Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Brian Ramoutar_____ Day/Date: 1/11/24

Number of Clinical Hours Today: __10__ Care Setting: __x_ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _4__ Preceptor: ___Jennifer Hensley_____

Journal Focus: _____Wound ___X__ 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.

Today's WOC specific assessment	63-year-old female with a medical history of COPD, hyperlipidemia, GERD, anxiety, and depression, presented to ORMC with severe abdominal pain and no bowel movements for 7 days. Noted having sigmoid volvulus. The patient was taken to the OR emergently for exploratory laparotomy with general surgery team and was found to have a dilated colon with mesenteric pneumatosis with volvulus of descending colon with inspissated stool. Colonic resection was performed with end descending colostomy with mucous fistula. Stool output noted in stoma WBC 11.2 High, hemoglobin 11.2 low, hematocrit 35.0, and platelets 178, CO2 35 high, creatinine 0.56 low, calcium 8.2 low.

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.*

Reason for consult: The Primary RN contacted the WOC nurse regarding a leaking ostomy pouch.
Date 1/11/24
Wound Team Assessment: The patient was seen at the bedside with her daughter present for evaluation and treatment of a leaking colostomy pouching system. Explained to the patient and daughter the reason for the visit, and the patient agreed to proceed. From initial assessment, it was apparent the hydrocolloid of the one-piece cut to fit had become loose, allowing for stool to leak onto peristomal skin from 7 o'clock to 9 o'clock. Esenta sting-free silicone adhesive remover was used to gently remove the pouching system. The peristomal skin and stoma were cleansed with normal saline and gently pat dried. The stoma was pink to red and moist, with loose tan stool in the pouch. The peristomal skin was pink in the area of the leak, and the rest is consistent with the patient's ethnicity. Stoma was measured and was the same size as before when compared to the template that was previously made for the pouching system. Esteem one piece cut to fit drainable 4-inch pouch was marked with template and cut out the center of hydrocolloid wafer on the pouch. Peristomal skin was dusted with Stomahesive powder and sprayed with Cavilon no-sting barrier film spray to create a 1-layer crust to protect the peristomal skin. Eakin Cohesive seal 2-inch ring was applied to the peristomal skin around the stoma. The pouch was applied around the stoma using the warmth from this RN's hands to achieve adhesion to the patient's abdomen. 3 Brava elastic barrier strips were applied around the edge of the wafer. Waste was disposed of in appropriate containers. The patient tolerated the pouch change very well. The daughter recorded pouching change to refer to when the patient is discharged home.

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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)
End colostomy	Assess the stoma and pouching system every four hours. The stoma should be pink to beefy red. If the stoma starts to turn very pale pink or black, notify the surgeon. If there is bleeding that is being collected in the pouch, notify the surgeon. If the pouching system starts to leak, the system must be replaced. Do not reinforce. To replace the pouching system, use Esenta sting-free silicone adhesive remover to gently remove the pouching system. Cleanse peristomal skin and stoma with normal saline and gauze, and gently pat dry. Assess peristomal skin and stoma. Measure the Stoma compared to the template that is provided in the patient's supplies. Take Esteem one piece cut to fit drainable 4-inch pouch, mark with the template, and cut out the marked part of the hydrocolloid wafer on the pouch. If peristomal skin looks red or irritated, dust it with Stomahesive powder and spray with Cavilon no-sting barrier film spray to create a 1-1-layer crust to protect the peristomal skin. Apply Eakin Cohesive seal 2-inch ring to peristomal skin around the stoma. Apply a pouch around the stoma. Use 3 Brava elastic barrier strips around the edge of the wafer. Pouching system is to be changed every 3 days. Empty pouch when it is 1/3 full.	If the stoma is changing colors, it could indicate reduced perfusion to the stoma and needs to be assessed by the surgeon. If the pouching system is leaking and is attempted to be reinforced, the patient can end up with severely damaged peristomal skin. The pouching system must be replaced immediately if leaking. If a seal cannot be attained, call for a WOC nurse to evaluate and treat. Changing the pouching system every 3 days creates a schedule for the patient and a timeline for changing the system before the wafer adherence breaks down and begins to leak. This also allows for routine assessment of stoma and peristomal skin before severe damage occurs. Emptying the pouching system at 1/3 full prevents the pouch from becoming too heavy causing the wafer to be compromised and pulled off the abdomen of the patient and causing leaks.

Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an	Esenta sting-free silicone adhesive remover – Can be expensive, can use water instead. Esteem one-piece cut to fit drainable 4-inch pouch – wafer may be too flexible. An alternative would be using a 2- 2-piece moldable pouching system which is more ridged, the pouch can be separated from the wafer for assessment, burping, and bag change.

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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?	Stomahesive powder and Cavilon no-sting barrier film spray as a crust, Eakin Cohesive seal 2-inch ring- can be expensive to have all three products. The alternative would be using only one product for skin protection. Another option because Eakin can feel bulky, using duoderm thin hydrocolloid cut to shape to protect damaged skin, and then applying the wafer on top of duoderm. Brava elastic barrier strips are made from hydrocolloids, which over time can break down from environmental exposure. Using Hy-tape pink tape with zinc oxide can be soothing to a patient skin and keep adhesion by keeping the contact points with the skin dry.

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?	Today's goal was to run the day's schedule and lead the visits to the patients. The goal was met. My time management skills from working on the floors came in handy today with prioritizing which patients need to be seen 1st and following through for the rest of the day.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	For my next ostomy clinical day, I would like to get a patient to demonstrate how to change an ostomy pouch on a stoma model

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	For todays case I don't think I would of change anything I did. But I will speak to my preceptor for other options I could have had in this case.
Reflection: Describe other patient encounters, types of patients seen.	We saw more colostomies and an ileostomy.

Reviewed by: Jennifer Hensley Date: 1/12/24

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