

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Scott Day/Date: 8/9/2024

Number of Clinical Hours Today: 12

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Jennifer Schille

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.

28 year old female with diabetes, malnutrition, hypotension, Willams-Beuren syndrome (rare neurodevelopmental genetic disorder causing cognitive impairments, distinctive facial features) severe contractures to the under and lower extremities, ileostomy, long term foley catheter use, peg tube.

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:

This patient has severe mental impairments, her mother states, "this is my 28-year-old 3 year old" Patient has limited cognitive ability, developmentally approximately 3 years old per mother's report. Patient is one day post op from a colostomy placement due to obstruction. The patient is malnutrition weight, approximately 65 lbs. The mother reports that she was 120lbs and walking independently 6 months prior and began vomiting leading to admission to the hospital. The patient has been in the hospital since then. She was septic, had pneumonia, developed a bowel obstruction resulting bowel necrosis necessitating a colostomy, the patient had a peg tube placed for nutritional support. The WOC nurse focuses teaching the mother as the patient does not have the mental capacity or physical dexterity to perform the skill of emptying or change in the pouching system. Unfortunately, the mother recently had back/neck surgery. She initially refused teaching when the WOC nurse introduced herself. However, the WOC nurse continued to give verbal information. This was an initial meeting and the first educational day. The WOC nurse collected supplies (Coloplast red tow peice pouching kit, Coloplast adhesive remover spray, dry 4x4cm gauze pads and wet). She then took a white chunks pad (absorbent bed pad) and wrote step by step, numbered instructions on how to change the colostomy pouch, placing each product at the numbered spots. The WOC nurse had the mother take a picture of the display she made for further reference. The patient has a red well budded stoma that is mildly edematous. The WOC nurse supported the mother as she followed the instructions. The mother used the Coloplast adhesive remover spray to remove the pouch. The WOC nurse teaches the mother to look at the back of the barrier wafer to look for any areas of leaking. The WOC nurse then educated the mother on the importance of cleaning the peristomal skin well, removing any stool to prevent skin breakdown. The mother was concerned about noticing a

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small amount of blood on the gauze when cleaning. The WOC nurse let her know that some blood was normal. The WOC nurse helped the mother measure the stoma and educated her that it will shrink as it heals. While the mother was measuring the patient had some output and the WOC nurse used that as an opportunity to teach that it was ok and that she would just have to clean and dry the peristomal skin again, the mother cleaned and dried the skin again. Then applied the barrier wafer. The WOC nurse instructed her to make sure that there was a small amount of skin exposed. The mother then applied the pouch and closed it. The WOC nurse taught her to close the pouch with three folds towards the patient. She said headlights (referring to two Velcro dots), taillights (two more Velcro dots), bumper (a strip of Velcro on the closure) and close the doors (a small Velcro tab that extends past the closure). This explanation by the WOC nurse really seemed to stick with the mother as she repeated several times to remember how to close the pouch. She repeated headlights, taillights, bumper, closed the doors. In addition to teaching the mother about how to change the pouch, hands on. The patient also had a surgical incision that was covered with a Prima pore dressing, that was intact. The WOC nurse instructed the mother how to turn the oval barrier seal to avoid the incision. The WOC nurse talked to the mother about nutrition and how important it is in wound healing. The WOC nurse verified that a dietitian has been consulted. The WOC nurse gave emotional support and encouraged her to do well during the pouch change. Although the education was directed to the patient's mother, she did talk to the patient and include her as well. The WOC nurse talked to the patient by name and used terminology that would be easy for her to understand. She spoke gently to her like you would talk to a child.

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)

The plan of care for the patient is to continue educating the parents on how to care for the colostomy for the next 2 days. The patient will have an appointment for follow up care at the outpatient wound care clinic to make sure they are doing well and not having any concerns with the colostomy. The WOC nurse will enroll the patient in the Coloplast care program so that they have additional support and can try different products.

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

The WOC nurse did a great job educating the parents and including the patient as much as possible. The visual the WOC nurse made writing on the white chucks pad and placing the products needed, was absolute genius. I wanted to give her a round of applause. She made it incredibly easy for the patient/family to understand. It is almost mistake proof. The WOC nurse also pushed the patient's mother, who initially did not want to participate in education. The WOC nurse told her that she could just listen, and she ended up doing a complete pouch change. I do not have anything that I would do differently. However, I wonder if the patient may need a light convex barrier wafer at some point. The patient had lost a lot of weight, approximately 50lbs and has soft loose skin on her abdomen. I wonder if she will have a hard time maintaining a seal due to it and if she could use a firmer barrier. If I was going to follow up with her over the next 3 days I might try a convex barrier if she has leaking.

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 was to observe a complex ostomy. I did get to see one. This patient has had a very lengthy hospital stay with many complications.

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

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| 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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