

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Sophia Salaita _____ Day/Date: 1/23/24

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

Number of patients seen today: 8 Preceptor: Michelle Harris-Farrell

Journal Focus: ___ Wound ___ Ostomy x ___ 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>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>The patient chosen for the case study on 1/23/24 will be referred to as “JH”. JH is an 81-year-old male with a history of muscular dystrophy due to the diagnosis of inclusion body myositis. This condition has left him as a functionally challenged quadriplegic. He also presents with the past medical history of coronary artery disease with stent placement in 2021, as well as hypertension. Patient was admitted to inpatient status on 1/21/24 due to complains of lack of bowel movements or passing gas. Patient also presented with abdominal distention, mild LLQ pain, nausea, and vomiting that had occurred for one day. No problems reported during urination. Patient reported to have used two fleet enemas prior to arrival to emergency department, with no resolution. Multiple episodes of emesis a day and bringing no sensations of relief. Last bowel movement reported to have occurred on 1/19/24 and to be within normal limits (brown, formed, soft). Patient’s lab results produced high numbers suggesting metabolic acidosis. This includes the anion gap of 20 mmol/L, CO2 of 18, alkaline phosphatase of 129, etc. CT imaging shows a sigmoid mass with significant colonic swelling. The cecal diameter read to be 11 cm. After assessment by colorectal surgery team, JH underwent surgery for a laparoscopic transverse loop colostomy on 1/21/24.</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.

<p>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.</p> <p>Ostomy nurse consulted for initial assessment of patient with newly formed laparoscopic transverse loop colostomy. Ostomy nurse to evaluate patient and patient’s caregivers for educational needs, as well as initial assessment for management needs for stomal care. Patient is postoperative day two. Surgery was performed with Dr. XYZ on 1/21/24 due to patient. Surgery performed due reports signs and symptoms of abdominal pain, distension, nausea, lack of passage of gas or bowel movements, and vomiting. CT</p>
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imaging shows a sigmoid mass with significant colonic swelling. The cecal diameter read to be 11 cm. Upon assessment, patient presented with a stoma to the LUQ. Stoma type is a loop transverse colostomy with the diameters of 2" x 1 3/4" - slightly oval. Protrusion of the stoma presented to be slightly above the skin. Stoma was slightly dusky red in coloration and was moist. The stomal lumen was centered and proximal with a mucous fistula to the distal portion of the stoma. Mucous fistula sits close to the skin at approximately 6 o'clock. No fecal output noted at time of assessment, but rather small amounts of thin, blood-tinged stomal sweat. Other assessment items identified were: mucocutaneous junction and peristomal skin being intact. Initial assessment presented with a rod in place; of which, was removed without difficulty or complications. Due to the patient's soft abdominal plane and slight concave contour of the peristomal area, a band name two piece measuring at 2 3/4" with convex cut to fit drainable pouch applied with a barrier ring. As the assessment data was collected, JH's spouse and son were at bedside. Education provided to patient and patient's family members regarding frequency of changing and emptying the device, as well as how to change and empty the device. Products were also discussed with patient's spouse, who took notes and pictures of the products on her cell phone during the assessment. Due to patient's lack of functional mobility, patient's wife reported being the main caregiver for her husband, but he does have a private aide within the home, as well. Case management to be consulted to begin process of gaining home health agency for continued patient and family education of ostomy care upon hospital discharge. Ostomy nurse to continue to follow during admission. Thank you for involving me in this patient's care.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen, purpose)
<p>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</p> <p>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</p> <ol style="list-style-type: none"> 1. Risk for impaired skin integrity due to misuse or poor application of the ostomy products. 2. Risk for disturbed body image due to alteration of patient's physical appearance and the creation of a fecal diversion. 3. Risk for inadequate care due to caregiver knowledge deficits. 	<p>Statements should be directive and holistic relating to the problem/concern.</p> <ol style="list-style-type: none"> 1. Patient and patient's family will be educated on ostomy products (adhesive remover, skin prep, barrier ring, and two-piece convex pouch and wafer) by nursing staff while admitted. Once discharged, patient will be followed by home health to continue education of ostomy care. Education will include how to apply each product and when to use each product. 2. Patient will be educated on the new anatomical feature of his body. Ostomy nurse and/or other nursing staff to perform depression screens on patient daily. Any positive signs for newly developed depression are to be reported to attending physician to have a psychology consult gained. Consult needed for assistance in treatment of patient's mental health. Patient is to be educated on available community resources and programs regarding his newly formed ostomy and degrading mental health. 3. Patient's caregivers will be educated on each product (adhesive remover, skin prep, barrier ring, and two-piece convex pouch and wafer), how to use each, and frequency of usage. Education will also be provided for community resources, continued education programs, and trusted ostomy information and data websites, such as the United Ostomy Association of 	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <ol style="list-style-type: none"> 1. Education of the patient and the patient's caregivers will ensure that proper usage of each product. Improper usage may lead to leakage of the patient's appliance and cause for damage to the patient's skin where leakage occurs. 2. Education of the patient's new anatomical structure, the stoma, allows for the patient to gain an understanding of what the stoma is, how it was formed, how it functions, and what it produces. By allowing for full access to knowledge, the patient is more likely to understand and accept the existence of the stoma. Depression screenings are to be performed to assess for maladaptive behavior in the patient. Any behavior identified to be presenting as depression will be reported and assessed by a licensed psychologist to best address the issue and support the patient through the time of change. Community resources, continued education programs, and ostomy information and data websites allow for freedom of information, as well as identifying other individuals who

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	America.	have had a fecal diversion created. 3. Patient caregiver education is necessary to ensure the proper usage of products (adhesive remover, skin prep, barrier ring, and two-piece convex pouch and wafer), frequency of changing products (every three to five days depending on patient peristomal skin integrity), and the available community resources, continued education programs, and trusted ostomy information and data websites. Without proper knowledge of these factors, patient will be provided with inadequate stomal care.
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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. Alternatives should be from a different category or classification. 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>Adhesive Removal Spray- A disadvantage of this product is that it may deposit too much solution onto the patient’s skin. An alternative product would be to use the adhesive remover wipes, which contain less solution, or to gently remove with a hypoallergenic mineral oil.</p> <p>Skin Prep Spray- A disadvantage of this products is similar to the spray container for the adhesive remover spray. The product is oftentimes applied too thick onto the patient’s skin and takes a prolonged period to dry. This may lead to leakage of output from the stoma during this waiting period. If the output contacts the skin, the skin is required to be cleansed again prior to additional spray being used to seal and protect the skin prior to placement of the device. An alternative is to use the wipes for less product application, or ostomy paste as a sealant and barrier for the skin.</p> <p>Barrier Ring- A disadvantage of this product is that after application, the ring swells and may absorb moisture from the patient’s output. If the product stays moist and in place for too long, it may cause for skin breakdown. An alternative option for a barrier ring would also be ostomy paste, as it creates a sealant to the skin, as well as protection from possible leakage.</p> <p>2 Piece Hollister Convex Appliance- A disadvantage to the 2-piece system is the increased cost of supplies. An alternative to this appliance is to switch to a drainable one-piece system to decrease cost, but still provide the patient is a quality appliance.</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 learning goal discussed with my preceptor, Michelle, was to advance my knowledge of routine ostomy care. Today, many of the patient’s assessed were ostomy appliance education and management. Due to this, I was exposed to many different types of ostomies, loop ileostomies, transverse colostomies, etc. I was able to observe and participate in the choice of products used for each patient and the variety of ostomies assessed.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>My learning goals for tomorrow include continence management ideas for a patient suffering with urinary incontinence.</p>

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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Patient involvement is always incorporated into every ostomy assessment, especially when education is being performed. Although this patient is unable to perform the tasks required for proper management, he is to still be aware of how to perform these tasks. After education was performed, the teach back methods should have been used to further assess patient knowledge deficits and to clear any confusion.
Reflection: Describe other patient encounters, types of patients seen.	Today, many of the patients seen were for ostomy education and management, seven out of the eight to be exact. Every patient was measured and fitted for an appropriate fitting appliance. The inpatient hospital setting of the clinical location is contracted with Hollister products. These are not products that my facility primarily uses, so it was very informational to see these patients fitted into this specific brand.

Reviewed by: _____ Date: _____

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