Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ____Darleen Olsen_____ Day/Date: __7/23/2024_____

Number of Clinical Hours Today: _8___

Care Setting: Hospital __x__ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: _____Heather Bates_____

Clinical Focus: Wound ____ Ostomy __x__ 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.

The first patient I saw was for a consult for a colostomy irrigation as the patient had not had output from her stoma. Patient had no output since 7/20/2024 one day after her surgery. Primary service is aware of no output since patient had exploratory laparotomy, left ureterolysis, and resection of recurrent rectal cancer in left pelvic sidewall for metastatic cancer. I did colostomy irrigation with the patient.

The second patient I saw had an end ileal conduit and a JP drain that was pouched for leaking. Patient seen for pouch change and for education with patient's daughter as patient is planned to discharge with the daughter helping do pouch changes. The patient was very drowsy and confused. We did pouch changes and the daughter deferred teaching until patient is more alert and closer to discharge. Per daughter, patient is planned to discharge later until patient is less drowsy and more mobile. Discussed with daughter of contact WOC (stoma) nurse before patient discharges for hands on pouch change.

The third patient I saw has an enterocutaneous fistula and an end ileostomy. The patient was due for pouches to be changed today. We changed the pouching systems to new ones. Patient was content and happy with new pouch change. Patient is getting a wear time of 3-4 days for each pouch. The patient had mild maceration noted on the peristomal skin of the end ileostomy. I applied Stomahesive Protective powder and sealed with 3M Cavilon.

The fourth patient I saw had an esophagostomy. The center of the stoma was pink with the rest dusky. I inquired if this is normally seen in esophagostomies. Per my preceptor this is expected as there is not much blood flow in an esophagostomy and the drainage is usually mucous in which it was. My preceptor stated this esophagostomy was going to do well. This is interesting.

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:

Consult for: No colostomy output-Colostomy irrigation

Age/sex: 55-year-old Female
Allergies: No known drug allergies

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PMH: Asthma, Anemia, Colostomy, and Rectal cancer.
CC: "I have not had output since 7/20/2024. I have had some nausea and only vomited once on Sunday."
Social hx: Patient denies smoking and drug use. Patient states drinks alcohol occasionally.
Meds: Potassium chloride ER 20-40 mEq PO PRN, Magnesium sulfate IV piggyback 2 g PRN, Ondansetron 4 mg IV every 6 hours PRN, Acetaminophen 1000 mg every 6 hours, Oxycodone 5-10 mg PO every 4 PRN, Hydromorphone 0.2 mg IV every 3 hours PRN, Enoxaparin 40 mg SubQ every 24 hours, Diazepam 2.5 mg TID PRN, Naloxone 0.1 mg IV PRN, Prochlorperazine 5 mg IV every 6 hours PRN, Metoclopramide 4 mg IV QID, Polythylene glycol 3350 17 g PO BID, and sodium phosphate-sodium biphosphate 133 mL (Fleet enema) once
Labs: WBC 6.25 k/uL, RBC 4.5 m/uL, Hemoglobin 11.1 g /dL, Hematocrit 33.7 %, Platelet count 225 k/uL, Protein 6.1 g/dL, Calcium 9.2 mg/dL, BUN 14 mg/dL, Cr 1.1 mg/dL, Glucose 103 mm/dL

LOC: Alert and oriented x 3.

Patient had exploratory laparotomy, left ureterolysis, and resection of recurrent rectal cancer in left pelvic sidewall for metastatic with lysis of adhesions in colon on 7/19/2024 with no modifications to end descending colostomy. Patient assessed in conjunction with WOC nurse. The patient was lying in bed with the head of the bed elevated at 30 degrees. Discussed with patient of consult placed for irrigation. Patient is familiar with irrigation of warm water and does it twice a year. Colostomy irrigation setup of warm tap water of 1,000 cc. The 1,000-cc warm water was placed on the IV pole hanging from the top hook. Patient was wearing SenSura Postop transparent pouch. Pouch opened from clip on top window. Stoma noted to be swollen, budded, moist, and red. Patient wanted to keep SenSura Postop transparent pouch instead of using colostomy irrigation sleeve. Irrigation can be performed through clip window on top easy access without removing pouch. WOC student placed pinky lubricated with Surgilube to assess for any stool digitally and to determine direction of cone to be placed for irrigation. No stool palpated. Discussed with patient to notify WOC student if patient starts to not tolerate the irrigation such as a sensation of fullness or feeling of nausea/vomiting. Patient in agreement. Cone lubricated connected to tubing and warm tap water bag of 1,000-cc. Cone gently inserted until snug fit. The cone was inserted into the stoma. 500 mL instilled over 5 minutes with only 50 cc returning clear, water. Then 250 cc over 3 minutes and with 100 cc of clear fluid with small flecks of green mucous/stool appearance returned. Cone with irrigation set removed from stoma. Patient turned side to side to help patient have a higher chance of stool output. No output or return noted. 16 Fr Coude catheter with Surgilube gently inserted with no resistance met until return started.100 cc returned with 50 cc of warm water instilled through irrigation syringe connected to Coude catheter. This returned was more of a watery yellow. Coude catheter removed gently. Remove pouch with Essenta no sting adhesive remover by Push-Pull method from top to bottom. Cleansed with mild soap, Dial nonoily, and warm water on soft nonwoven Medline gauze. Pat dry. Pouch change conducted and changed to home regular pouching system of ConvaTec moldable 45 mm flat and high-volume ostomy pouch placed due to colostomy irrigation just performed, ConvaTec Natura High output Drainable Pouch. The ConvaTec moldable 45 mm flat was molded slightly larger than stoma and placed on peristomal skin. Then ConaTec Natura High output drainable pouch was clipped on. Hand placed over pouching system for 5 minutes to help secure seal and for better adherence. A total of 800 cc were given for colostomy irrigation with a return of 250 cc. WOC nurse returned after 2 hours of colostomy irrigation and did not have stool come out at that time. Patient has been on clear liquid diet although no colostomy output per Primary Service orders. Patient has flatus through stoma. Patient tolerated the procedure with no cramping, nausea, or vomiting. Discussed with bedside nurse to hold off on Fleet

Enema ordered by Primary Service until this evening at 8 pm to give the opportunity for the stoma to have output.

Stoma Type: End descending colostomy
Location: LLQ
Size of stoma: 1 1/14”
Protrusion: Budden and swollen
Mucosal condition and color: Red and moist
Mucocutaneous junction: Intact
Peristomal Skin: Clear and intact
Peristomal contour: Flat
Supportive Tissue: Semisoft
Character of output: watery yellow, no stool
Emptying frequency: per patient and staff
Midline Abdominal incision: Clean, dry, and intact; 100% Approximated with surgical glue

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)

-Monitor colostomy for output and notify Primary Service if no output after 8 hours after colostomy irrigation. Administer Fleet enema is Primary Service still in agreement for Fleet Enema
-Monitor electrolytes and for any deficiencies notify Primary Service and supplement per MD
-Ambulate 3-4 times a day
-Drink clear warm liquids until stool output
-Notify Primary Service if not stoma output after Fleet Enema for direction
-May consider imaging tests per MD order for obstruction
-Closely monitor output and characteristics every 4 hours and PRN, document on chart
-Patient to continue taking Polyethylene glycol (Miralax) 17 g PO per MD order BID
-Monitor stoma for prolapse, ischemia, or changes and notify Colorectal surgeon

Pouch recommendations:
-Remove pouch with Essenta no sting adhesive remover by Push-Pull method from top to bottom.
-Cleanse with mild soap, Dial nonoily, and warm water on soft nonwoven Medline gauze. Pat dry.
-Moldable ConvaTec 45 mm skin barrier wafer molded slightly larger than stoma to assure stoma passes through and is placed on the peristomal skin.
-Clip on ConvaTec Natura High output Drainable Pouch to Moldable ConvaTec 45 mm skin barrier wafer.
-Place hand over pouch system in place on top of the stoma for 5 minutes for better adherence and seal.
-Change every 3-4 days and PRN for leaking.
-Reconsult WOC (stoma) nurse for leaking pouch, no output of colostomy in 24 hours, and/or peristomal skin concerns

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

I think the care provided was wonderful. I wondered if the patient would have benefitted from a full instillation of 1,000 mL to give her a high possibility of having output. I think I would have given her the full 1,000 mL as she was tolerating the procedure really well to give her a higher possibility of stoma output. I also wondered if the patient should be NPO until she has stool output from her colostomy. My preceptor and I had the discussion of the patient should probably be NPO until colostomy output. We deferred to the Primary Service and they were wanting clear liquids continued.

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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? My goal for the day was to identify peristomal skin issues. I was able to identify peristomal skin issues and management. One patient I saw had mild maceration noted on the peristomal skin. I applied Stomahesive Protective powder and sealed it with 3M Cavilon for moisture protection.
What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor) My goal for tomorrow is identify a wound and appropriate management for it.

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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