

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Kelly Goch Day/Date: Friday, 1/26/24

Number of Clinical Hours Today: 8 Care Setting: Hospital X Ambulatory Care Home Care Other:

Number of patients seen today: 3 Preceptor: Amy Simmons

Journal Focus: X 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.

<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>History of spigelian hernia with sigmoid perforation within the hernia, creation of proximal transverse colostomy and chronic cholecystitis with chronic cutaneous fistulas from sigmoid colon and gallbladder. Exploratory laparotomy revealed extensive lysis of adhesions, reduction of perforated spigelian hernia, takedown of colocutaneous fistula, takedown of proximal transverse colon colostomy, partial colectomy of the transverse colostomy and sigmoid colectomy with stapled end-to-end colorectal anastomosis and stapled side-to-side colocolonic anastomosis and creation of diverting loop ileostomy, cholecystectomy and primary repair of left flank parastomal and midline incisional hernias, cystoscopy and insertion of ureteral stents. It was noted at first follow -up post operative appt small open abdominal wound expelled handful of small gallstones. Surgeon contacted at that time and updated. No new orders provided but indicated stones still present in duct. Second post operative follow-up scheduled for today.</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>Pt arrived to clinic today for second follow-up appt post operative with Dr. Liska and WOC nursing. Presents with healing midline incision with superior opening measuring 3.3 x 1.7 x 0.4 cm with tunneling present at 6 o’clock measuring 0.7 cm and distal opening measuring 3.0 x 2.7 cm with tunneling present at 6 o’clock measuring 7 cm, 7 o’clock measuring 6cm, 9 o’clock measuring 4.5 cm. Also has small open wound to LLQ measuring 1.3 x 1.7 x 0.3 cm. Wound present RUQ open area measuring 2.5 x 0.2 x 0.5 cm that pt states is still expelling gallstones daily. All areas cleansed with NS, midline incisional wounds and wound to LLQ packed with Nugauze ¼” gauze dressing with tail and topped with foam dressings. Open area to RUQ topped with foam</p>

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dressing. Stoma noted to RUQ measuring 1 ¼” is red and moist with intact mucocutaneous junction with denuded skin circumferential and undermining at 9 o’clock. Stoma is functioning with semiliquid brown effluent. Stoma cleansed with warm soap and water, with stomahesive powder applied and lightly dusted to remove excess topped with skin prep and allowed to dry. Applied Hollister New Image 2 ¼” convex with cera ring after rounding out stoma to large bore high volume pouch. It was noted pt was not pulling or rounding up peri stomal skin at appliance application resulting in poor fit of wafer. Pt educated on proper technique of pulling up on peri stomal skin and carefully applying wafer over stoma allowing for effective seal. Pt tolerated dressing change and stomal appliance change well and without complaint.

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><i>NANDA diagnosis does not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p><i>Knowledge deficit related to peri stomal skin care and appliance changes and care of healing abdominal wounds</i></p> <p><i>Risk for skin breakdown related to peri-stomal irritation</i></p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p><i>Nursing to provide education on cleaning and protecting peri stomal skin using warm water and gently soap. Nursing to also educate pt on changing pouching system twice weekly instead of daily.</i></p> <p><i>Nursing to provide education on cleansing abdominal wounds with NS and gently packing wounds as needed and topping with dry dressing</i></p> <p><i>Nursing to provide education on cleansing open area to RUQ and keeping covered with dry dressing. Pt also educated on checking site daily for presence of gallstones and extraction</i></p> <p><i>Nursing to educate on pouching system and technique. Loop ileostomy: cleanse with warm soap and water, pat dry. Gently pat dry. Apply stomahesive powder, dust off excess and top with skin prep for crusting method and allow to fully dry. Apply Hollister New Image 2 ¼” convex with cera ring after rounding out stoma to large bore high volume pouch, change twice weekly</i></p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p><i>Providing pt education on proper peri stomal skin care and pouching system may promote skin integrity</i></p> <p><i>Providing pt education on proper abdominal wound care may promote wound healing and decrease chance of infection</i></p> <p><i>Providing pt education on proper RUQ open area care may help promote area closure and wound healing while decreasing chance of infection or occlusion</i></p> <p><i>Proper cleansing and application of ostomy appliance may reduce skin irritation and increase comfort</i></p>

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<p><i>Risk of pain related to on-going gallstone expulsion</i></p>	<p>Nursing assessed and recommended decrease wear time and change appliance twice weekly irritation resolves. Pt educated on increasing wear time</p> <p>New recommendations this visit: nursing assessed and recommended stomahesive powder and skin prep to peri stomal skin at every appliance change.</p> <p>Nursing educated pt to continue drinking adequate amount of fluids, specifically water daily</p> <p>Nursing educated pt on checking open area daily to gallstones and removal of those stones</p> <p>Nursing educated pt on keeping open area to RUQ clean and dry and covered with dry dressing</p>	<p>Wearing stoma appliance as indicated reduces number of changes and may reduce possible skin damage during frequent repeated changes</p> <p>Adding stomahesive powder and skin prep to pouching treatment may improve peri stomal skin and reduce irritation</p> <p>Increased fluid intake may help reduce gallstone formation and increase expulsion of those stones</p> <p>Keeping open area free of stones may help prevent occlusion of area</p> <p>Keeping open area clean and dry may reduce possible infection</p>
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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. <u>Alternatives should be from a different category or classification.</u> 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>Loop ileostomy: Cleanse stoma with warm soap and water. Gently pat dry. Apply stomahesive powder, dust off excess and top with skin prep for crusting method and allow too fully dry. Apply Hollister New Image 2 ¼” convex with cera ring after rounding out stoma to large bore high volume pouch, change twice weekly. <u>Advantage</u> is peri stomal skin is now protected using crusted method and wear time has been decreased to promote skin healing. <u>Disadvantage</u> is pt indicated she was changing appliance daily and wants to continue changing daily. <u>Alternative</u> is Hollister Precut Wafer, New Image flexwear convex 2 ¼” with 1 ¼” opening.</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 goal for the day was focus on ostomy care.</p> <p>Yes – I was able to see various patients all with different ostomy care needs. I was in the clinic today and seen a wide variety of pts.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>Today was my final day of clinicals. I feel I have had lots of hands-on learning in all aspects including wound and ostomy and skin care.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>This patient was educational for me because she truly believed what she was doing was the best and there are no other options for pouching systems or application techniques. She did allow us to educate her on options for both, but she indicated she wanted to change the system daily even if it was unnecessary.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>Four pts were seen on this day. The clinic was very busy with additional pts requesting to be seen without an appt. Two pts required pre-op teaching and marking, one was post op follow up (on this journal entry) and one was a pouching change.</p>

Reviewed by: _____ Date: _____

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