

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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: Kara Gregg \_\_\_\_\_ Day/Date: 12/8/23 \_\_\_\_\_

Setting:  Acute Care  Outpatient  HHC  Other \_\_\_\_\_

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

Number of patients seen today: 10 Preceptor: Dan Piekarek NP, CWON, CWS

**Directions:** WOC nurses function as consultants and develop plans of care for other caregivers 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><b>Today’s WOC specific assessment</b></p>	<p>The patient noticed light smearing of blood following bowel movements in June this year. He states “I rode it out but it never stopped for about a month, so I finally went to the doctor.” The patient was referred to general surgery and underwent an exploratory laparotomy and colonoscopy. Biopsies were obtained and the patient was diagnosed with stage II sigmoid rectal cancer. He completed 28 radiation treatments and a full course of Flofox adjuvant immunotherapy. He lost 10 #'s during therapy but has returned to his baseline weight of 189 #.</p> <p>The patient states today he is uncertain if he needs to have the procedure completed since his family care physician told him that “it looks like the chemo and radiation took care of everything.” States he has a call out to the surgeon to discuss if surgery is absolutely necessary but states, “I feel like he is going to say yes, so I am prepared to go forward with the surgery next week.”</p> <p>He is expecting the stoma to be taken down in 3 months per the surgeon's statements. It was explained that there can be issues that may prevent stoma takedown, and this is a consideration. He stated he did talk to the surgeon about this.</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.**

This is a 52-year-old male who presents to the ostomy clinic for stoma marking and pre-operative education for a low anterior pelvic resection with Dr. Obi on 12/12/23. *This should be your first statement in your note.*

Given the Hollister Understanding You Ileostomy folder. Folder contents contain pictures, diagrams, ileostomy education and supportive websites. All content was reviewed with the patient and spouse as follows: Discussed the appearance of a healthy, post-operative stoma, color and typical shape, location, and post-operative expectations including sutures, pain, edema, and stomal edema. Discussed that the health of the stoma is indicated by a beefy red color, moist in appearance. The patient was instructed on abnormal stoma appearance and the importance of reporting this to the surgeon or may call the ostomy clinic after surgery.

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The patient and spouse were shown and demonstrated a pouching system.

The patient was shown how to apply the pouch to the barrier, and he was able to apply and remove it. Discussed pouching system changes, emptying when no more than 1/3-1/2 full, and how to empty and clean the closure. He was able to open and close the pouch. Instructed on sitting on the commode to empty. Instructed on showering/bathing with or without the pouching system in place. Demonstration of what to use and how to cleanse around the peristomal skin. Shaving with clippers or a safety razor as needed for hair growth. Discussion of odor and lubricant products, pouch covers, and garments made for ostomies.

Discussed the goal for life with a fecal diversion is to return normal lifestyle -after post-op restrictions are lifted, and the opportunities to utilize different pouching systems to fit his lifestyle. Reinforced that he can return to the clinic at any time for any issues or concerns that he develops.

Ostomy supplies and ordering were discussed.

All questions were answered and discussed with the patient and spouse to their verbalized.

satisfaction. Clinic discharge instructions reflected the discussion in an instructive format.

Sexuality discussed according to PLISSIT model.

We discussed not using the stoma for pleasure and nothing inserted into the stoma.

*. What is in this book? Was any of its contents reviewed? Or, are its contents reflective of the documentation above? Note should indicate more than giving the folder. State if reviewed contents or not. Corrected.*  
*A lot of information has been given to the patient and spouse. Was this information supported with written information? Yes-Yes-Corrected.*

The patient was placed into a gown. The abdominal contours were noted in a supine, sitting, and standing position. The patient's belt line was noted. There were no folds, creases, or abdominal creases noted in all positions. While supine, the rectus abdominal muscle border was palpated during a modified sit-up position. Noted location of the umbilicus and an initial mark was made on the L quadrant at the apex of the abdominal fat mound. The mark was free of the umbilicus area, within the rectus muscle, and within the line of site. The patient then stood and was asked to visualize the mark. He was able to see the mark freely and this was labeled #1. A second mark was created and numbered #2. A pouching system was placed on the preferred mark and the patient was able to see the mark clearly, I then had him bend over at the waist to make sure the belt line was free of the barrier edges.

The provider evaluated the stoma marking. The patient removed the pouching system with instructions. A transparent film was placed over all marks and numbered by preferred marks. *A barrier film refers to a skin covering or sealant, such as a skin barrier wipe type. Do you mean a transparent film? Yes corrected.* The patient was instructed to not remove the film and showering was ok, but to not directly wash over the films.

*Should this have been done prior to the application of the transparent film? Yes it was. Corrected.*

The patient was given **written instructions** and a return appointment to the ostomy clinic in three weeks was made. *You provided a lot of pre-operative teaching. What specific written instructions was the patient given? I am reading the WOC Plan of Care as discharge instructions? Is this correct? POC should reflect care between this visit and surgery admission.* Thank you.

WOC specific medical & and 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.	Statements should be directive and holistic relating to the problem/concern.  Read through the Pre-operative folder provided today. Explore the contents of the folder and	Statements should explain why the intervention/directive should be followed. References are not required unless utilized.

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<p><b><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></b></p> <p>Stoma marking.</p> <p>Knowledge deficit related to colostomy self-care.</p> <p>Generalized anxiety related to upcoming sigmoid colostomy creation secondary to stage II rectal cancer.</p>	<p>watch the videos.</p> <p>Explore the listed websites in the folder such as the UOAA.</p> <p>Call the clinic for any questions or concerns.</p> <p>Review your pre-operative instructions for diet, bowel prep and fasting prior to surgery. Call the surgeon's office if you have any questions.</p> <p>Become familiar with the pouching system you were sent home. Practice applying the pouch to the barrier and the closure of the pouch.</p> <p>Review the food and diet handout.</p> <p>Review the instructions on how to order supplies. Contact your insurance company to discuss coverage of the supplies.</p> <p>It is ok to shower if the transparent film is intact over the pre-operative marks.  <b><i>What should be done between this visit and admission for surgery? That should be the focus of your POC. Think in terms of what the patient was instructed to do.—Corrected. What else should I include with discharge instructions for the time period?</i></b></p> <p><b><i>What about care of the markings? If the transparent film is no longer intact or comes off, then what?</i></b> Added below.</p> <p>If the film comes off or is curling at the edges do not shower or bath. Call the clinic ASAP for an appointment. (In hindsight on this- patients should be given a few extra transparent dressings to replace if needed. It doesn't seem like a good use of resources and costs to the patient to have them come into the clinic for a transparent film dressing).</p>	<p>Follow-up care is crucial for the patient and family to adjust post-operative fitment issues, skin challenges, and continued education and support of ostomy care.</p> <p>Having necessary and adequate supplies reduces anxiety and adjustment.</p> <p>Patients who have pre-operative instruction are better prepared for ostomy self care and lifestyle adjustments following surgery.</p>
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<p><b>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</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p><b>Products used for stoma marking:</b></p> <p><b>Transparent film over stoma site marks.</b></p> <p>The patient has a firm and flat abdomen. He may potentially end up in a one-piece flat barrier. He</p>
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<p><b>classification. In other words, what could be used if the product was not available?</b></p>	<p>may benefit from the use of belt since he enjoys several mile walks each day.</p> <p><b>Post-operative options:</b></p> <p><b>Convatec Durahesive Mold to Fit 2 ¼” Skin Barrier #411804</b>  <b>Convatec Natura Drainable Pouch #416420</b></p> <p><b>Disadvantage:</b>  The patient may need convexity to assist the stoma to bud properly.</p> <p><i>The products identified are not in use, but are possible post-operative options. The provided information should refer to the pre-operative products in use. The focus of this POC should be on time between this visit and admission for surgery. Keeping this in mind, what products were used for stoma site marking? Alternatives?</i></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><b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p>The goal of marking a stoma with a supportive provider who directed and asked challenging questions created a solid learning experience for me today!</p> <p>I was able to meet my goal and successfully marked for a sigmoid colostomy, provide patient and caregiver education, and create an engaging interaction with a nervous patient and spouse.</p>
<p><b>What are your learning goals for tomorrow?</b>   <b>(Share learning goal with preceptor)</b></p>	<p>I completed my 40 hours today on Friday. <i>Unfortunately, your journal submissions do not indicate your completed hours. See my notes in your dropbox. DONE I received the updated journals which were edited to reflect hours completed.</i></p>

<p><b>Clinical Reflection: Identify/describe other patient encounters, clinical experiences from today, thoughts</b></p>	<p>After having watched stoma markings over the years, it was just fantastic to have a different perspective on how and why the process of marking a stoma occurs. The goal of marking a stoma with a supportive provider who directed and asked challenging questions created a solid learning experience for me today! Dan presented several scenarios and asked questions on how this could be approached with marking such as a large panis with multiple scars and creases, he asked about placement for someone undergoing a total pelvic exenteration. We talked in detail about diversion due to cancer as these are basically the only patients he marks stomas for- he feels that the majority of the UC and Crohn’s patients are sent to the university for management and rarely encounters them in the clinic.</p>
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Reviewed by:  Kelly Jaszarowski  Date:  12/11/2023

Sounds like this was a great clinical experience! The focus of your POC and products should not be on what you expect once the patient is admitted. Your POC should be focused on what the patient should do from the end of your visit until admission. For example, review written materials provided. Call WOC nurse for questions. As a result, I am going to ask you to resubmit this POC and product section.

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Reviewed by: Kelly Jaszarowski Date: 1/4/2024

Improvement noted. Unfortunately, the POC and attention to products does not reflect a POC for this patient after the clinic visit. Like other POC development, what should be done in your absence (post clinic visit) and until the patient has surgery? For example, stoma site care, any specific pre-op instructions; diet, fluids, etc?

Reviewed by: Kelly Jaszarowski Date: 1/4/2024

This submission's POC and note is much improved. I do not see where the product section was addressed.

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