

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

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

Student Name: \_\_\_\_\_Michelle Harris-Farrell\_\_\_\_\_ Day/Date: \_\_\_\_\_1/12/24\_\_\_\_\_

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

Number of patients seen today: 6 Preceptor: Janie Renaud, CWON\_\_\_\_\_

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><b>Today’s WOC specific assessment</b></p>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p><b>Patient is a 65 y/o male being seen in 5T unit. He is AAx3. Past history includes Spina Bifida, HTN, paraplegic, neurogenic bowel. Reports normal and bladder function until age 16 when he was diagnosed with tethered lumbar sacral spine affecting bowel, blader and sexual function. He has history of Colostomy for one year at age of 19 due to total incontinence with eventual total colectomy and creation of an end ileostomy and had recently been affected by a parastomal hernia after a longstanding cough following a cold causing pouching difficulties.</b></p> <p><b>He is S/P laparoscopic repair of LLQ ventral hernia with 12cm Parietene mesh, open primary repair of parastomal hernia, and extensive lysis of adhesions on 1/8/24 by General Surgery..</b></p> <p><b>Current labs with low values: hgb 11.6, hct 33.3, RBC 3.88, albumin 2.8, protein 5.9, calcium 8.2, Bun 4, creatinine 0.38, Na 133, K 3.6</b></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.**

**Patient is a 65 y/o male being seen for ostomy care and follow up visit for review of Bladder Program due to possible D/C to**

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home tomorrow.

WOC focused assessment includes inspection of abdomen that is semi-soft with intact laparoscopic incisions and intact staples – no drainage, there is an intact 2 pc ostomy pouch with brown semi-liquid stool RLQ that was replaced by patient yesterday. Active bowel sounds in 4 quadrants, percussion – reveals general mild discomfort due to surgery – otherwise WNL. Palpation reveals warm skin, no abnormalities. There is a foley in place with clear, yellow output to penis.

Patient reports that he lives at home with his girlfriend of 32 years and has good support and has adapted well to his environment. He reports having good adaptive equipment to include wheelchair, specialty bed, shower chair and shower handrail. Patient has been independent with both his ostomy and urinary catheter care for over 40 years and receives his urinary catheters and accessories from a DME monthly. He demonstrates great knowledge, physical strength and good dexterity with ostomy and catheter care as he verbalizes steps of intermittent catheter care to include: transferring self to EV Manual Wheelchair- to bathroom, scoots forward towards toilet, use of single use 16 Fr Hydrophilic Catheter with purified water to activate the hydrophilic coating for smooth comfortable catheterization and to reduce bacteriuria or UTI, inserted into penis 3-4 inches until urine returns from bladder 4-6 times a day during waking hours, washes hands again.

Discussed any history of UTI – patient verbalized experiences with frequent UTI that has significantly resolved with the use of “Bladder Washouts “ by installation of 120mls x2 (60mls each) part vinegar and sterile water solution once daily recommended by his Urologist on prior outpatient visits.

Discussed adequate hydration with fluids.

Discussed signs of dribbling or meatal trauma – Patient reported occasional dribbling without skin irritation, nor trauma. He reports that he uses Depends Adult Diaper garments to assist with absorption and protection. Prompt hygiene care was also recommended as prevention.

Reviewed signs and symptoms of UTI to include fever, flank pain, foul smelling urine, abdominal pain, blood in urine, alteration in urine output.

**Recommendation:** Consult case management to arrange Home health Nurse for additional support due to new surgery and general weakness due to recent surgical procedure.

Follow up with general surgery as directed for post op visit and staple removal.

Follow up with Urology outpatient for routine scheduled visits or signs of urinary concerns.

Contact or visit WOC clinic for any ileostomy pouching difficulties, peristomal skin or supply issues or catheter or skin irritations.

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  Risk for urinary infection due to	Statements should be directive and holistic relating to the problem/concerns Patient will verbalize techniques in prevention of UTIs and retention with use of Adequate fluid intact, clean cath technique and use of bladder washout technique	Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.  To prevent infection and hospital

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self-catheterization	Patient will demonstrate continued clean intermittent self-catheterization technique	readmission
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<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>The use of Hydrophilic catheters help with smooth catheter insertion and to reduce potential risk for bacteriuria / UTI. Disadvantages include urethral trauma, bleeding, infection</p> <p>Alternatives; Silver Alloy Urinary Catheter( although recommended for short term usage) or creation of an ileal conduit (urostomy)</p> <p>Use of Depends adult diapers disadvantages; May lead to skin irritation or loss of self esteem, embarrassment due to odor, may be costly.</p> <p>Alternatives: washable -reusable incontinence inserts, shields , guards. Odor eliminators / reducer products</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 today was to understand the journey of a patient with neurological condition affecting bladder elimination.</p> <p>I was able to meet my goal and gain better understanding of the condition</p>
<p>What are your learning goals for tomorrow?  (Share learning goal with preceptor)</p>	<p>My learning goal for my next clinical experience is to learn about Pelvic Muscle Exercises</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>I definitely gained a great sense of empathy as well as appreciation for a urinary and bowel system that function within normal limits. On the other hand, I developed a higher regard for the patient experiencing BOTH urinary and fecal incontinence</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>Today I have seen other patient with conditions related to MASD and IAD due to urinary and fecal incontinence and the use of products such as Barrier ointments and no rinse cleansers.</p>

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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