Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Melinda Grace Taft

Day/Date: July 1, 2024

Number of Clinical Hours Today: 8

Care Setting: Hospital

Preceptor: Carly Gallotto, RN, CWOCN

Clinical Focus: Ostomy

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.

Today, Carly and I rounded on 14 patients across multiple units at Orlando Health Arnold Palmer Hospital for Children. These units were the medical-surgical units, the pediatric intensive care unit, and the neonatal intensive care unit. Our patients ranged in age from 2 weeks old to 11 years old. Follow up care was provided for 6 ileostomy patients, 3 patients with gastrostomy tube site concerns, 1 patient with incontinence-associated dermatitis/diaper dermatitis, 1 patient with an omphalocele, 1 patient with a hospital-acquired deep tissue pressure injury, 1 patient with a jejunostomy, and 1 patient with hypertrophic granulation tissue at their tracheostomy site. In addition, I had the opportunity to complete a wound vac dressing change on a 29-year-old postpartum patient at OHAPH's sister hospital, Winnie Palmer Hospital. The dressing was placed into her dehisced cesarean section incision. Opportunities for wound vac dressing changes at the children's hospital are few and far between, so I'm grateful I was able to participate in her care!

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 assessed at 1345)

2-month-old male
PMH:

- Born prematurely at 36 weeks, 5 days gestation.
- Monochorionic diamniotic (mono-di) twin
- S/p laparoscopic gastrostomy tube placement, umbilical hernia repair
- Prolonged hospitalization r/t feeding intolerance

Follow up visit for evaluation and management of the patient's gastrostomy tube site. The patient's mother was at the bedside, holding the patient's twin brother. The patient was swaddled supine in his bassinet, awake and crying. A bolus tube feed was running and paused by the bedside RN for assessment. A 14 Fr, 1.2 cm Mic-Key™ button gastrostomy tube is in place. The current

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fenestrated gauze dressing at the site was removed. A moderate amount of moist, formula drainage is noted to the dressing. No tube stabilization dressing/tape is in place. The peritubular skin presents with a full-thickness open/eroded area to the upper aspect, from 9 to 3 o'clock. The wound bed appears moist with 100% pink tissue. This was likely caused by tension at the site r/t tube destabilization. Of note, formula began to pool/collect in the wound bed with removal of the dressing. The surrounding skin appears moist, intact, and pink. The site was cleansed with normal saline. The peritubular skin was protected with Cavilon™ No-Sting barrier film. A thin strip of Mesalt™ ribbon was placed around the tube and loosely packed into the open area to absorb drainage. The tube was secured with Mepitac™ silicone tape in a '#' orientation to prevent tension at the site and further exacerbation of the skin breakdown. MD updated on assessment and is agreeable to plan of care. RN updated on care plan. All questions from the patient's mother were welcomed and answered during this time. *<- this is an option, consider a thin hydrocolloid dressing an option here as well*

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)

Gastrostomy tube site care, 4 times daily and PRN if soiled/saturated: ← *see my above comment, may be helpful to consider for less dressing changes (consider tape on skin) – is there a way to better secure this tube?*

Supplies needed: normal saline wipe (#111), 4x4 gauze, 3M™ Cavilon™ No-Sting barrier film pad (#222), Mölnlycke™ Mesalt™ Sodium Chloride impregnated gauze 3/4″ x 39″ ribbon (#333), scissors, Mölnlycke™ Mepitac™ silicone tape (#444)

1. Cleanse the site with a normal saline wipe, and thoroughly pat dry.
2. Dab the peritubular skin with a Cavilon™ No-Sting barrier film pad.
3. Cut a short, thin strip of Mesalt™ ribbon, around 7 cm in length, and wrap flatly around the insertion site. Loosely tuck/pack the ends of the dressing into the open area—May use a sterile cotton-tipped applicator to do this.
4. Cut four thin strips of Mepitac™ tape, and secure the tube in a '#' orientation.

*Remove the extension tubing after each bolus feeding to prevent pulling/tension at the site.
*Notify the clinician if the open/eroded area becomes larger, or if there is a marked increase in site leakage.
*Notify the clinician if concerns to the peritubular skin develop, such as:

- Skin irritation, breakdown
- Signs of infection (ex. purulent drainage, bright erythema, satellite lesions)
- Signs of pressure (ex. non-blanchable redness, deep purple/maroon discoloration, blistering)

Pain management r/t patient agitation during wound care:

- Administer Sweet-ease™ via pacifier
- Therapeutic touch, holding
- Sound machine
- Consult to hospital volunteer cuddler

Monitor fluid and electrolyte levels, weight, nutritional status r/t frequent leakage of formula feeds.
Recommend initiation of PO multivitamin supplementation and possible increase in caloric content of bolus feeds to ensure adequate nutrition (refer to registered dietician).
Notify the MD of:

- Notable decrease in patient's weight
- Dry mucous membranes
- Crying without tears
- New onset lethargy, decreased activity [from baseline]

Don't forget to continue to use nutrition consult.

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

This was a great opportunity for me to learn about enteral tube stabilization and care. Another product I considered applying to the site was Aquacel Ag™ hydrofiber ribbon. However, I've found Mesalt™ to be quite absorptive, which is why I chose that product for management of the leakage. *<-this can cause stinging and will hold drainage against the skin if not changed frequently. Not*

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typically used for enteric drainage, this population provides a unique need. Sometimes we have to use what we have/works- just make sure to follow the evidence. I considered placing an additional, absorptive dressing to cover the Mesalt™ dressing/insertion site, such as a fenestrated gauze or Mepilex™ lite dressing. However, I did not want to create too much space between the patient's skin and the bolster and risk causing further erosion [from tension] at the site. If the site continues to leak high volumes of formula, I would recommend pouching the tube. *<-this would be a great alternative. Can provide some tube support as well.*

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?

Learn more about enteral tube management/care.

What is/are your learning goal(s) for tomorrow? **(Share learning goal with preceptor)**

At the risk of sounding like a broken record, I am hoping for the opportunity to practice stoma-site marking [on an actual patient]!

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: __Mike Klements 7/5/24 received_____ Date: ___7/5/24

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