

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Michele Ramirez _____ Day/Date: Thursday, February 8th, 2024

Number of Clinical Hours Today: ____ Care Setting: ____ Hospital Ambulatory Care ____ Home Care ____ Other: _____

Number of patients seen today: 12 Preceptor: Jessica Sankovic PA-C

Journal Focus: ____ Wound ____ 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>28-year-old male returns for a post-operative visit after undergoing loop ileostomy on 01/09/2024. His post-op period was complicated by post op ileus, disrupted staples at anastomotic line. He is tolerating diet with an improving appetite, stable weight, and energy level is improving. He has no specific complaints, except wants peg tube removed. PMH: ulcerative colitis, significant medical history of toxic megacolon s/p TAC w/ EI (5/2023), smoker, depression.</p> <p>1/9/24: Ileostomy takedown with laparoscopic extensive lysis of adhesion, completion proctectomy with creation of an ileal J-pouch anal anastomosis (IPAA) and diverting loop ileostomy with intraoperative pouchoscopy with negative leak test.</p> <p>Assessment: Eating/drinking well. Patient would like to stop TPN/PEG tube since he is eating/drinking well with very little nausea. Discussed PEG tube needs to remain in place for 6 weeks to allow tract to form and safe removal of the tube. Patient is also on TPN.</p> <p>Stoma: Loop Ileostomy Location: RLQ Diameter: 1 1/8” Current pouching system: Hollister New Image 1 3/4” Flat Ceraplus Flange with tape border, ceraplus ring, drainable pouch</p> <p>Medications: Tylenol 500 mg 1 tab every 6 hours PRN for pain/Celexa 40 mg tablet Take 10 mg OD</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.

Patient has a loop ileostomy from 1/9/24. He had an end ileostomy previously. Patient is wearing an extra pouch today, not his usual system. Refit back into soft convex system which is what he has ordered. Extra supplies provided as order has not arrived yet. Patient is current with comfort medical for supplies. Updated form faxed for the opaque pouch per patient request. He denied any other issues related to the ostomy today. Narrow rim of erythema from 5 – 7 o'clock, otherwise intact.

Patient has PEG tube which is bothersome to him, and he reports discomfort. Very slight erythema noted, no skin breakdown. There are additional blue tubes sutured underneath the bumper which does not appear to be altering skin integrity, but the extra sutures may be causing the discomfort. Demonstrated to patient how to secure tube to prevent movement. Patient also concerned about redness to PICC line – line assessed, dressing in place, intact. Very slight erythema right at insertion point, otherwise skin is clear and intact, no pain. Instructed patient to monitor site and report any changes to his HHC RN.

Recommendations:

- Apply ConvaTec Stomahesive powder to any areas of skin breakdown PRN until healed. Dust off excess. Peristomal hair trimmed with patient permission.
- Apply Coloplast SenSura Mio Soft Convex (5/8" – 1 5/16") cut-to-fit drainable pouch, ceraplus ring.
- Expected wearing time: 3-4 days.
- Peg Tube LUQ – split gauze changed, use Mefix tape to secure tube.
- Message sent to Dr G office in regard to scheduling 3rd stage.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Risk for Fluid and Electrolyte Imbalance	- Teach patient about the s/sx of dehydration (increased thirst, dry mouth/skin, decreased urine output, shortness of breath, abdominal cramping), sodium depletion (loss of appetite, drowsiness, headaches, abdominal and leg cramping, feeling	Teaching patients about the signs and symptoms of dehydration, sodium depletion, and potassium depletion is crucial for them to be able to identify any potential issues and

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<p>PEG Tube</p>	<p>faint), and potassium depletion (fatigue, muscle weakness, gas, bloating, shortness of breath, decreased sensation in arms and legs) - Increase intake of fluids (8-10 glasses/ day depending on weather and activity) increase intake of foods and fluids high in sodium such as soup, Gatorade. increase intake of foods high in potassium, such as orange juice and bananas. -will reach out to nutrition team in regard to decreasing TPN</p> <p>-Carefully assess peristomal skin especially under external bumper for signs of irritation; cleanse area either with mild soap and water or sterile saline, dry skin well</p>	<p>take appropriate action. Additionally, educating patients about increasing fluid and electrolyte intake, as well as incorporating specific foods into their diet, can help prevent these imbalances.</p> <p>To assess and protect skin against irritation, inflammation, or gastric secretions</p>
<p>Peristomal Complications</p>	<p>-use warm water and mild soap to cleanse site -apply convatec stomahesive powder to any areas of skin breakdown PRN until. Healed, dust off excess. -Apply coloplast sensura mio soft convex cut to fit drainable pouch, ceraplus ring</p>	<p>-Warm water and mild soap are gentle on the skin and can effectively clean the stoma site without causing irritation or dryness. -Stomahesive powder is specially formulated to absorb moisture and protect the skin. -The soft convexity of the pouch helps provide a gentle pressure around the stoma, promoting better output flow and reducing</p>

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		<p>the risk of leakage.</p> <ul style="list-style-type: none"> -The cut-to-fit feature allows for customization to the stoma size, ensuring a proper fit and a secure seal. -CeraPlus ring is a skin barrier seal that helps protect the peristomal skin and maintain a secure seal between the stoma and the ostomy appliance.
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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>ConvaTec Stomahesive powder – some patients may have difficulty in removing excess powder, excess powder on the skin for an extended period may affect the adhesion of the ostomy appliance. Alternative: Hollister Adapt Barrier Wipes.</p> <p>Coloplast SenSura Mio Soft Convex cut to fit drainable pouch - may have limited size options compared to pre-cut or pre-sized pouches. Alternative: Hollister New Image drainable pouch, which features a floating flange that allows for easy and secure attachment to the skin.</p> <p>Ceraplus ring - can be expensive, especially if it needs to be replaced frequently. Alternative: Coloplast Brava Moldable Ring.</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>Yes, my goal was met.</p> <p>I was able to meet my goal to gain a better understanding of common colorectal conditions such as colorectal cancer, inflammatory bowel disease (Crohn's disease and ulcerative colitis), diverticulitis, and hemorrhoids. Learn about their causes, symptoms, diagnostic methods, and treatment options.</p>
<p>What are your learning</p>	<p>Enhance my clinical judgment skills by observing how the providers/NP</p>

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goals for tomorrow? (Share learning goal with preceptor)	assesses and manages complex cases in colorectal care. Learn to analyze patient data, interpret diagnostic results, and formulate appropriate treatment plans based on evidence-based guidelines and best practices.
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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	There wouldn't be anything that I would do differently for this patient. The NP and Ostomy nurse took time to listen to patients concerns and validate his feelings. He was given empathy and reassurance.
Reflection: Describe other patient encounters, types of patients seen.	We had seen pre and post op colorectal patients. Other patients with IBD, hemorrhoids, anal fissures, anal abscesses.

Reviewed by: _____ Date: _____

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