

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Charina Hanley Day/Date: 7/25/24

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Adam Shaw

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.

A30 outpatient CORS clinic

- 48 YOM with hx DM and diverticulitis who received laparoscopic sigmoid colectomy but healing was complicated due to wound infection. I & D of infected area done in June, and wound had been treated with wet to moist packing, started on NPWT 2 weeks ago, vac change in clinic today. Coming in twice a week until home care can be established
- 67 YOM seen in clinic for pre-op appointment. Hx of radical proctectomy and salvage radiation therapy in 2011, has developed posterior urethral stenosis, bladder neck contracture, and rectourethral fistula
- 34 YOM hx of colitis s/p step 1 of J pouch formation, end ileostomy in RUQ. C/o redness around stoma, removed Ceraring from system and replaced with Hollihesive washer as stoma is well budded and abdomen is flat and soft, no creases.
- 68 YOM seen for marking of loop ileostomy, previous hx of kidney transplant. Due to extensive surgical history, marks made on both upper quadrants per request of surgeon.

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:

67 YOM seen in clinic for pre-op appointment, upcoming exam under anesthesia. In 2011 client underwent proctectomy in 2011 and subsequent radiation for prostate cancer. Following surgery, he has developed posterior urethral stenosis, bladder neck contracture, and rectourethral fistula. In 2011 he also underwent multiple transurethral resections and urethral balloon dilations. Client has been wearing briefs since development of fistula due to leakage as well as urinary incontinence.

Seen by WOC nurses in February and was marked for diverting loop colostomy. Has had this colostomy since and reports he is managing his stoma well, no complaints or concerns with current pouching system.

In June, patient underwent joint exam under anesthesia with urology and colorectal surgeons in order to have both end of fistula examined. 1cm defect in distal rectum that opened into bladder neck. Bladder mucosa could be observed via sigmoidoscope.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

Patient scheduled for surgical fistula repair next week with possible ileal conduit. Surgeon states that goal is to repair both urinary tract and rectum and avoid more stomas if possible, but they will not know until surgery. Potential ileal conduit site marked in RUQ, patient consented to tattoo for marking. Provided client with education regarding care for an ileal conduit, and how due to contents of effluent, if conduit is made, how pouching may be different than his current colostomy system. Provided client with a sample of a drainable urostomy pouch- Hollister 9" Premier Urostomy Pouch with flat barrier. Client states he has no further questions about potential stoma formation at this time.

Client reports his colostomy pouching system is working well for him, and that he has no questions or concerns regarding pouching today.

Asked client if there is anything else we could assist him with today. *Client continues to report severe urinary incontinence, reports less from rectum than before.* He reports he is wearing briefs to contain urine, but has to change up to 6 times a day due to his incontinence. He inquired about if briefs could be ordered by same company that is supplying his ostomy products, or if there are other products we recommend to help with his current situation.

As client is essentially experiencing a type of extra urethral/total incontinence, he is unable to manage his flow of urine.

Introduced patient to alternative collection options for client, including an external condom catheter with option for a leg bag so that he may still ambulate easily during the daytime. Another collection option would be the pouch, which may feel more discreet depending on how he prefers his clothes to fit. Reviewed available supplies via EdgePark, his ostomy supplier.

Assisted client in faxing orders for the following products, after discussing his preferences with him:

- Coloplast Freedom Self Adhering Latex External Catheter, 35mm
- Cardinal Health premium flocked leg bag with flip valve, 500mL
- Cardinal Health premium vented drainage bag with double hanger, anti-reflux valve, 2000mL
- Coloplast Baza Cleanse and protect Perineal Odor control spray (no-rinse, pH balanced skin cleanser)

Due to frequent urinary incontinence, provided teaching regarding importance of regular skin care and hygiene.

Apply zinc-based skin barrier paste to perineal area where skin is coming into contact with urine more frequently.

Also discussed with client that he is at risk for dehydration if he attempts to restrict fluids as a way to reduce frequency or intensity of episodes. Encouraged use of ordered supplies so that he feels comfortable containing his urine without reducing his water intake.

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)

Apply external catheter to penis daily to dry skin following shower, and as needed if product leaks or adherence is compromised. Attach catheter to leg bag system during the day, and to 2,00mL collection bag for overnight.

Replace leg bag weekly, and overnight bag monthly. Change connecting tubes daily, ok to clean with warm soapy water and allow to air-dry tubes. Use a new condom catheter every time, do not re-use.

If leaks occur or client has an episode of incontinence while wearing briefs, cleanse perineal skin with Baza pH balanced cleanser and pat dry. Cleanse perineal skin daily with Baza on days that client does not shower/bathe, if applicable.

Apply antifungal powder to perineal area or buttocks if red or itchy rash appears with satellite lesions. Due to excessive moisture, client is at heightened risk for fungal rash to perineum.

Contact WOC nurse if leaks occur daily, and if known, where in the system the leak is coming from, so parts of collection system may be changed or re-sized.

New products to include on EdgePark order sheet:

- Coloplast Freedom Self Adhering Latex External Catheter, 35mm – 30/month
- Cardinal Health premium flocked leg bag with flip valve, 500mL – 4/month

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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

- Cardinal Health premium vented drainage bag with double hanger, anti-reflux valve, 2000mL – 1/month
- Coloplast Baza Cleanse and protect Perineal Odor control spray (no-rinse, pH balanced skin cleanser) – 2/month

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

I enjoyed being more independent with visits and conversations with patients regarding their pouching systems and troubleshooting issues with them.

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?

See more continence clients and be more independent with ostomy visits.

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

See more continence clients and be more independent with ostomy visits.

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: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.



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

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.