of a chronic foley catheter, which is still in place. Currently experiencing fecal urgency and alternates between diarrhea and constipation, but no pain or bleeding with defecation. Appetite is poor, but weight remains stable since chemotherapy concluded. Current recommendation from the tumor board is for pelvic exoneration, which the patient expresses some reluctance to pursue. Current visit is to draw labs to establish a baseline and perform preoperative imaging and education. WOC team has been consulted for preoperative education for an ileal conduit and colostomy formation following pelvic exoneration and marking of four possible sites for placement of a urostomy and colostomy.</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.

Pt came into the clinic for a preoperative visit prior to pelvic exoneration with planned ileal conduit and colostomy with VRAM flap placement related to the metastasis of cancer from his bladder to his colon. WOC

care was consulted to do preoperative teaching regarding formation and care of urostomy and colostomy as well as marking four sites – two on each side of the abdomen – for the ileal conduit and colostomy.

Pt was in a poor frame of mind for education related to emotional turmoil from anticipation of the procedure and subsequent lifestyle changes, so scope of education was limited to essential information on what to expect from his ostomies in terms of appearance, output, and pouching in the immediate postoperative period as well as safety concerns related to a GI soft diet and adequate hydration. Pt was educated with verbal explanation and visual images, and was provided with written material to take home and contact information for the WOC team.

For the marking the patient was observed in the lying, sitting, and standing positions and four locations for the stomas were identified and marked with three triangular dots in India ink using a 25 gauge needle with two marks high in the RUQ and LUQ and two marks lower in the RUQ and LUQ. If the flap is not taken from the abdomen (allowing for the two stomas to be placed on opposite sides), the preferred locations would be the lower two markings.

| WOC specific medical & nursing diagnosis and concerns | WOC Plan of Care (include specific products used) | Rationale (Explain why an intervention is chosen; purpose) |
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| <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>Knowledge deficit related to upcoming procedure. Alternative: Lack of knowledge leading to impaired self-care.</p> | <p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Provide education related to disease process and rationale for procedure.</p> <p>Provide education on expected lifestyle modifications and adjustments that will be needed post-procedure.</p> <p>Educate with demonstration and return demonstration for performing self-care with urostomy and colostomy.</p> | <p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Understanding the disease process and rationale for a procedure helps to create an understanding of the bigger picture.</p> <p>Preoperative education on lifestyle changes allows the patient to prepare to address expected issues without being overwhelmed all at once immediately after the procedure, increasing their ability to meet their new needs.</p> <p>For independent patients demonstration and return demonstration are the simplest way to show mastery of new physical skills and ensure competency.</p> |

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| <p>Poor coping skills related to emotional distancing from recommended procedure. Alternative: Poor coping skills resulting in lack of interest in learning self-care.</p> | <p>Offer access to support groups for ostomates.</p> <p>Discuss support options for care in the home setting including outpatient visits and home health care.</p> <p>Offer to involve family and discuss who patient would like present for in-hospital teaching sessions.</p> | <p>Interacting with other ostomates can help develop a support system for the patient of other people who face similar challenges as well as providing examples of people whose lives have changed but not been diminished by their ostomies.</p> <p>Options such as home health care or outpatient visits to the ostomy clinic can help bridge the gap between hospital care and independence in ostomy care, allowing for further development of coping skills and support system.</p> <p>Family provides vital emotional support, and establishing their involvement (or lack of involvement) in preoperative planning allows for better planning for patient's future education needs and offering of further resources.</p> |
| <p>Delayed wound healing related to smoking and history of cardiovascular disease. Alternative: Prolonging of recovery time for surgical wounds increasing emotional burden and risk for complications.</p> | <p>Encourage smoking cessation, and if not acceptable to the patient, discuss options for decreasing usage of cigarettes.</p> <p>Involve cardiovascular team in the care of the patient.</p> <p>Review medications to maximize cardiac function and minimize impairment of wound healing cascade.</p> | <p>Smoking impairs wound healing, with cigarettes having a greater impact than other forms of tobacco. While cessation would be ideal, decreasing the number of cigarettes used by utilizing other forms of tobacco or nicotine patches would improve wound healing from baseline.</p> <p>Patient history of cardiovascular disease warrants an expert opinion to maximize cardiac capacity, as this has a significant impact on patient outcomes and wound healing.</p> <p>While hypertension medications rarely interfere with wound healing, other medications for cardiac conditions such as anticoagulants can complicate wound healing. Medications should be reviewed to optimize both cardiac function and wound healing as much as possible prior to surgery.</p> |

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| <p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the</p> | <p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>As this patient presented for a preoperative visit and did not currently have a wound, ostomy, or</p> |
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| <p>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>continence issue, no WOC products were used.</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.

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| <p>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p> | <p>Goal for the day was to learn about the workflow and types of patients seen in an outpatient clinic, as this is a new setting. Goal was met and a variety of patients were seen during this clinical experience. Learning about the lower acuity and faster pace of an outpatient setting showed a very different side to nursing.</p> |
| <p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p> | <p>Goal for tomorrow is to provide care to a urostomy patient and if possible to see a patient with NPWT.</p> |

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| <p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p> | <p>I felt like this case went as well as could be expected. The patient was displeased with the need for his surgery and was not in an appropriate emotional state for detailed education. He wanted to be told the basics and not be bothered with the rest at this time. As his surgery was not scheduled until January 30, this was possible and there will be time for more in-depth teaching prior to surgery as well as after surgery. Four sites were marked and the patient did not express undue discomfort or displeasure with the sites. I might have attempted to related more directly to the patient, as I have found that sometimes light jokes can engage a patient more with their care, but the approach used covered all the necessary objectives and was not upsetting to the patient.</p> |
| <p>Reflection: Describe other patient encounters, types of patients seen.</p> | <p>I was able to see a variety of patients during this experience, which was extremely helpful as I do not have a varied experience with ostomy patients. There were three patients requiring stoma site markings for one ileostomy with end goal IPAA (with the surgery the following day), and two patients being marked for both colostomy and ileal conduit that was far enough out to require a tattoo to mark. One of those patients already had a site selected and needed to be remarked, as the original site (marked in October 2023) was no longer ideal.</p> <p>There were also patients with active ostomies, including one with no issues who was coming in for a second post-operative follow-up that had shrunk slightly from its previous size. Another one was relatively straightforward on a patient who had recently been sick and had some swelling, which had increased in size enough to require a change in pouch size. The last was a patient who had been having difficulty with leakage on an ileostomy and had removed the pouch due to pain from skin breakdown who needed a skin soak and a new system fitted to prevent leaking. Due to high output from the ileostomy suction was set up while the soak and pouch application were taking place. Detailed instructions were given to the family on the need for pouching even over irritated and bleeding skin as the effluent running onto the skin was the cause (and would worsen) the breakdown, and the expectation that pouches would likely need to be changed daily while the skin was healing. A follow-up appointment for later in the week was scheduled for this patient, to make sure there were adequate supplies and that the skin condition was</p> |

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Reviewed by: _____ Date: _____