Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Patricia Weimer Day/Date: Tuesday 9/24/2024

Number of Clinical Hours Today: 8

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

Preceptor: Aaron Fischer

Clinical Focus: Wound X Ostomy ____ Continence ____

Reflection: Describe your patient encounters & types of patients seen.

Patient 1: 86-year-old male with a right total metatarsal amputation. On NPWT with Prevena Plus 125 vacuum, set at 125 mm/Hg. Removed old dressing. Integra graft stapled in place and intact, ruby red in color. (Integra is a dermal matrix or dermal scaffold). Measured at 5.8 cm x 9.5 cm. Cleansed graft with soap and water. Applied Cavilon 3M no sting skin prep. Applied Urgotul (hydrophilic wound interface/lipido-colloid – allows for an atraumatic removal and an idea moist wound bed) as a contact layer cut to graft size. Periwound skin covered with transparent drape for protection. Black foam cut to wound circumference and secured with transparent drape. Nickle size hole cut in center of black foam/transparent drape and vacuum trac applied. Vacuum turned on. No leaks detected.

Patient 2: 40-year-old male with large peri area wound surrounding his penis. Measurements: 12 cm x 19.3 cm x 5.5 cm. Tunneling at 1 o'clock = depth of 10 cm. Dressing removed, wound irrigated with normal saline. Periwound area cleaned with soap and water and patted dry. Cavilon 3m no sting skin prep to peri-wound area. Brava barrier cut to strips and placed at wound edges, also used to build up creases and folds. White foam applied to tunnel (1 pc white foam total) with tail at opening. Penis covered with Vaseline gauze with antibacterial properties to protect skin. Barrier ring applied to foley catheter directly above penis. White foam (20 cm square) with hole cut to accommodate foley catheter tube added to protect viable skin of penis further. Black foam into the wound bed with bridge to abdomen (transparent drape below bridge) (3 pc black foam total). Transparent drape applied over wound area and bridge. Quarter size hole cut in the drape at the bridge and trac applied. Suction at 125 mm/Hg. Seal intact.

Inservice with Coloplast: discussed terms used to describe convex stoma flanges in an attempt to create an industry standard. Five terms in question: Compressibility, Depth, Flexibility, Tension Location, and Slope. Representatives stated these terms were presented at conference.

Patient 3: 36-year-old female with ileostomy URQ. Hernia repair surgery 9/20/2024. Hernia presented in the same location over the weekend. The Patient states her surgeon told her the mesh used was the issue. Plan to take her back to surgery tomorrow at 9 am and repair the hernia again without using the mesh. No issues with the ileostomy pouching.

Patient 4: 81-year-old female for ileostomy teaching. History of ovarian cancer. Ileostomy planned for bowel obstruction, however patient had a large bowel movement this morning and states she does not think she will need the ileostomy. She states she does not need the teaching. Previously marked with tattoos in all four quadrants 2 years ago. These are still visible. No additional needs.

Patient 5: 45-year-old female with colon conduit urostomy and colostomy (I will use this patient for my Complex Ostomy Plan of Care).

Patient 6: 56-year-old male with colorectal cancer, ascites, peritoneal seeding. (See Chart Note below)

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

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Chart note:

56-year-old male with colorectal cancer, ascites, peritoneal seeding. He presented to the ER with severe abdominal pain and was found to have a small bowel obstruction. He is day one post-op, with loop ileostomy. 200 cc dark red liquid effluent with small solid particles drained and volume reported to nurse.
Patient is thin with a distended abdomen. Pouching removed. Stoma is red, budded, MCJ is intact. Stoma measures 45 cm. Hollister 2 pc cut to fit placed States he does not want to look at the stoma. He is tearful, appears sedated, so teaching delayed. We reassured him this was a normal reaction.

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)

Stoma Team will move day one post-op stoma care teaching to post-op day two.
Stoma Team must be contacted before patient discharges home. (NOTE: Patient could discharge earlyrelated to insurance coverage)
Empty his pouch every 4 hours and as needed (Pouch must be emptied when ½ - 1/3 full). Record all output.
Assess pouch for leaking every shift and PRN. Place consult for Stoma Team if leak continues.
Assess stoma through pouch window every shift and PRN. If stoma color changes from red to dark purple/black notify physician immediately.
Notify physician if stoma stops producing effluent.

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

I finally realized why I don't have suggestions for how things might have been done differently. Each of my preceptors have included me in the decision-making and we discuss options in most cases. I will note and record these going forward to show my thought processes.

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? (I did not meet my goals and will forward these to Wednesday)
Site selection and marking an average person.
Site selection and marking an individual with special considerations.
Request preceptor quiz me on specific product selection as we see patients during the day.
Review competencies list repeatedly throughout the day for specific needs to address.

I did get an opportunity to familiarize myself with a variety of products and discuss their indications. I was introduced to two different NPWT devices I had not previously seen.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
Site selection and marking an average person.
Site selection and marking an individual with special considerations.
Request preceptor quiz me on specific product selection as we see patients during the day.
Review competencies list repeatedly throughout the day for specific needs to address.

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	✓	

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• 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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