



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Tatiane Abud Pimentel _____ Day/Date: 02/02/2024

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

Number of patients seen today: 5 Preceptor: _____ Beeghly _____

Journal Focus: ___ Wound x Ostomy ___ Contenance ___ 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>Patient with a history of hypertension, BPH, cardiac arrest, and a complex surgery colon history presented to the wound care management office, sent by the colorectal team, due to pouching system issues. The patient stated that the doctor said, “If these ladies cannot help you, nobody will; they are the best at stoma care.” The patient's chief complaint is leakage from the ostomy site; he also noted that he is having to change his pouching system every day.</p> <p>Patient has a complex past surgical history. In 2018, due to perforated diverticulitis for unknown reasons, underwent Hartmann’s procedure and colostomy placement. Subsequently, underwent an attempt at ostomy takedown and suffered a bladder injury that was successfully repaired; however, ended up with a diverting loop ileostomy. After a couple months, the patient was able to have an ileostomy takedown, but a couple days later, he did not tolerate being reconnected and was having multiple loose bowel movements associated with abdominal pain. The patient ultimately elected to proceed with an end ileostomy. In 2022, the patient presented to the hospital with a chief complaint of hernia around his ostomy, causing him significant discomfort. In the same year, the patient underwent the first attempt at parastomal hernia. The surgeon was unable to place a mesh since there was extensive scar tissue from 10 previous operations. In March 2023, the patient returned to the OR</p>
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due to the progressively worsening of peristomal hernia, leading to intermittent obstruction. Due to the extensive adhesions from his 11 previous procedures, the surgery team performed extensive and prolonged meticulous lysis of adhesions, performed parastomal hernia repair via the Sugarbaker technique, and placed a double barrel colostomy in the left lower quadrant.

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.

Initial visit assessment showed a hairy, round-shaped abdomen with a midline laparotomy scar and a right-sided abdominal scar from a previous ileostomy. System pouching was a Hollister New image 2 pieces of drainable Lock'n Roll micro-sealed closure showing signs of leaking in the distal position (6 o'clock). Removed old pouching system with Sensicaree adhesive release spray. Assessed two pink stomas flush to the skin level. Per patient, the distal stoma drains waste, and the proximal stoma drains mucus. Stomas measure 56mm. Additionally, WMST assessed uneven peristomal contours with a small bulge at 3 o'clock and 2.1 cm of moisture-related skin damage in peristomal skin ranging from 4 to 9 o'clock related to leakage. Performed peristomal cleaning with gauze and water. Shaved the peristomal area in the direction of the hair with an electrical razor. To manage the peristomal skin issue, we crusted the peristomal irritant dermatitis. The rationale is that the powder will absorb the moisture, and the skin barrier product will seal in the powder and provide a smooth surface for the pouching system. This procedure will help heal the current peristomal irritant dermatitis and provide additional protection from the pouch's adhesive. Considering the abdominal contour of this patient at 3 o'clock, we changed his pouching system to a Coloplast 1-piece Sensura Mio soft convex flip cut-to-fit star shape. This pouching system was chosen because the light convexity-associated curved star-shaped barrier will conform to outward areas with fewer creases and will be able to fit the peristoma bulgy, help with flushing the stoma, and support and seal the pouch. Finally, placed an ostomy support belt to provide support to the pouch system. When stading, the patient stated, I already feel better with this pouch. I want my peristomal skin healed so the distal colon limb can be removed. According to him, after the peri-stoma skin is healed and less inflamed, surgery will remove the proximal segment of the colon and do a revision of his ostomy.

Supplies used

Coloplast 1-piece Sensura Mio soft convex Flip cut-to-fit Star shape, Cavillon non sting Skin barrier film, Stomadehesive powder, ostomy scissors, Ostomy support belt

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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)
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<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p><i>Colostomy</i></p> <p><i>Altered skin integrity related to irritant dermatitis</i></p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p><i>Plan care for patient and primary stoma caregiver:</i></p> <ul style="list-style-type: none"> • Assess stoma and peri-stoma every pouching change. If stoma is white or black doctor should be notified. • Assess pouching system Q4, observe for any signs of leaking. If leaking is present pouching system must be changed do not reinforce. • Pouching system should be changed ~ every 3 days or twice a week (if not leaking) • Empty pouching system when it is 1/2 to 1/3 full • If any signs of leaking are observed pouching system should be changed. Remove pouching system with sensicaree adhesive releaser, perform peristomal cleaning with gauze and water. Measure stoma and peristomal wound and cut pouching to the proper size. Crust peristoma wound with stomahesive powder then Avalon no sting skin barrier spray. Apply akin ring around the stoma. Attach pouch to the eakin ring. • Shave peristomal area in the direction of the hair 	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <ul style="list-style-type: none"> • Reinforcing that patient should change pouch in case of leakage and not reinforce with tape patient will have a pouching system free of leakage and skin will be clean and dry • Pouch should be changed on schedule to allow for predictable wear time as well as prevent leakage in-between. • Assessment and measurement of peristomal wound will provide description and help the continuum of care • Shaving around stoma will provide better seal and will prevent skin to be inflamed
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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</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p><i>Actually I did changes in patient currently system Hollister to Coloplast as above mentioned. I would not change for another pouch.</i></p> <p>Sensicare adhesive releaser is expensive product, and a bulky product for</p>
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from a different category or classification. In other words, what could be used if the product was not available?	patient to carry around. An alternative option is adhesive releaser wipes. (Patient told me that wipes would fit better in his budget).
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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?	We made a plan for the entire day on which we would see first, why and coordinated time. I was able to use my knowledge acquired during the course and inside hospital experience to try a pouch where patient was comfortable and felt secured.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I would like to continue to learn more about peri-stoma skin problems and continence

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	Sincerely, this week was hard to find a issue with the scenario, the only thing that I would take into account was the cost of dressing choice, since is comfort I would change for one with similar effectiveness however that would cost less.
Reflection: Describe other patient encounters, types of patients seen.	<ol style="list-style-type: none"> 1. Ileal conduit patient 2. POA evaluation 3. Ileostomy and fistula patient 4. Retracted difficult stoma

Reviewed by: _____ Date: _____

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