

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Vishal Mittal Day/Date: 12/05/024

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Adam Shaw CWOCN

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.

We provided ostomy care to four patients during today's clinical rotation with my preceptor. My rotation is in Ostomy and Continence care, therefore all cases focus on Ostomy and Continence care. The first case we saw was a follow-up for a patient with pseudomyxoma peritonei with a jejunostomy and multiple enterocutaneous fistula (ECF). The second patient we saw was a WOCN consult for a leaking wound, the patient had a history of Chron's disease, abdominal wall reconstruction, and the Mesh got infected creating a wound in the midline lower abdomen with visible mesh in wound measuring 2cmx1cmx.05cm with purulent drainage. The next case we saw was a patient with jejunostomy leaking with complaints of burning and itching to the peristomal skin. The patient was found to have denuded skin Domeboro soaking was used, followed by ostomy powder, and the stoma was pouched. The last case we saw was the case of duodenostomy with complaints of leaking pouch.

Types of patients: Jejunostomy with multiple ECF, Duodenostomy, Stage 3 wound abdomen, Jejunostomy

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:

This is a 48-year-old female with a past medical history of CHF, depression, anxiety, Gardner syndrome, GERD, UTI, malnutrition, and failed bowel transplant s/p end Duodenostomy. The patient has a history of several colon surgeries: Tubal ligation, resection of the left rectus desmoid and umbilicus twice, proctocolectomy and ileal pouch with anal anastomosis, dilatation and curettage, temporary loop ileostomy, ileostomy reversal, and bowel transplant. The patient was admitted with a diagnosis of abdominal desmoid tumor, the WOCN nurse was consulted for a leaking pouch to the Duodenostomy. The patient was up and awake in bed with the head of the bed up, agreeable to ostomy care and pouching change. The old pouching

(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.

system was connected to the gravity drainage bag. The old pouching system was removed from the right upper quadrant.

The patient had end Duodenostomy to the RUQ, stoma appeared red moist, and fragile. The Os of the stoma was located at 7 o'clock measuring 1 1/8", slightly protruding budded, concave depressions at 3 and 9 o'clock with denuded skin 1 inch. The effluent was clear thin liquid yellow color. The area was cleaned with warm moist soap and water gauze and pat dry. Ostomy powder was applied and sealed with a skin barrier, Strip paste was applied in the concave 3 and 9 o'clock position. Brava skin barrier wedges over the strip paste applied, with Brava skin barrier washer to the ConvaTech 1 3/8' Convex-It flange was used with Hollister high volume ostomy output (HVOP) and framed with Mefix tape, connected to large bore gravity drainage bag.

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)

- Remove the old touching system, clean the peristomal skin with soap and water, and pad dry thoroughly. Apply stoma powder and 3M cavalon wipes to denuded skin.
- Apply paste to the concave area 3 and 9 o'clock position. Brava skin barrier wedges over the strip paste applied, with Brava skin barrier washer to the ConvaTech 1 3/8' Convex-It flange was used with Hollister high volume ostomy output (HVOP) and framed with Mefix tape per pt. request.
- Ware time goal is 3-4 days without leaking, WOCN team will continue to follow the patient, reconsult the WOCN nurse if leaking occurs.

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

To be honest I have never been involved in managing Duodenostomy, Jejunostomy, or enterocutaneous fistula pouching. My experience has been with mostly ileostomies and colostomies. The different types of products and techniques used were very new to me. I would not have done anything differently, matter in fact I will use the same technique to manage the leaking pouch.

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 for the day was to shadow the WOCN nurse to learn the workflow and more importantly, observe the techniques for pouching for complicated cases such as ECF.

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

My learning goal for tomorrow is to do an ostomy site marking and as many cases as possible.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> • Identifies why the patient is being seen 	✓	

(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

• 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.