

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Carol Pero Day/Date: 12/02/24Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Therese "Terri" CobbsClinical 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.

Ostomy outpatient clinic day provided multiple patients from various medical backgrounds. Four patients were seen for ostomy follow-ups with the fifth patient being seen for fistula management. Two patients have a history of rectal cancer. The first rectal cancer patient has an ileostomy with a scheduled plan for reversal in two months. She presented with a denuded region from 3:00 to 9:00 position. Having a failed trial of an ostomy belt due to discomfort, a technique was employed to "prop" the stoma. Patient was instructed to apply pressure above the stoma as the pouch was being placed to dissuade effluent from pooling beneath the stoma. Additionally, two pieces of Mefix™ tape were utilized over the belt tabs on the barrier to mimic ostomy belt pressure. The latter rectal cancer patient has an end colostomy after abdominal perineal resection due to a low lying and locally invasive cancer. Although, a soft convexity was discussed as a possibility after his initial CWOCN consultation, today's visit found the skin integrity and expected wear time was without fault with his current pouching system, therefore no changes were made.

A very difficult enterocutaneous fistula warrants a regular visit from a patient with a remote H/O colon cancer (without history of radiation) and recent H/O hysterectomy and subsequent fistula development. The fistula is "stomatized" and is nestled in a divot of the LLQ with multiple creases and folds surrounding. Skin integrity is a constant battle with erythema and erosion/superficial ulceration extending into all abdominal quadrants. Multiple products are utilized including Domeboro™ soaks, Hollihesive™ skin barrier sheets in a petal layering format, sealed with stomahesive paste. Stomahesive powder, Cavilon™, Adapt™ rings are also used in the effort.

A 25 y/o female returned for follow-up with reports of decreased wear time and increased leaking of her ileostomy pouch.. This follow-up fell within 8 weeks post colectomy with end ileostomy. The stoma has reportedly changed considerably and current pouching system is no longer an appropriate choice. Stoma is beefy red and moist, but is flatter than previous assessment, therefore a two piece pouch with soft convexity was recommended. Of note, colonic dysmotility was the precipitating diagnosis for surgery.

Lastly, a 31 y/o male with and end ileostomy was seen. Patient has a unique dx of Ehler's-Danlos syndrome, a connective tissue disorder which is non-inflammatory that can affect multiple systems including the gastrointestinal system.

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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:

Assessment/encounter:

Stoma Type: 31 y/o male being seen for repeat evaluation and continued management of end ileostomy. PMH, PSH, and medication list collected from patient chart. No labs included today.

PMH: Ehler's-Danlos syndrome, aneurysm 2019, retroperitoneal hematoma 2024, traumatic retroperitoneal hematoma 2022, iliac artery dissection-right, iliac artery dissection-left.

PSH: NES Cavernous Carotid Fistulae Repair 2020

Medications: ascorbic acid 1000 mg po qd, loperamide 2 mg cap po qid, metoprolol succinate ER 50 mg po bid, ondansetron orally disintegrating 4 mg tab po q8h prn for nausea/vomiting

LOC: Patient awake, alert, oriented. Reclining in chair.

Interview: "Sometimes I can get 2-3 days (of wear time). I am allergic to the Mefix™ tape."

Location: RLQ

Stoma: Red and moist

Stoma size: 3/4" x 7/8"

Shape: Round

Protrusion: Retracted

Drainage: Brown, liquid effluent..

Peri-stomal skin: Pseudoverrucous lesions along stomal perimeter from 10:00-2:00 and 4:00-7:00. Immediate peri-wound is mildly denuded and erythematous. Extended peri-stoma region also mildly denuded and with sharper erythematous border from 6:00-8:00 position. Mucocutaneous junction is not visible.

Abdominal plane: Deep creases at both 3:00 and 9:00 situated over rounded semi-soft abdomen.

Treatment: See below.

Current wear time is 2-3 days.

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)

Treatment

- Domeboro™ soak x 20 minutes. No Sting Liquid Skin Barrier plus small amount of Kenalog™ topical spray to erythema.
- Stomahesive paste applied in thin layers at 3:00 position. Additional strip paste applied at 3:00 and also at 9:00 positioned creases.
- Cover strip paste placed at 3:00 and 9:00 with 1" x 2" Hollister™ Hollihesive skin barrier wedge and cut 2 radial slits and press to conform.

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- Hollister™ Hollihesive skin barrier washer to peri-stoma for building followed by two additional wedges cut 1” x 2” of HH. Caulk with paste
- Moon-shaped HH skin barrier to cover extended denuded region of extended peri-stoma region.
- Marlen™ Ultra Lite Shallow Convex 1 3/8” opening drainable pouch with stomahesive paste.
- Secured with 3M™ multipore dry surgical tape to tape collar for additional support.
- Ostomy belt reapplied.

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

The many products required to achieve 2-3 day wear time is extensive and is difficult to reproduce under others’ care, however, patient’s history reveals multiple unsuccessful attempts to improve wear time with simpler methods. I may have held the Kenalog™ spray and obtained an order for combination steroid and antifungal topical and applied to the affected region at 6:00-8:00 position if I could omit this area from adhesive contact.

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 become more acquainted with ostomy products and to be able to define the purpose for each product.

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

My goal is to continue gaining confidence and discernment in selection of products as well as increase hands on experience.

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		

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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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