Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Yvan Fortunat_____ Day/Date: ____10/15/24_____

Number of Clinical Hours Today: __8__

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

Preceptor: __Betsy Kulling_____

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.

Today I went to the colorectal department. The WOC there are mostly focused on early postop patients and negative pressure dressings. We were able to see 4 patients today. Three of them were ostomy patients and one had a VAC that needed to be replaced. The teaching was focused on stoma care management and pouch placement. The first one had two ostomies a jejunostomy and a gastrostomy. Before starting the dressing change, I conferred with the other WOC as to the best course of action. We agreed that the location of the stoma made it hard to have a proper seal, so we were able to use a strip paste to decrease the fold between the abdomen and the groin as well as skin barriers. The patient had a lot of pain due to leakage before our intervention, procedure seemed to have worked since patient expressed a substantial decrease in pain around the jejunostomy. The next patient was a first day postop for a loop ileostomy. The patient had a rod in the stoma. Although the protocol is to remove the rod from the stoma on the second day postop, but, as per MD, we needed to remove it first day postop because the patient may be discharged this coming Thursday. This case was interesting because I assisted in removing the rod. ← *good experience, and often the WOC duty to work with the surgeon to plan this.* It was gently moved side to side in the stoma to loosen it a bit and then it was gently pushed to one side until it came out totally. Since the patient was not passing any effluent as of yet, the stoma was intubated as per order. A 16fr catheter was used with lubricant to be inserted into the stoma. As soon as the catheter was fully inserted, effluent started to come out with flatulence. The catheter was secured with a piece of dental floss that was held secured by the pouch. The part of the catheter that was out was placed inside the pouch almost like a draining tube. Patient was very anxious; he did not have a thorough preop teaching and could not look at the stoma. We started teaching but the patient was not ready, he requested us to come another time. Since We will see patient 10/16/24 to monitor and start the postop teaching, we will assess if patient will be a candidate for discharge. Depending of patient demeanor, we may relay the fact that patient may not be ready for discharge to the other members of the his care team. For the other two cases, one was a Negative pressure wound therapy that we changed and for the other one we gave a patient who had his first ostomy since 1993 some new pouches and assessed the stoma before he was discharged home.

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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:

Patient is a 34yo female, A&Ox3 self-directing. Patient had complete removal of the colon up to part of her jejunum. ← *why is this? This is a major surgery. Make sure you provide a detailed h+p for your holistic assessment as the specialist.* Patient currently has a jejunostomy and a gastrostomy. Prior to this episode, she was discharged home with supplies and teaching on how to perform ostomy care, but she came back a few days after discharge. As per patient the whole-time home, the pouches have been leaking. She came back to the hospital not only because of the pouching malfunctioning, she was not able to get her TPN while at home. Her regular pharmacy was no longer delivering her TPN. Patient also has nephrostomy tube in each kidney. We went to see patient in the morning because the pouches were leaking still and patient was in a lot of pain. Once the pouching system was removed from the jejunostomy we could observe a stoma that protruded only half an inch from the peristomal skin which was erythematous and painful to touch. A clear liquid was coming out of the stoma which caused tremendous pain as soon as it touched the skin. Patient has stoma close to the fold between the abdomen and the right groin. A simple pouch placement will not work if the fold is not taken care of. On the right upper quadrant the gastrostomy pouch was removed, the stoma appears red and moist but the peristomal skin was denuded and painful. That effluent had a greening appearance and was liquid. It was also leaking toward the suprapubic region which was turning red and tender. As per patient, that location was fine a few days ago.

We talked to the dietician and the NP who came in while we were with the patient, we discussed if we could have something like a proton pomp inhibitor to help decrease the gastric acid that seems to be what is causing a lot of pain to patient. NP will discuss that approach with the doctors. Patient is on TPN and IV fluid. During previous discharge patient is willing to perform pouching change independently and with her spouse. Below is the instruction on how to perform the pouch system change.

For jejunostomy: after removing pouch, use domeboro, an astringent agent in some warm water, soak and clean peri-stoma to help decrease inflammation and pain. Dry skin, apply skin Convatec stomahessive protective powder, seal it with non-sting Cavillon barrier film, place Coloplast Brava strip paste on the junction of the right hip and stomach, cut Coloplast skin barrier, shape it to make a flat surface over the creased junction, Coloplast skin barrier washer is shaped around the stoma, protecting the peristomal skin, use of convatec caulking paste on skin barrier washer close and around stoma but not touching, then attach flat Coloplast SenSura Mio ostomy pouch. Cut the end of Coloplast pouch to remove Velcro, connect it to a Coloplast 2000ml drainage bag, then secure it with tape

For gastrostomy: The same products are used for the jejunostomy as for the gastrostomy. After removing pouch, use domeboro on peri-stoma skin Domeboro is to be used until peri-stoma is dry and less inflamed. Once inflation is managed well, warm water can be used to clean the stoma, and the use of powder and liquid

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sealant can be used to keep peri-stoma skin dry. After skin was dried, apply skin barrier powder, seal it with liquid skin-prep, place strip paste on the creases around 3 and 7oclock of the of the stoma, cover with shaped skin barrier, skin barrier is shaped around the stoma, protecting the peristomal skin, use of caulking paste on skin barrier close and around stoma but not touching, place flat Coloplast SenSura, then attach pouch to a gravity drainage bag.
Suprapubic area: keep suprapubic area clean of effluent, leave it open to air.
The goal for this intervention is to prevent anymore leakage. Let the team be aware of any difficulties and any more leakage so we can address the situation promptly.

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)

Instruction on changing stoma:
-For jejunostomy: after removing pouch, use domeboro, an astringent agent in some warm water, soak and clean peri-stoma to help decrease inflammation and pain. Dry skin, apply skin Convatec stomahessive protective powder, seal it with non-sting Cavillon barrier film, place Coloplast Brava strip paste on the junction of the right hip and stomach, cut Coloplast skin barrier, shape it to make a flat surface over the creased junction, Coloplast skin barrier washer is shaped around the stoma, protecting the peristomal skin, use of convatec caulking paste on skin barrier washer close and around stoma but not touching, then attach flat Coloplast SenSura Mio ostomy pouch. Cut the end of Coloplast pouch to remove Velcro, connect it to a Coloplast 2000ml drainage bag, then secure it with tape. Change every 3 days and PRN.

-For gastrostomy: The same products are used for the jejunostomy as for the gastrostomy. After removing pouch, use domeboro on peri-stoma skin Domeboro is to be used until peri-stoma is dry and less inflamed. Once inflation is managed well, warm water can be used to clean the stoma, and the use of powder and liquid sealant can be used to keep peri-stoma skin dry. After skin was dried, apply skin barrier powder, seal it with liquid skin-prep, place strip paste on the creases around 3 and 7oclock of the of the stoma, cover with shaped skin barrier, skin barrier is shaped around the stoma, protecting the peristomal skin, use of caulking paste on skin barrier close and around stoma but not touching, place flat Coloplast SenSura, then attach pouch to a gravity drainage bag. Change pouching system every 3 days and PRN.
Contact WOC nurse for concern and if leaking is not resolved or patient is complaining about product effectiveness.

Suprapubic area: keep suprapubic area clean of effluent, leave it open to air.
The goal for this intervention is to prevent anymore leakage. Let the team be aware of any difficulties and any more leakage so we can address the situation promptly.
Notify MD in case of:
-no output, darken stoma,
-excruciating pain that were not present before,
-if the temperature is above 101 degree Fahrenheit.
Measure patient's output, record nephrostomy and both jejunostomy and gastrostomy output, monitor patient for dehydration.

pain management: pre-medicate before ostomy pouching system changes and PRN
Patient wants to participate in her care, keep encouraging her to learn to change the pouches independently
Encourage patient to voice concerned like or dislike concerning products used and how she is tolerating them.
Long term
-Provide patient direct access to supplier, place appropriate order for supplies for patient before leaving hospital.
-Refer to social services for coordination for home care and or psychosocial consideration

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

I believe we were able to provide very good care for the patient. In our focused way, we were able to bring some relief to the pain patient was feeling due to the leakage of effluent on her skin. We requested for patient to get something to decrease the gastric acid being produced, the NP stated he will talk to the other members of the team to see what can be done. We used a flat one-piece pouch, I would have liked to use a convex one since the patient has some creases and makes the skin a bit uneven. I think we may have a bit more success with a convex pouching system. *ok*

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 see some postop patients and to see what happens in the hospital setting compared to the outpatient one. I was able to see a couple of cases I never saw before.

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

Tomorrow on 10/16/24, I am going to be in a more wound care environment. My goal is to assess wounds presented to me accurately and set up the right treatment plan for them

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	See my	

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	comments - this needs added.	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	Make sure this isn't just tasks.	
• Statements direct care of the patient in the absence of the WOC nurse	See comments	
• Directives are written as nursing orders	See comments.	x
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Hi Yvan- See my comments throughout this journal. It needs some elaboration prior to counting for your ostomy hours for this day. Please update the POC/notes per my comments. See the example journal in the course resources for further modeling of these section. Reach out with any further questions.

These updates can be done right in this document and returned to the dropbox whenever completed (no specific due date). Make sure to include this feedback in all future submissions.

Reviewed by: Mike Klements 10/16/24 received Date: 10/16/24