Cleveland Clinic

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: 1/19/2024-_____

Number of Clinical Hours Today: __8__ Care Setting: ___ Hospital _ X _Ambulatory Care ___ Home Care ___ Other: ____

Number of patients seen today: _6____ Preceptor: __Janie Renaud_____

Journal Focus: _____Wound _____ Ostomy ___XX___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.** **Patient is 53 year old male that was originally seen in Urology clinic in 9/2023 complaining of alteration in urine and abdominal discomfort. Ct Chest showed abdomen showed small left renal cysts. CT Urogram revealed Asymmetric urinary bladder wall with adjacent fat stranding, possibly representing the known bladder cancer in 10/2023. Patient presented for further evaluation of bladder cancer in 10/2023 reporting a past medical history of nonmuscle invasive bladder cancer status post transurethral resection of bladder tumor status post BCG who was recently evaluated by Physician where he was found to have tumor recurrence at the right ureteral orifice and posterior bladder wall. Final pathology consistent with T1 high-grade at the right UVJ, no detrusor muscle present; and muscle invasive bladder cancer at the posterior bladder wall. Prior TURBT showed evidence of muscle invasive bladder cancer, re-TURBT and examination under anesthesia showed T1 high-grade urothelial carcinoma with plasmacytoid variant and evidence of CIS. Clinical stage -T2. Urologist discussed current data on plasmacytoid variant bladder cancer. Patient had already received the first dose of neoadjuvant chemotherapy and reported significant side effects and weight loss. Urology team discussed the possibility of receiving at least another session of neoadjuvant chemotherapy follow by robotic radical cystoprostatectomy, pelvic lymph node dissection and ileal conduit and its complexities. Patient elected to have creatio of Ileal Conduit.** **Patient is S/P Robotic- assisted laparoscopic radical cystoproatatectomy, bilateral pelvic lymph node dissection, and intracorporeal ileal conduit on 1/11/2024 by Urology.**

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	LABS: **Creat 0.9, bun 29, glucose 127, protein 5.6, albumin 2.7, wbc 12.54, Hgb 9.1, Hct 26.7, urine small blood, large protein, + ketones, moderate leukocytes**

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

WOCN was consulted for stoma teaching #2 for new urostomy.

Stoma type: End ileal conduit measures 1 ½'' on RLQ, pink, moist and budded with intact mucocutaneous junction draining lightly blood tinged urine output in urostomy pouch. Upon removal of pouching system revealed a perisomal skin clear and intact with a rounded abdominal contour.

A Hollister 2 pc 2 ¾'' flat barrier was placed with spout closure with urinary stents in place. Abdomen soft. Laparoscopic incisions were intact. JP drain in LLQ with 30mls of serosanguinous output in bulb with clean intact drain sponge in place.

Education: Yes: Taught in Spanish with the assistance of Spanish speaking RN
Basic Urostomy self care education provided. Patient assisted hands on with emptying pouch, gathering supplies, removing old appliance, cleansing and drying skin, measuring stoma, cutting wafer to stoma size, applying skin barrier protectant on peristomal skin area, applying barrier ring for caulking effect and removing wafer paper backing and applying new appliance, and opening valve to empty urine. Patient demonstrated attachment of night time drainage system to spout.
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Provided folder on general information on urostomy. An ostomy prescription for Hollister 2 piece flat system with all accessories and referral to DME for monthly supply (copy of Rx provided). Patient reminded that stoma will likely shrink and to request precut barriers once stoma completed shrinkage (6 weeks period).

Supplies Given: Yes (5) Hollister 2 pc 2 ¾'' flat cut to fit drainable spout closure

Patient to follow up in Urology as advised when discharged for post op check and removal of stents.
Call urology clinic for concerns or stoma clinic for pouching difficulties or peristomal skin issues

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	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not**

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problems/concerns.		**required, unless utilized.**
Risk for infection due to recent surgical procedure *Make sure risks are reviewed in the rationale section.*	**Review of discharge ostomy care literature, and verbalize when to call physician if problems should arise to include signs of UTI :** **avoid consuming large amounts of alcohol and drink 6-8 glasses of water daily**	**Patient should avoid consuming large amounts of alcohol, caffeine which are bladder irritants. Patient to drink 6-8 glasses of water daily to avoid dehydration.**
Knowledge deficit regarding care of new Urostomy (ileal Conduit)	**Patient will demonstrate emptying urine from spout closure of urostomy pouch into toilet when 1/3 full or less and connect spout to bedside drainage system** *This patient was seen in the continence clinic. The above are task focused/ostomy directives. Is there anything further that needs directed from the continence specialists standpoint?* *(consider recent surgery, altered elimination pattern activity, diet, follow up, specific s/x of UTI, etc)*	**Patient will begin to gain confidence early for when being D/C from hospital to home. Emptying pouching system when 1/3 full or less will avoid reflux/backflow and prevent risk of leakage**

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.** **Stoma Powder used to treat peristomal and surrounding skin at the first sign of redness or irritation.** **Disadvantages of Stoma Powder: may not resolve peristomal or surrounding skin irritation.** **An alternative to stoma powder can be Miconazole Antifungal Powder as the skin irritation may not resolve if it is fungal related.**

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	**My goal of the day was to help empower patient and family to be able to verbalize**

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the day? Were you able to meet your learning goal for today? Why or why not?	**understanding steps of how to empty urine from urostomy spout and connect pouch to night time drainage system**
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	**My goals of next practicum day is to learn more about Biofeedback visually and/or hands on and /or work with patient with Suprapubic catheter**

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	**I felt we should have inquired if patient has support system with his family. I likely should have informed and provided information to patient and family of a monthly Ostomy Support Group meeting for patient and accompanying persons to attend**
Reflection: Describe other patient encounters, types of patients seen.	**I was able to see another Anal Manometry procedure being performed however was unable to complete due to severe pain from anal stricture. Assisted with removal of a urinary catheter and insertion of an FMS. Advised on alternative urinary device and proper placement (Primafit) for the female patient with urinary incontinence. Assisted in application of Eakin pouch (wound manager) of patient with Colovesicular fistula and treatment of denuded skin with Marathon skin protectant. Seen more patients with IAD.**

Reviewed by: _____ Date: _____

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