



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Ann Bruce Day/Date: 1/8/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital ☒ Ambulatory Care ☐ Home Care ☐ Other ☐

Preceptor: Brittany Gesing

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, my rotation was in the ostomy clinic, where I had the opportunity to work with my preceptor and see six patients. Most patients presented with concerns related to ostomy care, including issues with stoma site leakage, pain, and bleeding. The patient I focused on today was experiencing significant stoma site pain, bleeding, and leakage from his ostomy pouch. My role involved assessing his concerns, providing hands-on care for managing these issues, and offering guidance on proper pouch application and skin protection. This rotation provided valuable insight into the practical aspects of ostomy care and patient education.

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:

Patient is a 65-year-old male with a history HTN, GERD, diabetes mellitus, OSA, neuropathy, Hepatocellular carcinoma (HCC), diverticulitis, diverticulosis of the large intestine, hypokalemia, severe protein-calories malnutrition, and intestinal diverticular abscess. Past surgeries history of colostomy, lap surg prostatectomy and closure colostomy lithotomy. Patient presented to stoma clinic for post-op appointment. Patient arrived in powered wheelchair accompanied by wife. Patient agreeable to transfer to bed for stoma assessment. Patient reporting burning and abdominal pain. Patient reports having a colostomy before and needing to cut the flange large and so he has continued that technique which had leaking and ongoing peristomal skin irritation. Removed 70 mm HN1 flat cut to 70mm flange, pouch with clip closure. Leaked at 3 o'clock. Stoma site cleaned with water. Stoma protrudes slightly, mucosal red and moist, mucocutaneous junction intact, peristomal skin denuded with erythema. Stoma output watery, green bile. Applied triangular shaped hollihesive washer cut to fit, 57 mm HN1 Convex flange cut to fit paste to aperture of flange, high volume output pouch with belt. Midline abdominal incision staples removed this visit. Patient educated to cut flange only slightly larger than the site of the stoma.

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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)

- Skin care domeboro soak for 15 minutes
- Allow Skin to dry thoroughly.
- Apply stomahesive powder as needed to any irritated or denuded skin with each pouch change.
- Gently dust off the excess
- 3M cavilon skin prep
- Increase protein in diet (chicken, protein shakes)
- Use 57mm Convex flange cut to fit
- Follow up visit next 14 days

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

The care provided to this patient focused on addressing stoma-related complications, including leakage, peristomal skin irritation, and abdominal pain. After assessing the stoma site, I found it to be slightly protruding with mucosal redness and moisture, indicating irritation likely due to the flange being cut too large, which contributed to the leakage and skin breakdown. The choice to use a triangular-shaped Hollishesive washer along with a convex flange and high-volume output pouch was appropriate for the patient's needs, given the stoma characteristics and the ongoing leakage. The convex flange provided better support for the protruding stoma, while the paste ensured a better seal around the flange to prevent further leakage. Since the patient mentioned that his wife does his stoma care I would have asked the wife to measure and cut the flange to make sure it's being cut to the correct size.

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 assess and manage a patient with a stoma in a ostomy clinic setting, focusing on addressing stoma-related complications such as leakage, peristomal skin irritation, and abdominal discomfort. Perform a thorough stoma assessment, including evaluating the peristomal skin, stoma appearance, and pouching system to identify any issues contributing to leakage and irritation. Provide appropriate care by adjusting the stoma appliance, using the correct flange size and application techniques, and addressing peristomal skin integrity.

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

Stoma marking and education.

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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: _____

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