



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Blake Wollam Day/Date: 1/14/2025

Number of Clinical Hours Today: 9

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Jessica Lawson, RN

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 we saw a total of 5 patients with ostomy care needs. One patient was a 52-year-old female presenting pre-operatively for marking for a possible loop ileostomy. She was diagnosed with rectal cancer and is scheduled to have surgery on 1/29. She is scheduled for a sigmoid colectomy with a colorectal anastomosis. We showed her a patient information video about ileostomies which included what a stoma is, why it is created, management of a stoma, and lifestyle changes including diet, hydration, and clothing. We allowed her an opportunity to ask questions, and all were answered. We assessed the patient laying, sitting, standing, and bending, and we were able to find a good area without difficulty in her RLQ without creases or folds or scarring. We marked this area with a surgical pen. We asked the patient to lay down and the area was cleaned with an alcohol swab. We applied India ink to the area and using a 25-gauge needle created a triangle tattoo marking with three small dots without difficulty. One patient was a 73-year-old male coming for marking. He presented originally in January 2024 for rectal pain and difficulty having BMs. In February 2024 he had a colonoscopy which found a rectal mass, then later that month a PET scan was performed, and the patient started chemo and radiation which was completed in July 2024. In August 2024 he presented to an OSH because his tumor was obstructing his stool passage. They created a loop descending colostomy at that time. Since then, his tumor has started invading his prostate. He is scheduled for surgery on 1/20 for a tumor excision. It is unknown what the exact outcome of the surgery will be until the surgeon has the patient in the OR, however today we tattooed three triangle markings in his RUQ, RLQ, and LUQ without difficulty. The patient may keep his current descending loop colostomy, or he may end up having this converted to an end descending colostomy. He may or may not also have a prostate and/or bladder excision with a possible end ileal conduit. The patient may also have a flap done from the RLQ, so we needed to mark the three quadrants. We saw a 44-year-old female for marking today as well. She was recently diagnosed with colon cancer and was supposed to be marked in the RLQ today for the creation of a loop ileostomy with a colon resection with end-to-end anastomosis. She was originally scheduled for surgery on 1/30, however she recently had a PE and was started on Eliquis, so the surgery has been pushed back to 2/27. The patient declined a tattooed marking today. Given this, the plan is to reschedule her nurse visit for marking to a date closer to the new surgery date. She was shown the informational video today and was given the informational packet for prior to the surgery. All questions were answered for the patient today. We saw a 67-year-old female patient today for follow up who had a loop ileostomy created for the treatment of rectal cancer in November 2024. She was seen about 1 month ago due to issues with leakage from her pouch. Her pouching system was modified to add convexity to assist with the leakage. She is being seen today for follow up as her leakage has improved, however she is still experiencing leakage and she has been changing her pouch every other day due to leakage. On exam today we measured the patient's stoma and found that she needed a smaller opening in the flange. Her supportive tissue was also fairly soft. We modified her pouching system again to a Convex-It system in a smaller size than her previous flange. One patient was a 76-year-old male patient with a history of rectal cancer requiring the creation of a loop end sigmoid colostomy and end ileal conduit in 2020. Since then, he has been able to manage his pouches independently. He has lost 50 pounds since around that time. He presented today for follow up, mainly for complaints of leaking from the urostomy pouch. This patient will be further elaborated on below.

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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:

J.F. is a 76-year-old male presenting today for follow up. He has a history of rectal cancer which required the creation of a loop descending colostomy and end ileal conduit in 2020. He has been managing his pouching well at home independently since then. Since around that time, he has lost a total of about 50 pounds. He presents today for follow up, mainly for complaints of leaking from the urostomy pouch over the last month or so which has been worsening since that time. No current complaints regarding the colostomy pouching system. He has a PMH significant for diabetes, hypertension, hyperlipidemia, rectal cancer, and arthritis. He has a PSH significant for colonoscopies, right shoulder replacement, and creation of his ileal conduit and colostomy. Current medications include Tylenol 325-650mg every 6 hours as needed for pain, Lipitor 40 mg daily, Lotensin 20 mg daily, daily multivitamin, Metformin 1000 mg daily, and Vitamin B complex daily. He lives independently at home with his spouse and is independent with ADLs. He denies smoking, alcohol, or illicit drug use. Most recent labs from 12/19/24 include a HGB A1C of 6.8, normal BMP aside from elevated glucose 118, and a normal CBC. On exam today, he is pleasant, alert, awake and oriented x3 sitting comfortably on the exam table. Agreeable to appliance changes and assessment. Urostomy assessed first. End ileal conduit is in the RLQ. Pouch intact without leaks, clear yellow urine present. Pouching system carefully removed. Back of skin barrier wafer assessed with no signs of moisture or breakdown present- patient stated he last changed the system last evening. Diameter of the stoma is ¾". Stoma is round, flush with the skin, and buds more with convexity. Mucosa is red and moist. Mucocutaneous junction is intact. Peristomal skin is clean and intact. Peristomal contour is flat with crease superior to stoma leading into the umbilicus, supportive tissue is soft. Peristomal skin and stoma gently cleansed with warm water and patted dry. Surrounding body hair carefully shaved. Cut to fit and applied a 2x2" Hollister Hollihesive washer, then applied a 1 ¾" flange Convatec Surfit Natura Durahesive Convex-It with a ¾" opening two-piece Urostomy Pouch with a Hollister belt applied. Patient had been using the same system but with a 7/8" opening which appeared to be slightly too big on exam today. Colostomy then assessed. Loop descending colostomy is in the LUQ. Pouch intact without leaks, pasty brown effluent present. Pouching system carefully removed. Back of skin barrier wafer assessed with no signs of moisture or breakdown present. Diameter of the stoma is 1.5". Stoma is elongated with slight protrusion about ¼" above skin level. Stoma is red and moist. Mucocutaneous junction is intact. Peristomal skin is clean and intact. Peristomal contour is rounded with subtle creases going into the umbilical area. Supportive tissue is soft. Peristomal skin and stoma gently cleansed with warm water and patted dry. Surrounding body hair carefully shaved. Applied Hollister Hollihesive wedges to fill in creases into the umbilicus. Applied patient's same system of ¼" Convatec Surfit Natura Durahesive Convex-It 1.5" two-piece pouching system with an opaque closed-end pouch with a Hollister belt. Wear time goal for these systems is 3-4 days. Patient had a healed midline incision scar. Four sets of supplies provided for urostomy, and new prescription printed for patient. Patient tolerated pouch changes without discomfort. Patient can follow up as needed if leaking persists. No further visits planned at this time. Patient was agreeable and understanding with our care plan today. All questions answered.

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)

- Follow up as needed if leaking persists.
- Change systems every 3-4 days or as needed for leaking.
- Change urostomy system, then change colostomy system.
 - Gently remove pouching system using adhesive remover swabs and push pull method.
 - Cleanse skin and stoma with warm water. Pat dry.
 - Apply skin barrier wafer and pouch.
 - Recommended urostomy appliance: Cut to fit and apply a 2x2" Hollister Hollihesive washer, then apply a 1 ¾" flange

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Convatec Surfit Natura Durahesive Convex-It with a ¾” opening two-piece Urostomy Pouch with a Hollister belt. May connect to gravity drainage overnight.

- Recommended colostomy appliance: ¼” Convatec Surfit Natura Durahesive Convex-It 1.5” two-piece pouching system with an opaque closed-end pouch with a Hollister belt
- For any concerns for bleeding, mucocutaneous separation, or lack of output please call your surgeon’s office immediately.
- Maintain adequate hydration with 8-10 8-ounce cups of fluids daily.
- Resume typical diet and activity.
- Continue to monitor glucose and BP and continue current medications.
- For any other questions or concerns please call our office.

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

I thought today was a good learning experience. I gained much valuable experience in marking patients prior to surgery. Today I was able to do this by tattooing patients which I was not able to do before. I also correctly identified the likely issue causing the above patient’s leaking urostomy pouch and chose an appropriate replacement. I cannot recall anything specific that I may have done differently.

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 today was to collect a catheterized urine specimen from a urostomy which I was not able to accomplish given there were no patients with this need today in clinic.

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

My goal for tomorrow is to learn more about the surgical aspect of care, given I will be with Dr. Spivak.

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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