

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

### Daily Journal Entry with Plan of Care & Chart Note

Student Name:     Alexis Faria     Day/Date:     January 22, 2024    

Number of Clinical Hours Today:     8    

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor:     Elizabeth Kulling    

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.

Assisted with post-op education lessons for ostomy patients. Saw a patient with leaking fistulas and pouching adherence issues. Assisted with external female catheter care and adjustment. Also, assisted other stoma team members with complex patients.

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:

52 year old female with past medical history of bladder cancer, COPD, depression, and sleep apnea. Over the last year patient had hematuria that was found to be from large tumor to left UVJ and hydronephrosis. Patient underwent open anterior exenteration, bilateral pelvic lymph node dissection, and ileal conduit. Patient being seen for leaking system and skin care. Patient appliance removed at this time. Stoma in RUQ, is red and moist and budded. Stents in place as well as stoma foley. Urine is yellow with mucous. Stitches holding stents in place. Peristomal skin with erythema and some epidermal loss circumferentially. 9-2 o'clock mucocutaneous separation. Skin cleaned at this time. Domboro soaked gauze used to soothe and dry peristomal skin. Skin thoroughly dried. Convatec stomahesive powder used mucocutaneous junction and peristomal skin. Excess dusted and 3M cavilon used to dab powder and peristomal skin. Hollihesive washer used to peristomal skin and 2 ¼" hollister new image flat flange cut to fit and applied to skin. Foley and stents carefully placed on urostomy pouch and adapter used to connect pouch to 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)

Appliance change every 3-4 days or as needed for leaking:

- 1) Use SensiCare adhesive remove wipes to aide in removing appliance (use care as not to pull foley or stents – until

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- informed by physician)
- 2) Soak gauze in domboro and warm water (follow directs on packing)
  - 3) Cleanse peristomal skin and apply domboro gauze and allow to sit for 5-10 minutes, dry skin thoroughly
  - 4) Apply powder to peristomal skin and mucocutaneous separation and dust off excess
  - 5) Dab peristomal skin with Cavilon 3M skin barrier
  - 6) Measure stoma and cut Hollihesive to wafer to surround entire stoma
  - 7) Apply Hollister New Image flat flange and connect urostomy pouch

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

Care was appropriate. I think this patient was oriented enough to be provided with a post op lesson at this time. Patient needed a simple system – as she does minimal self-care and has a retired nurse friend who is doing most of the care for her.

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?**

Goal for the day was met, I got to see patients with continence issues. I also got to assist with complex fistula pouching.

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

Next clinical will be my final day so I am hoping to follow up with a complex wound vac that I would like to use for my complex journal. Also would like to continue seeing patients from all types of WOC issues and making plans of care that are appropriate.

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	✓	

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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