



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Zachary Goodin Day/Date: 1/17/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Jeanine Osby

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 in the outpatient clinic and saw most patients with an ostomy. 2 patients were seen preoperatively for an upcoming ileostomy surgery. These patients were given education and assessed for a stoma site marking. 3 other patients were seen 2 weeks postoperatively for a follow up visit. These patients were seen by both their provider and WOC nurse. Stoma assessments were performed and adjustments to pouching systems were made. A couple lifestyle modifications were also recommended for these patients that included changing the pouch in the morning to combat effluent during pouch changing or providing education on preventing dehydration. I was given the opportunity to see a patient that had a completed J pouch procedure in October of 2023.

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:

Follow-up visit for 45 year old male. The patient has a past medical history of ulcerative colitis, type 2 diabetes, and hypertension. In October of 2023 the patient had completed a three stage J-pouch procedure due to ulcerative colitis diagnosis. Upon arrival, patient and spouse both present. The patient states that they overall have not had many issues following the J-pouch procedure completion. Patient states that they have about 4-6 bowel movements per day with occasional episodes of urgency and no episodes of incontinence. Patient reports stool is typically a dark brown/green applesauce to paste consistency with occasional episodes of liquid consistency about once a week. The patient also states that the past month they have had episodes of constant itching, and spouse reported that the perianal area is red. Patient states that they have rare episodes of fecal spotting in their undergarments about every 2-3 weeks. The patient was examined by their physician for anal sphincter contraction strength. There is noted erythema perianal that extends briefly onto the buttocks. Skin is intact and red satellite lesions are noted. The perianal area was cleansed with Coloplast Bedside-Care no-rinse cleanser. The perianal area was then treated with Coloplast Critic-Aid Clear Moisture Barrier with AntiFungal.

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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)

Following every bowel movement thoroughly cleanse the perianal area from all fecal excrement. Use a pH balanced, no rinse cleanser such as Coloplast Bedside-Care no-rinse cleanser. Apply a thin layer Coloplast Critic-Aid Clear Moisture Barrier with AntiFungal twice daily. The moisture barrier is intended to remain in place for multiple bowel movements with stool being removed from outside the barrier following each bowel movement. Referral to Manometry for evaluation of anorectal pressure with comparison of previous results. Referral to pelvic floor therapy to strengthen anorectal muscle tone and prevent episodes of urgency or fecal leakage. Patient to follow-up in one month. Instructed patient to call if redness or itching does not improve or worsens.

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

I thought that the perianal care for this patient was straight forward. However, without correction of leakage episodes or caring for the perianal skin following each bowel the irritant dermatitis and fungal infection could worsen and impact the patient's quality of life. Referring the patient to pelvic floor therapy and manometry testing will allow for the correction of the overall problem and prevent the issue from occurring in the future.

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 focus on wound and continence care. The goals was met with a patient that is in a unique situation with a J-pouch.

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

On January 20th I will be in the urodynamics testing center and hope to gain experience in continence diagnostic testing.

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	✓	

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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: _____

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