



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: 10/23/24

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Britany Gesing

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.

Today I was with the ostomy care team. We were able to see 6 cases today. We had two patients who are planning to go home tomorrow. One of them had a stoma for more than 5 years but the peri-stoma was red and painful for the past 4 years according to the patient. Patient had a stoma revision, granulating tissues were removed during surgery. Patient stoma is currently red and shiny, no excoriating peristoma. Patient was cleaned with soap and water, convatec liquid sealant, hollihesive pieces cut to fit around stoma to cover folds around in the peristomal skin, A coloplast 1 3/8 2 piece was cut to fit and secured. Patient was informed that it is not normal to have had excoriating skin for that long. The pouch needed to be fitted so that the skin can be protected. Patient became very emotional. She stated she never knew she could get new products. Patient was strongly encouraged to set up appointment and to follow up with the clinic. The ostomy team number was given to her as a contact and resource she should use in case of any issues with taking care of the ostomy. The other discharge was like the first one. For one patient who was on his third day postop, a rod was removed from the stoma and new pouching was done. We did an enema for a patient who had severe impaction from a transverse ostomy. I was able to insert an 18Fr catheter into the proximal end of the loop ostomy and 500 cc of castor oil was pushed into the bowel. One patient had marking done but she had an FMS and purewick. Patient did not have surgery yet, she had obstruction the care team is trying to see if the patient condition can be resolved medically first before possibly going through surgery.

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:

Pt is an 85 year old female, A&Ox3, lives with family. As per daughter, patient has been having a lot of abdominal pain in the past few weeks in addition to diarrhea. No nausea or vomiting. Patient was able to tolerate PO at home without issues. Patient WBC wnl, no fever. Imaging showing associated rim-enhancing

(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

extraluminal gas and fluid containing collection along the right lateral and inferior sigmoid colon suggesting contained perforation versus development of a sinus development of a sinus tract. Patient has no surgical history. Patient is incontinent of urine and lately of bowel as well. During the visit, patient appears in good humor, she expresses herself well. Patient has a purewick female external catheter that is collecting urine as well as a FMS. Nurse explained what the purewick does. It is an external catheter that helps to keep our patients dry. Instead of an indwelling catheter. In the past a patient would be left in bed without a noninvasive way of keeping them dry. With the Purewick, a patient can be kept dry without an indwelling catheter. The indwelling catheter is invasive, increases the risk for UTI, requires a trained person to insert. By contrast, the purewick is easy to use, it is placed externally, it is very practical, and it does the same thing the foley does without increasing the risk of infection and possible damage to internal structures of the urinary system. Patient is made aware of the different parts of the Purewick and how it is assembled. Family also inquires about the fecal management system (FMS). Patient and family are made aware that since she has been having diarrhea, a FMS will help prevent constant wiping, constant fecal matter on the skin which can cause irritation and damages to the perianal the buttocks, sacrum and anywhere exposed to the fecal matter. The ultimate goal is to prevent incontinence-associated-dermatitis (IAD). A FMS is composed of a soft, flexible tube, connected to a collection bag at one end, at the other end, the tube has an inflatable balloon to help secure the device in the rectum and prevent it from coming out of the anal area. Using an FMS is usually for a temporary period. We want to encourage the patient to try to control herself as much as possible. If diarrhea stops, we can use regular pull-ups, adult underwear to help manage any ongoing incontinence. Patient and family express their understanding of the teaching.

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)

Call nurse if Purewick and FMS are malfunctioning
Consult pain management
Consult gastroenterology
Consult nutritionist
Consult urodynamics for incontinence testing

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

Overall, that was a great day. I was able to remove a rod, intubate a stoma and administer an enema through a catheter in the stoma. The case I used for incontinence notes was not hands on since patient already had the FMS and purewick on, but I was able to do some education. The patient and her family seemed to have received very well the detailed explanation we provided about the devices and the reason we are using 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?

My goal was to find a patient with incontinence so I can do my documentation. It is very difficult to find patients where I am doing

(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

something incontinent related. For the most part, the patients already have a foley catheter on or an FMS even before the WOC is called in. It appears that, unlike wound and ostomy, continence is not the domain of the WOC nurse and there are no consultations for WOC nurses concerning incontinence.

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

Tomorrow I am going to be with the ostomy team. I will try to see how incontinence may be a factor to consider in the patients' overall focus as a WOC nurse. Some of the patients I have been seeing have foleys, suprapubic catheter. I will try to focus on that part of the patients' condition.

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.