Cleveland Clinic

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: 02/07/2024

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

Number of patients seen today: __5___ Preceptor: ____Beeghly_____

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.

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| **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.**<br><br>Patient with history of CAD s/p two-vessel CABG 2019 and subsequent PCI 1 week later, left carotid artery stenosis s/p left carotid endarterectomy 2019, COPD, hypertension, dyslipidemia, hypothyroidism, and obesity who was admitted to the hospital on 2/6/2024 for malignant neoplasm of urinary organ, unspecified (CMS/HCC) with elective surgery schedule for the same day: cystectomy with radical pelvic nodes dissection, and ileal conduit. Patient tolerated procedure well, however after surgery he was placed in the ICU for close monitoring. Patient is well known to the surgery team since, in 2023, the patient was diagnosed with urothelial carcinoma invading the prostate. On 11/27/2023, the patient underwent transurethral resection of the bladder tumor (TURBT) and transurethral resection of the prostate (TURP) with the same team. On 02/07/2024, WMST was consulted for post-op ostomy management per urology request. |

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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.***

**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.**

WMST encounters the patient in ICU, resting in bed, alert and oriented, with no signs of distress. Upon assessment, found an obese and very soft abdomen with no scars or folds. RLQ Colostomy System pouching with leakage in the distal edge; scant tan drainage was noted on the pouch. WMST removed the pouching system and visualized urostomy-ileal conduit in RLQ. Stoma was slightly budded, swollen, moist, and pink; there were no signs of concern. Stoma has two white ureteral stentings in place. Peristomal skin presented irritant dermatitis due to overnight leakage.

**Management:**

Removed appliance with Sensicare adhesive remover; cleansed peristomal skin gently with warm water + gauze; patted dry, measured stoma with measuring guide (stoma sized at 32mm), "crusted" irritated with Stomahesive powder and no sting Cavilon spray; molded Eakin ring around stoma, and applied moldable Flat Convatec wafer; attached drainable pouch to the wafer; and applied brava strips to edges to provide extra support to the pouching system (the elastic adhesive strips feature ensures a secure fit to individual body shapes and reassures the feeling of security); applied warm blanket for good seal.

Currently pouching system: convatec 1 1/4 2-pieces SurFit Natura flat moldable Durahesive and Drainable SurFit Natura pouch tail closure with filter. The flat skin barrier wafer has a level adhesive surface and works best for budded stomas and peristomal free from creases and folds.

*Extra supplies:* no-sting skin barrier film, stoma powder, ostomy belt, and Brava strips.

To manage the peristomal skin issue, we crusted the peristomal irritant dermatitis. As mentioned in the previous journal, 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.

The patient was educated to make sure that the flange border is placed under the stents, incorporating the catheter into the pouch, and eliminating the risk of trauma from catheter movement. We informed the patient that this wafer includes belt tabs that can add support to the pouching system and provided a Convatec ostomy belt for the patient. Patient was able to repeat back instructions correctly. Patient was able to perform self-ostomy care with the assistance of this writer. The patient verbalized understanding of the stoma care education provided as well as signs of stoma complications. All questions were answered to their satisfaction.

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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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| **Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.**<br><br>***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc***<br><br>***Impaired skin integrity due to leakage overnight; ostomy care*** | **Statements should be directive and holistic relating to the problem/concern.**<br><br>***Plan care for patient and primary stoma caregiver:***<br>• Do not do strenuous activity, no lift anything more than 10 pounds for 4 weeks.<br>• A healthy stoma is shiny, moist, and pink. Assess stoma and peri-stoma every pouching change. If stoma is white or black doctor should be notified.<br>• It's normal for a new stoma shrink overtime. First weeks of surgery stoma is not quite shaped. Measure stoma during pouching changes using measurement guide.<br>• Pouching system should be changed ~ every 3 days or twice a week (if not leaking)<br>• Empty pouching system when it is 1/2 to 1/3 full.<br>• If any signs of leaking are observed pouching system should be changed. Remove pouching system with sensi care adhesive releaser, perform peristomal cleaning with gauze and water. Measure stoma and peristomal wound and mold pouching to the proper size. Crust peristomal wound with Stomadhesive powder then Cavilon no sting skin barrier spray. Apply Eakin ring around the stoma. Attach pouch to the Eakin ring.<br>• Make sure that the flange border is placed under the stents, incorporating the catheter into the pouch, and eliminating the risk of trauma from catheter movement.<br>• Assess pouching system Q4, observe for any signs of | **Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**<br><br>• Patient will demonstrate ability to remove, clean, and reapply a new ostomy device.<br><br>• Patient will verbalize signs of a complication and when seek for immediate assistance.<br><br>• Pouch should be changed pouching system on schedule to allow for predictable wear time as well as prevent leakage in-between.<br><br>• Assessment and measurement of peristomal wound will provide description and help the continuum of care.<br><br>• Patient will have a safe post-surgery recovery free from ruptures in surgical sites. |

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| | leaking. If leaking is present pouching system must be changed do not reinforce. | |

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| **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.**<br><br>Currently pouching system in use Convatec 2-pieces SurFit Natura flat Moldable Durahesive. A flat system pouching for this soft abdomen will, most likely, lift edges consequently leakage. Coloplast Cut to fit 2-pieces SenSura Mio Flex with light convexity barrier will seal the system pouching in a better way. The light convexity will assist the soft obese abdomen, offering light pressure and security required for a soft abdomen, the flex will shape according to patient body movement, and the cut-to-fit feature allows changes to be made to the wafer as the stoma fluctuates in size.<br><br>**From**<br>convatec 1 1/4 2-pieces SurFit Natura flat moldable Durahesive and Drainable SurFit Natura pouch tail closure with filter<br>to<br>Coloplast 2-pieces SenSura Mio Flex Convex Light and Sansura Mio flex maxi drainable pouch (We did not have in hospital) |

**Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.**

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| **What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?** | I met all our goals from last week, I charted and did plan of care for all my patients. I was the primary care and spoke with nurses, doctors, and surgeons plan of care. |
| **What are your learning goals for tomorrow?**<br><br>**(Share learning goal with preceptor)** | I would like to finish my continent study and learn more about WOC nurse role |

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| **Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc** | I am so glad to write this journal. I needed to research ileal conduit, a procedure that is not commonly encountered in hospitals. Throughout my practicum, this was the first case of seeing a scenario like this. It was gratifying to witness in person something that I previously encountered in class. Anyways, as part of my treatment plan, I would not overwhelmed the patient with education in our first day, I would wait for the patient to be discharged from the ICU before providing education on the surgical procedure, review urostomy packed, and I would demonstrate only how to empty pouch, and wait for demonstrating the proper technique for changing the pouch later (it was clearly that it was a lot to take for him). In addition, I would kindly request for the patient the Coloplast alternative, it is worthy to give the opportunity to try other pouching system option than the ones that we have in hospital. I would also instruct nurses on how to identify signs of pouching seal broken, this patients had overnight leakage unassisted. This particular situation presented many opportunities to enhance the quality of care. |
| **Reflection: Describe other patient encounters, types of patients seen.** | 1) Colostomy teaching<br>2) Wound left heel and moisture<br>3) Wound perineum and Colostomy<br>4) Ostomy teaching follow up (Confuse patient)<br>5) HIPA meeting |

Reviewed by: _____ Date: _____

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