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: 1/16/24

Number of Clinical Hours Today: ___10_ Care Setting: _X__ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: ___5__ 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	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** 33 y.o. obese female originally from Haiti presenting for surgical consultation. Per the patient, she underwent laparoscopic ob-gyn surgery for endometriosis in Brazil. The patient reports that the surgery had complications and ended with a colostomy. The patient reports that she has been doing well with the colostomy. She is active and eating well. The patient denies any vomiting, diarrhea, fever, chills, diarrhea, or any other symptoms. Most of her care has been done at Advent Health. On 5/3/22, she underwent a Robotic diagnostic laparoscopy with lysis of extensive pelvic adhesions at Advent Health. According to the surgical operative note, there was extensive endometrial tissue making it difficult for dissection aborting the plan to takedown of colostomy upon exploration. She underwent a CAT scan before surgery on 4/13/2022 which revealed End colostomy in the left abdomen with fat and trace fluid containing parastomal hernia, no bowel obstruction, and the rectal stump is adherent to the posterior wall of the vagina. Clinical correlation for possible fistula is recommended. 3. Solitary subcentimeter hypodensity in the right lobe of the liver, it is too small to characterize by CT. This may represent a small cyst and may be resolved by comparison to available prior studies. Otherwise, liver MRI may be considered for characterization. She recently underwent CT at Advent Health which revealed "Post rectosigmoid resection with left lower quadrant colostomy. Enlarging parastomal hernia containing more fat, small bowel, and fluid. There also appears to be a mild degree of increased fat stranding within the hernia sac as well suggesting possible infection/inflammation. There is new mild right-sided hydronephrosis and hydroureter which appears to gradually dissipate to normal caliber toward the bladder. Uncertain etiology with no obstructing stone or mass seen.

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.*

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Reason for consult: Stoma marking for colostomy takedown and diverting loop ileostomy.
Date: 1/16/24
Wound team Assessment: Patient seen at the bedside for Stoma marking with Primary RN present. Explained to the patient the reason for the consult and the process of stoma marking. The patient agreed to proceed with the visit. Determined exact surgical procedure, identified anatomical location, identified type of stoma, and located belt line. Had the patient lie flat and determined the edge of the rectus muscle by making the patient cough. Had the patient in the sitting position and assessed the abdomen for creases or folds and determined the location of the infraumbilical roll. Observed for abdominal folds or creases, avoided scars, creases, bony prominences, costal margin, umbilicus. Stood the patient up and confirmed patient could see the proposed spot and the patient approved the site. Cleaned the sight with CHG, let dry, applied skin prep, let dry, and used a wafer of a 2-piece pouching system to mark the sight with a circle using an indelible marker. Covered marking with Tegaderm. Disposed of waste in the appropriate container. With the patient having a colostomy, they were educated on the process pre-operative process and things to expect post-surgery. Educated the patient on the diet restrictions of an ileostomy, the risk of blockage, and the importance of fluid intake to avoid the risk of dehydration.
Good note!

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Stoma Marking for colostomy take down and creation of diverting loop ileostomy Risk of Blockage Risk of dehydration *These will be issues, make sure this section is only active problems.*	To perform stoma marking first verify the need for marking and type of stoma, Identify the patient, explain procedure, perform hand hygiene, assemble equipment (marking disc, marker, etc.), Position patient comfortably in supine position, Locate and identify the abdominal rectus muscle. Recommend marking edges, Assess abdomen for landmarks, scars, previous marks, skinfolds, etc. Select stoma site considering: Pending surgical procedure, Ability of patient to visualize intended site, Within abdominal rectus muscle, On summit of infra umbilical fat mound, Away from scars, creases, bony prominences, umbilicus, belt line, etc. Mark site. Consider using a circle for mark to assist with identifying shape changes with position changes. Assess site with patient in lying, sitting, & standing positions. Consider assessing in bending over forward position. Verify patient ability to see site. Explain site marking maintenance strategies to protect site until surgery. Explain components to include in documentation – *this is not needed in a directive plan. You will do this as the WOC professional.* Diet recommendations include eating bland food and low fiber diet for the first few weeks. Chewing food thoroughly and drinking liquids to help with digestion. *– be directive, state exactly*	Stoma site marking is performed pre-operatively to provide the physician/surgeon with additional information to assist with selecting the site. Stoma site marking does not guarantee the selected placement. The physician/surgeon ultimately chooses the site at the time of surgery. The primary RN was present in the room. Diet restrictions for ileostomy patients are strict to avoid possible blockage. Ileosotomies have increased liquid output and the liquid is not reabsorbed back into the body because it is skipping the large intestine. Signs such as decreased output of stool can indicate a block and is a medical emergency. Dehydration can lead to electrolyte imbalance. This can put a patient at

	what you need. Avoid foods such as popcorn, nuts, or hard vegetables Increase in oral fluids to avoid dehydration – *follow pre-op diet recommendations? This patient does not yet have an ileostomy.* If the patient is having decreased output of stool or signs of dehydration such as feeling thirsty, cramps, dark urine, dizziness, dry mouth, and decreased urine output, notify the surgeon. *For this patient, make sure the mark stays covered and you are reconsulted if it is lost.*	risk and lead to injury. It is important to notify the surgeon for rehydration to have the patient reassume a stable status

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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** CHG- This can be expensive for a facility to use. Can use normal saline to cleanse the site. Skin prep- This can be an extra step for a facility to use. The alternative would be going without using skin prep. Indelible marker – When the patient is going through surgical prep, site could be removed. The alternative would be the tattoo method with India Ink.*- yes, this is not commonly done, but is an option and some surgeon's preference.* Tegaderm – Can be and extra step and expensive. The alternative would be going without. Marking disc- may not accommodate for understanding where the paper border may lay on the contours of the body. Can use a wafer of a two-piece system for marking

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 my goal was to do a stoma marking on a patient. I was able to successfully do my stoma marking without any assistance.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal is to apply a NPWT with instillation to a patient.

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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Today's case was straight forward. I was initialyl scared to do the stoma marking. But after accomplishing this skill today, I am very confident is doing future markings. – *good, this is a life altering procedure for patients, it is important that we are meticulous and confident when it comes to this skill as WOC professionals.*
Reflection: Describe other patient encounters, types of patients seen.	Ileostomy, colostomy with abdominal wounds, two more colostomy.

Reviewed by: ___Mike Klements received 1/18/24____ Date: ___1/19/24

Hi Brian – see my notes throughout this journal. Make sure an eval is submitted for this one, as it is your marking journal. Reach out with further questions. Continue to apply feedback to future submissions – make sure your POC is only directive from you, the specialist.
-Mike

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