Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ____Unni Mary Kurian_____ Day/Date: __5/16/24

Number of Clinical Hours Today: _7___

Care Setting: Hospital ☑_ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: __Ms.Jennifer ,S_____

Clinical Focus: Wound _☑___ Ostomy ☑_____ Continence ____

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. 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 no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters & types of patients seen.

It was a short day for my clinical skills. As per the routine, we conducted Wound Care Program (WCP) rounds. I saw only one patient, the same one I saw with WCP last week for Hidradenitis Suppurativa. The patient looked much better. During the rounds, WCP discontinued the gauze and Dakin's moist wound dressing and applied xeroform, ABD pad, and Surginet elastic bandage for both axilla and left the donor sites open to air. The infection had subsided very well from the wound bed, and granulation tissue was noted. After that, I had to visit the materials department for the first time, even though I had been working in the hospital for the past three years. It took an hour for us to get the required supply (Surginet) for the shoulder.

The second patient was a new referral with a friction tear over the left greater trochanter. We applied a contact layer and foam dressing and advised the primary RN to use wedges for positioning, as the patient had a contracture and was mentally challenged. Unfortunately, wedges were unavailable, so we had to visit both the surgical supplies department and the materials department, which took another hour.

We also had an abdominal fistula patient, but we weren't able to meet as the patient was sleeping. According to the primary RN, the fistula dressing was intact, and the patient prefers not to be disturbed while sleeping. We received a call for a patient who will be discharged with NPWT (Negative Pressure Wound Therapy) over the dehisced lung transplant incision. The patient has a Medela NPWT machine to take home. Since the machine had a small suction pad with double-lumen tubing and a connection to the machine that was different from the KCI machine that was used for the patient, we had to get the suction pad changed.

I observed the irrigation of a colostomy for a patient with a severe small bowel obstruction (SBO). It was a valuable learning experience to witness the use of an ostomy irrigation set for a milk and molasses enema. The patient had minimal output in the first 15 minutes. Due to the patient's retracted stoma with abdominal distension and slight denudation at the 6 o'clock position, we utilized a crusting technique and applied a ring and convex pouch along with a two-piece ostomy set. We then went to see another patient for a complex NPWT exchange, but the patient was in a lot of pain and was up in a chair. We had to ask the primary RN to make the patient comfortable in bed, manage their pain, and visit once the patient was ready.

My last patient of the day was scheduled for a possible ileostomy with resection of mass at the transverse colon. My preceptor had to provide preoperative education and mark the site. This was a new experience for me, and I went home with a lot of new learning experiences.

Types of patient seen-hidradenitis suppurativa, friction tear over IT, Change of NPWT machine, Ostomy irrigation/enema, preop education/site marking for ileostomy

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for…, follow- up visit for…, evaluation and

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management of…, etc Then, describe the visit. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

Chart note:

This is the initial visit for this 38-year-old Male patient who was admitted with a transverse colon mass and posted for resection of the mass with transverse colectomy and possible loop ileostomy creation. The patient is alert and oriented, lying down in bed, with no distress. The purpose of the visit was explained to the patient, and the patient was agreeable to the education to understand the procedure, care of stoma and lifestyle adjustments, and site marking for the ileostomy. The surgery team has informed the patient about the procedure. The patient is a smoker. They are married and have two children. During the conversation, the patient mentioned being very active and enjoying outdoor activities. Mother at the bedside.
Explained the purpose of loop ileostomy, including its possible temporary nature and the protection of distal bowel anastomosis. Described the surgical procedure, bringing a loop of ileum to the abdominal surface and creating a stoma with two openings. Discussed the use of a bridge or rod to support the loop during the initial postoperative period. Demonstrated stoma care techniques, including cleaning, measuring the stoma, and changing the ostomy appliance. Reviewed dietary recommendations, emphasizing the gradual reintroduction of high-fiber foods and the importance of hydration. Addressed potential complications such as stoma blockage, skin irritation, and signs of infection. Provided information on how to manage stoma output and what to expect in terms of stool consistency and volume. Discussed lifestyle adjustments, including clothing choices, activity level, intimacy with ostomy, and impact on daily life. Provided contact information for the support resources, including local and online support groups. Printed materials on stoma care and a list of recommended supplies and vendors were provided. The patient verbalized understanding of the procedure and post-procedure care and clarified all his questions.
The patient was agreeable to site marking. WOC nurse performed site marking for the patient's ileostomy on the right upper quadrant (#1) and right lower quadrant (#2) with a non-toxic, skin-safe marker and covered the marked sited with transparent dressing. The optimal location for the stoma was identified based on patient comfort, body contours, and clothing considerations.
The patient was emotionally upset for a while. Provided psychological support and advised to reach out if more questions to a surgeon or WOC RN if more questions.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products used)

The stoma markings should not be removed on the RUQ and RLQ. The WOC nurse will follow up with the patient after the procedure and provide a new referral. Reach out if you have more questions about pre-procedure education and site marking. (In our hospital, providers initially place only pre-op consults for site marking and pre-procedure education. For post-op visits, they have to place a new referral as the planned surgery may change.)

Describe your thoughts related to the care provided. What would you have done differently?

It was a new experience for me to assist with site marking and pre-op education. A WOC nurse should be patient enough to listen to patients and their feelings and answer all their questions within the scope of our service. Since I wasn't able to stay after this patient, I couldn't go through his history or any other issues that may interfere with the care.
The patient stated he is a smoker. I should have included the options to quit smoking for better wound healing and positive progress of the disease. Also, I should have asked who would be helping him after surgery and included that person for the education, even though the mother was present with the patient.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals

What was your goal for the day?

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Today, my goal was to observe fistula care and patients with lower extremity ulcers to see if I could find any receiving compression therapy. Unfortunately, I didn't meet these goals, but I did witness site marking and ostomy irrigation, which was a valuable learning experience.

What is/are your learning goal(s) for tomorrow? **(Share learning goal with preceptor)**
I would like to watch how a stoma rod is removed after surgery and care for patients with ostomy complications

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen		
• Describes the encounter including assessment, interactions, any actions, education provided and responses		
• Includes pertinent PMH, HPI, current medications and labs		
• Identifies specific products utilized/recommended for use		
• Identifies overall recommendations/plan		
Plan of Care Development:		
• POC is focused and holistic		
• WOC nursing concerns and medical conditions, co-morbidities are incorporated		
• Statements direct care of the patient in the absence of the WOC nurse		
• Directives are written as nursing orders		
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter		
• Identifies alternatives/what would have done differently		
Learning goal identified		

Reviewed by: _____ Date: _____

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