

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Melinda TaftDay/Date: July 12, 2024Number of Clinical Hours Today: 4Care Setting: AmbulatoryPreceptor: Carly Gallotto, RN, CWOCNClinical Focus: 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.

Today, Carly and I spent the morning at OHAPH's outpatient pediatric ostomy clinic. As discussed previously, this clinic is dedicated towards providing supportive care and management for children with fecal and urinary diversions. Today, three patients were scheduled for routine follow-up appointments: an 11-month-old with an ileostomy, a 16-year-old with an ileostomy, and a 2-year-old with an ileostomy. Topics covered during each patient appointment included stoma presentation, integrity of the peristomal skin, average pouching wear time, ostomy supply DME prescription, and nutrition/hydration (which is particularly relevant with Florida's summer heat), along with other patient-specific concerns.

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 appointment at 1000)

11-month-old male

PMH:

- Born prematurely (23 weeks, 2 days gestation)
- Monochorionic diamniotic (mo-di) twin
- Necrotizing enterocolitis, ileostomy creation
 - o S/p bowel re-anastomosis, shortly followed by anastomotic leak → ileostomy creation
- Mic-key button gastrostomy tube in place r/t feeding intolerance

Routine clinic visit for patient with an ileostomy. The patient presents to the clinic with his father. Upon arrival, the patient was asleep in his car seat. The patient's father reports no changes in the patient's baseline health status at this time but states concern regarding a "rash" on the peristomal skin. As of late, the father reports an average 1-day wear time of the ostomy appliance. A Hollister 1-piece Pediatric Cut-to-Fit pouching system is in place, intact without leakage. The father denies any issues regarding this specific pouching system, but rather states that the patient frequently grabs at/pulls off his pouching system. Clinician reviewed the patient's ostomy supply prescription and confirmed that he is consistently receiving all necessary items for home care. A

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routine pouch change was provided for assessment. The last pouch change was performed by the patient's mother yesterday, July 11, 2024. A small amount of green, liquid/pasty effluent is noted in the pouch. The stoma appears pink, round-shaped, moist, and budded. The stoma measures as ~32 mm in size. The abdominal plane is soft and flat without creases. The peristomal skin is moist with bright, intact, circumferential erythema and a few scattered satellite lesions. These findings are concerning for a fungal infection. Given the signs of fungal infection, recommend 'crusting' the peristomal skin with nystatin powder and 3M™ Cavilon™ No-Sting barrier film [with pouch changes]. Recommend using barrier extenders to secure the pouch wafer. In addition, recommend keeping the patient in onesie outfits to deter him from pulling off the pouching system. Clinician provided samples of Coloplast™ barrier extenders to the patient's father and will add this product to the patient's DME prescription. MD updated on assessment and is agreeable to the plan of care. MD to send prescription for nystatin powder to the patient's preferred pharmacy. All questions were welcomed and answered at this time. Clinician will follow up with the patient and his family in a week in the clinic regarding the patient's peristomal fungal rash.

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)

Ileostomy pouching, every 3 to 4 days or PRN with leakage:

Supplies needed: Hollister Pouchkins™ Cut-To-Fit Pediatric 1-piece pouching system, lukewarm water, toilet paper or paper towel, Convatec™ Stomadhesive™ powder, 3M™ Cavilon™ No-Sting barrier film pads, Convatec™ Eakin Cohesive™ barrier ring 4", scissors, Coloplast™ Brava™ Elastic Barrier Strips, nystatin powder (from pharmacy)

1. Gather all necessary supplies for the pouch change.
2. Carefully remove the current pouching system using a 'push-pull' motion.
3. Cleanse the peristomal skin, stoma, and mucocutaneous junction with warm water, and thoroughly pat dry.
4. Lightly dust nystatin powder onto affected areas of the peristomal skin, and dab with a Cavilon™ No-Sting Barrier Film pad to form a protective crust.
5. Cut a wide strip of dough from the Eakin barrier ring. Place the strip around and snug to the stoma.
6. Cut a hole into the pouch wafer that accommodates the size of the stoma. Ensure that the pouch's spout is completely closed.
7. Apply the pouching appliance to the stoma.
8. Place your hand over the pouching system for at least 2 minutes to better activate the adhesive.
9. Secure the circumference of the barrier wafer with Coloplast barrier strips.

*Follow up with clinician in the clinic in about one week. In the meantime, contact clinician if the peristomal fungal infection worsens, or if other stomal/peristomal concerns develop.

*If the current pouching system is leaking, perform a pouch change. Do not reinforce a leaking pouch with tape/barrier extenders. Prolonged contact with stool can cause/worsen irritation to the peristomal skin.

*Empty the pouch when it is 1/3 to 1/2 full of stool. Stool can be emptied into a diaper and then discarded.

*Routine bathing can be performed with or without the pouching system in place.

*Due to the nature of the ostomy output, your child is at risk of becoming dehydrated. Monitor and seek further medical attention for signs of dehydration, which include:

- New onset lethargy, fatigue (decreased activity from the patient's baseline)
- Dry skin and mucous membranes
- Decreased urine output (multiple dry diapers)
- Crying without tears

*Continue feeding schedule/nutritional supplementation per pediatrician.

*Seek further medical attention if:

- the stoma appears darkened, dry, and/or pale
- there is a drastic change in stool output (decreased or increased)
- the patient's abdomen becomes firm and distended, or there's pain with touch

OSTOMY SUPPLIES (DME), Medicaid

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1. Hollister Pouchkins™ One-Piece Flat Standard Wear Cut-To-Fit Transparent Pediatric Drainable Pouch (#3796, HCPC: A5061, #31 per month)
2. Barrier film pads (ex. 3M™ Cavilon™ No-Sting Barrier Film pads, #883342), (HCPC: A5120, #50 per month)
3. Barrier rings (ex. Convatec™ Eakin Cohesive™ Barrier Ring 4", #51839001), (HCPC: A4385, #10 per month)
4. Stoma powder (ex. Convatec™ Stomahesive™ protective powder, #5125510), (HCPC: A4371, #5 per month)
5. Barrier extenders (ex. Coloplast™ Brava™ Elastic Barrier Strips, #120700), (HCPC: A4362, #20 per month)

(This is my attempt at writing a DME prescription! I created this based on the products this patient currently use. Examples of quantities were chosen based on current coverage guidelines.)

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

Overall, the appointment went well. The patient’s father demonstrated proficiency in caring for the patient’s ileostomy and was receptive of the information I provided. I’m slowly building my confidence in my role as a specialist, especially when it comes to recognizing abnormal assessment findings and recommending appropriate treatments. I did not have access to nystatin powder to use when performing the pouch change for my assessment, as it requires a prescription. Therefore, I utilized the standard ‘crusting’ technique with Convatec™ Stomahesive™ powder to protect the peristomal skin [in the meantime].

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 postoperative/home management of urinary and fecal diversions.

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

I’m still hoping to stoma-site mark a patient during one of my upcoming clinical days!

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		

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Reviewed by: _____ Date: _____

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