Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name**: Jen Ennyl E. Gomez** Day/Date: **Thursday – January 16, 2024**

Number of Clinical Hours Today: **8**

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

Preceptor**: Amy Folk**

Clinical Focus: Wound ____ Ostomy ✓ Continence ____

Reflection: Describe your patient encounters & types of patients seen.

Today, we conducted a follow-up with our patients and a pre-op stoma marking.

Patient #1: A 68-year-old female with a medical history of rectal cancer and is scheduled for colostomy creation on 1/21/25..

Patient #2: A 65-year-old female with a history of breast CA s/p b/l mastectomy (2010), hyperthyroidism, COPD, and HTN.. She presented to the emergency department with abdominal pain, Nausea and vomiting. A CT of the abdomen and pelvis was performed, revealing a pancreatic mass and ischemia, and she subsequently went to the operating room for a resection and new colostomy creation on 1/14/25

Patient #3: A 80-year-old female with a history of dementia and GERD. She went to ED last 1/12/25 for an increased abdominal pain. CT revealed high grade sbo and colon ischemia lobe and underwent for an emergent colon resection surgery and a colostomy creation.

Chart note:

Patient #1
Type of Visit: Initial (Pre-op stoma marking/education)
LOC: Upon arrival in the room, the patient was sitting on chair, with daughter at bedside. demonstrating a willingness to undergo the marking.
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Assessment:
Alert and oriented
Denies any pain
Patient stated that scheduled surgery next week (1/21/25)
Weight: 110 lbs
Patient is ambulatory and lives with daughter.

Nutrition: Pt is on a regular diet tolerating well and denies nausea and vomiting.

WOC Plan of Care (include specific products used)

Explained to the patient and daughter the reason for stoma marking.
Pre-operative colostomy education provided and patient asked appropriate questions.
Patient assessed in lying, sitting and standing position looking for folds and creases.
Patient's belly was marked in the LUQ within the rectus abdominis muscle away from creases and fold and patient agreeable for location.
Patient is able to see the mark and has a good eye and hand coordination to the mark.
Mark was protected with a dry transparent dressing.
Written information about colostomy was provided.

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

I would maintain my current approach and not modify the stoma marking process. The guidance provided by my preceptor was invaluable throughout the procedure.

Goals

Today provided a valuable opportunity for me to engage in a hands-on experience focused on pre-operative stoma marking. I had the chance to work closely with my preceptor, learning the intricacies of the procedure and the importance of accurate marking for patient outcomes. Additionally, I participated in an informative teaching session designed for patients and their families, where we discussed what to expect during the stoma formation process and addressed any concerns they might have. This experience not only enhanced my technical skills but also deepened my understanding of the emotional and educational support needed for patients. Overall, I am feeling increasingly confident and knowledgeable in this area of care.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
My learning objective is to actively seek opportunities to gain extensive experience in managing complex wound care and providing support for ostomy patients. I aim to develop a deep understanding of the specific challenges these patients face, improve my clinical skills in assessment and treatment, and build rapport with patients to enhance their overall care experience. By immersing myself in this specialized area of healthcare, I hope to become proficient in the latest wound management techniques and ostomy care practices, ultimately contributing to better patient outcomes.

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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: _____