

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Bridget Bowman Day/Date: 04/28/2025Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Jessica Lawson

Clinical Focus: Wound Ostomy Continence **Reflection: Describe your patient encounters & types of patients seen.**

My patient encounters were mainly those with ostomies, starting with a new Loop Ileostomy for a patient. Another, a gentleman, had not only a new Ileostomy, but a Negative Pressure Wound Therapy (NPWT) to his right groin due to the surgery. This patient had been in the hospital for some time with a spouse by his side. I observed education and site care by the Ostomy nurse for a patient on his emergency surgery from a bowel perforation surgery. This patient not only had an Ileostomy but also a Colostomy (fistula). The patient's spouse was present, as was a brother to the patient.

Chart note:

The patient, a 49y/o male was seen for a scheduled pouch and NPWT dressing change to right groin. Report had been given that the application over the Loop end ileostomy had leaked over the weekend and changed several times without a successful seal. The patient had been provided education on the application of the care for his Ileostomy. He stated he felt he had a handle on changing the flange and wafer. Yet the abdomen may be changing shape since surgery 02/09/2025 causing the issues with proper wafer seal. The skin now dipped around the stoma. It appears now the abdomen requires convexity and treatment for peristomal skin irritation from discharge. As care provided in adjusting the type of flange needed, the patient was distracted and unable to concentrate due to the highly functioning stoma as the dressing was changed. The patient also complained about his bottom being sore.

Previous application was 2 3/4" Hollister New Image flat Flange with lock 'n roll pouch.

Etiology; Loop end ileostomy Diameter: 1 5/8" x 1 3/8"

Stoma rounded, red, and moist. Output; semi-liquid with brown to green effluent.

Peristomal skin; Erythema and denuded. This was the circumference of the stoma.

The peristomal skin was treated with barrier powder followed by 3M Cavilon skin prep. A triangular Hollister Hollihesive washer, cut to fit, 2 3/2" was placed over the stoma as skin protection. A convex flange, cut to fit with a Cera ring applied to the bottom for additional seal. Pouch the clicked to flange.

The right groin NPWT dressing was removed using an adhesive remover and saline to loosen the sponge. The area was cleansed with soap and water then moisten gauze and patted dry. Wound area measured, 2.2" x 2" x 1.5". Barrier film placed around outer edges of wound. Vac drape placed over wound with opening cut to allow placement of 1 black sponge to wound. Sponge covered with Vac drape; area cut for suction. Suction attached, continuous at 125 mmHg. Spouse at bedside observing dressing change. The patient had PRN pain medication as dressing to Ileostomy was being changed. He is now resting in bed, not really interested in

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education at this time. Supplies left for the patient of convexity flange. Next schedule ostomy change will be Thursday with education. Spouse expressed gratitude for the visit.

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)

1. Change appliance every three days and prn for leakage
 - a. Remove the flange by pushing down on skin as gently pulling up from top of flange.
 - b. Cleanse area with soft paper towels or washcloths
 - c. Use only non-oily soap e.g. Ivory or Dial
 - d. Measure stoma, pull up on skin to have stoma form correctly for measurement & cut flange to fit stoma.
 - e. Use Hollister Hollihesive over stoma before the flange
 - f. Place barrier ring to back side of convex flange
 - g. Place over stoma and fit by slight pull up of area above stoma then attach high output pouch to flange.
 - h. Place hands over application to allow pressure and warmth help the adhesive provide a good seal.
 - i. Empty pouch when $\frac{1}{2}$ to $\frac{3}{4}$ full by unrolling bottom of pouch. Cleanse end of roll bottom with towel or wash cloth before rolling back to reseal.
 - j. Change the pouch & flange every 3-4 days

The Home Health nurse will change the NPWT dressings.

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

My preceptor was very calm and allowed each patient time to complete their care on their ostomy applications. Discussion was provided on the type of flange needed for how the stoma changes. I felt comfortable picking out the flange for different body types. Observing how the NPWT was completed provided new ideals for dressing changes.

Listening to someone else do the education was frustrating. Since I have been providing care for ostomies I was taught a little differently. Discussing this with my preceptor after leaving the room she explained everyone will do something different in their approach. The main objective is not to overwhelm the patient.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

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Goals
What was your goal for the day?

My goal after starting out was to be able to address the types of flanges, flat or convex, that would provide the proper seal around the stoma. My preceptor explained the Convatec flange, which I have not had the experience with for me. This provided the different convexities needed.

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

I hope to be able to do a stoma marking. I have trouble feeling out the rectus muscles. My surgeons have been pleased with my performance up to now. I wish to be more confident with marking and providing pre surgery education for ostomies.

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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	✓	
• Completes Braden Scale for inpatient encounter	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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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R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Reviewed by: _____ Date: _____

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