



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Erica Crenshaw Day/Date: Day 1/ 6/4/24

Number of Clinical Hours Today: 8.5

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Sarah Yount

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.

My preceptor and I visited a total of 5 patients today. The first patient, a 55 year-old male awaiting a 2nd intestinal transplant with multiple fistula openings, two of which were leaking. This patient was in need of multiple dressings so coordinated care was arranged and 2 WOC nurses performed patient care at bedside in efforts to control leakage. Today was the first time I was able to see multiple fistulas on a single patient. The second patient was an independent 43 year-old female patient presenting with an existing loop ileostomy and an end Jejunostomy and redness surrounding the site. Patient education on stoma care and ostomy pouching was offered and the patient refused. The patient was offered Domeboro medicated soaks and instructed to add 16 oz of water prior to applying to affected skin in order to reduce redness and irritation. The next patient was a 70 year-old male with the placement of a new loop ileostomy. The patient initially received verbal patient instruction on post-op day 1 and today was the 2nd instruction with return demonstration and with the patient's spouse at bedside. The patient had a slight depression to the umbilicus at 6 o'clock and was educated on the use of strip paste to prevent leakage and skin breakdown. Return demonstration, assurance and encouragement of questions with step by step instruction moved the patient closer to discharge readiness. Re-education was also offered upon request to the patient or spouse on the day of discharge. The next patient was a 49 year-old male presenting with an Enterocutaneous fistula, small bowel resection and the reciting of an end ileostomy. Patient education on stoma care and ostomy pouching was offered but the patient refused while stating that he has had an ostomy on the opposite side since 1999. The WOC nurse provided sufficient supplies to last the patient a total of 2 weeks from the date of discharge. The final patient was an 88 year-old male recently intubated in the ICU for acute respiratory distress and also presenting with active leaking from Urostomy site. I was able to cleanse the skin, assess the skin for "dips and valleys" in addition to signs of skin injury and was able to resize the pouch prior to applying a new Urostomy pouching system. No skin injury or further leakage was noted.

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 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:

Patient is a 70 year-old male scheduled for a Robotic Single Port Laparoscopic Transvesical Radical Prostatectomy on 5/31/24.

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PMH includes hyperthyroidism, PVCs, Stage III rectal cancer s/p coloproctectomy with J-Pouch in 2008 and chemoradiation and prostate cancer. The patient is independent, ambulatory and in good spirits with spouse at bedside. Medications include 10mg Tapazole and 25mg Metoprolol. Patient's stoma is located to the right lower quadrant, budded, red, moist and edematous following recent surgical procedure. Output is present to the stoma with a mushy green to yellow effluent in pouch. Patient also has a slight depression to the umbilicus at 6 o'clock.

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)

Nursing staff
 -Expected pouching wear time is 3-4 days
 -Monitor for leakage, skin inconsistencies including redness, bleeding or injury. Contact WOC team if changes occur.
 -Emptying frequency is daily per nursing staff

WOC Nurses
 -Reeducation offered on the day of discharge upon patient request
 -Apply ConvaTec Stomadhesive powder to areas of skin breakdown as needed until skin heals.
 -Ceraplus ring to be applied directly to ring using strip paste
 -Applied pouching system includes Hollister New Image 2 3/4 inch flat Ceraplus flange with Tape Border #11204, drainable pouch

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

I felt the care and education provided was very thorough and intentionally directed towards the needs of the patient and spouse. The patient was reluctant and uncertain about stoma and pouching system care but, reassurance and step by step instruction decreased level of anxiety. I would have asked a few more questions at the end such as, "how long is the wear time of the pouching system" in order to measure how much information he was truly taking in but overall, instruction was thorough and individualized to 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?
 On my first day, my goal was to observe the flow of the staff and coordination of patient care in visualizing how the WOC nurses were assigned patients. I also wanted to observe and take notes on patient interaction, care and education.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
 My goal is to offer to change an ostomy pouch on an alert patient.

CRITICAL ELEMENTS	Completed	Missing
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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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