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: __Thursday 9/26/2024_____

Number of Clinical Hours Today: _8___

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

Preceptor: __Karen O'Brien_____

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.

Patient 1: 65-year-old male with history of invasive bladder cancer, here for marking for potential ileal conduit if surgeon is unable to create a neo-bladder (Studer Pouch). Extensive teaching with diagrams to explain both possible outcomes. Seven-minute video to explain ostomy creation, care, and pouching viewed by patient. No additional questions after viewing. Patient states he understands he is watching this video so he will have an introduction to a stoma if the neo-bladder cannot be created. He is aware additional teaching will be provided if that is the outcome of his surgery.
Abdominal plane was accessed with patient sitting upright and leaning forward at the waist. While standing, further assessment of abdomen while upright and while simulating bending forward as if picking an object up off floor. Rectus abdominus muscle lateral edges palpated bilaterally and lightly marked with pen while patient was in a standing position.
While in a supine position, optimal location of potential ileal conduit placement in right upper quadrant. Additional consideration given to patient preference and usual beltline. Selection of site verified by preceptor. Site tattooed with black India ink using a 27 gauge needle. Three dots placed in a triangular configuration. Remaining ink and pen markings removed with alcohol prep. Tattoo covered with band aide.

Patient 2: 58-year-old male with colorectal cancer. States he does not want to change his current pouching system despite complaining of frequent leaks. He has tried convexity previously and it shows under his clothing. He states, "It sticks out too much." Removed current pouch and showed patient where barrier ring was compromised. After a lengthy discussion, patient agreed to try a shallow convexity Marlin pouch. Marlin pouch placed and patient provided with four pouches to see if this would work better and be acceptable related to his concerns of visibility. (See note below re. "thoughts on care provided")

Patient 3: 60-year-old male patient with history of fistulizing Crohn's disease and short bowel syndrome. Clinic visit for bi-weekly pouch change. No additional questions or concerns.

Patient 4: 68-year-old male with colorectal cancer. Plan for diverting loop ileostomy within the next week, here for marking and education. Seven-minute video to explain ostomy creation, care, and pouching viewed by patient. No additional questions after viewing. He is aware additional teaching will be provided while inpatient, after surgery, before discharge home.
Abdominal plane was accessed with patient sitting upright and leaning forward at the waist. While standing, further assessment of abdomen while upright and while simulating bending forward as if picking an object up off floor. Rectus abdominus muscle lateral edges palpated bilaterally and lightly marked with pen while patient was in a standing position.
While in a supine position, optimal location of potential ileal conduit placement in right upper quadrant. Additional consideration given to patient preference and usual beltline. Selection of site verified by preceptor. Site tattooed with black India ink using a 27 gauge needle. Three dots placed in a triangular configuration. Remaining ink and pen markings removed with alcohol prep. Tattoo covered with band aide.

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Patient 5: 62-year-old male with history of invasive bladder cancer, here for marking for potential ileal conduit if surgeon is unable to create an Indiana pouch reservoir (continent cutaneous reservoir). Extensive teaching with diagrams to explain both possible outcomes. Seven-minute video to explain ostomy creation, care, and pouching viewed by patient. No additional questions after viewing. Patient states he understands he is watching this video so he will have an introduction to a stoma if the neo-bladder cannot be created. He is aware additional teaching will be provided if that is the outcome of his surgery.
Abdominal plane was accessed with patient sitting upright and leaning forward at the waist. While standing, further assessment of abdomen while upright and while simulating bending forward as if picking an object up off floor. Rectus abdominus muscle lateral edges palpated bilaterally (also visible) and lightly marked with pen while patient was in a standing position.
While in a supine position, optimal location of potential ileal conduit placement in right upper quadrant. Additional consideration given to patient preference and usual beltline. Selection of site verified by preceptor. Site tattooed with black India ink using a 27 gauge needle. Three dots placed in a triangular configuration. Remaining ink and pen markings removed with alcohol prep. Tattoo covered with band aide.

Patient 6: 31-year-old female with jejunostomy pouch/Mickey Button in left upper quadrant. Legally blind at 16, complains of chronic constipation, nausea, vomiting, and severe abdominal pain. Tube feedings on hold, patient feedings currently TPN via mediport. Plan for loop end colostomy tomorrow, here for marking and education. Seven-minute video to explain ostomy creation, care, and pouching viewed by patient and her mother. No additional questions after viewing. She is aware additional teaching will be provided while inpatient, after surgery, before discharge home.
Abdominal plane was accessed with patient sitting upright and leaning forward at the waist. Noted creases created by umbilicus. While standing, further assessment of abdomen while upright and while simulating bending forward as if picking an object up off floor. Rectus abdominus muscle lateral edges palpated bilaterally and lightly marked with pen while patient in a standing position.
While in a supine position, optimal location of colostomy stoma placement determined to be right lower quadrant due to expected colostomy location/anatomic structure, but patient requests placement on left lower quadrant under the mickey button. Selection of sites verified and discussed at length with preceptor, patient and her mother. Preferred site tattooed (left lower quadrant) with black India ink using a 27-gauge needle. Three dots placed in a triangular configuration. Remaining ink and pen markings removed with alcohol prep. Tattoo covered with band aide. Alternative right lower quadrant site marked with ink pen and covered with clear Tegaderm. Photographs and patient preference added to chart in note to surgeon.

Patient 7: 43 year old female with history of fistulizing Crohn's and BCIR. (See Chart Note below)

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:

43 year old female with history of fistulizing Crohn's and BCIR. Barnett continent intestinal reservoir (BCIR: a modification of a Kock pouch. The modifications includes an intestinal collar, an isoperistaltic valve, and lateral pouch design.)
Stoma is prolapsed. Large pseudoverrucous lesions are present partially covering stoma. Patient complains of pain, burning, stinging at site.
Education provided on underlying cause of lesions. Pouch was being cut at 30 mm. Stoma measured at 25 mm. Pseudoverrucous lesions treated with silver nitrate. New pouch cut to exact shape of stoma. (Pattern given to patient for future pouch changes).
Education and demonstration provided with pouch change and detailed in writing for patient to take home. Encouraged patient to call the clinic with any questions or concerns.

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.

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WOC Plan of Care (include specific products used)

Stoma Care: Bolded directions below are the changes to your stoma care we discussed and demonstrated today.

Note: The convexity and added barrier ring will assist in "lifting" the prolapsed stoma so the output does not come in contact with your skin, preventing the painful lesions from getting larger and allowing the ones present to heal. The smaller opening around the stoma will also prevent fluid from remaining in contact with your skin for prolonged periods.

1. Continue using Convatec Little Ones #411639 closed pouch but **add adhesive coupling (Convatec #409268) convex moldable Durahesive.**
2. **Cut wafer opening to 25 mm (pattern provided, trace pattern onto wafer).**
3. **Apply Coloplast moldable barrier ring to the edges of the opening cut into the wafer as demonstrated today in clinic**.
4. Cleanse stoma and surrounding area with soap and water and pat dry.
5. Lightly dust peri-wound skin with Convatec Stomahesive powder and brush away access as demonstrated today in clinic.
6. Use 3M Cavilon No Sting skin sealant around stoma edges and continue applying in a circular motion covering a 3 inch diameter of skin as demonstrated today in clinic.
7. Apply pouch, previously prepared with wafer and barrier ring.
8. Hold hands over wafer/flange area for 10 minutes as demonstrated today in clinic. This will help seal the adhesive products.

BCIR Irrigation:

1. Use 24 French Marlen Straight Catheter #15060 (in place of 30 French previously used).
2. Use Surgilube packets #020545 to lubricate catheter prior to insertion.

Contact the clinic if the lesions around stoma do not begin to heal (gradually get smaller). Also contact the clinic if you have leaking from your pouch or other related concerns.

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

Patient 2 was somewhat hostile. He was adamant about not using convexity. I would have gently attempted to explain the benefit and work with him to establish rapport. I was slightly uncomfortable during his visit regarding the initial approach. The patient came in angry. By the end of his visit, he agreed to try the Marlen pouching system but it seems we came close to him walking out without meeting his needs.

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? Stoma site assessment and marking – I assessed and marked four patients.

What is/are your learning goal(s) for tomorrow? Focus on wound and continence patients whenever possible.

CRITICAL ELEMENTS	Completed	Missing

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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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