



R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Bridget Bowman Day/Date: 05/01/2025

Number of Clinical Hours Today: 9

Care Setting: Hospital Ambulatory Care Home Care Other out patient clinic

Preceptor: Karen O'Brien

Clinical Focus: Wound Ostomy Continence

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

Patient #1: 59-year-old female, in to have her Ileostomy assessed. The patient has not had a follow-up since surgery in 2018 due to a reversion. Pseudo verrucous that was around the stoma was treated with silver nitrate. A soft convex flange with Hollihesive to the stoma first was placed around the stoma. A drainable pouch is attached.

Patient #2: 84-year-old female, in for marking for a new Ileostomy. The first stoma was created due to diverticulitis on 03/05/2024. The patient is now going to have a hernia repair and a possible new ileostomy. Marking is completed in a permanent marker with a clear dressing placed over the marking to protect it from being smeared before surgery.

Patient #3: 33-year-old female in for supplies related to upcoming bowel prep. A high-output flange was provided to the patient and her mother. The patient refused the offer to check the current pouching system. The patient and parent refused the offer of further education.

Patient #4: 77-year-old female who was in for an exam under anesthesia for rectal cancer. Patient requested to be seen by the Ostomy nurse to assess her colostomy for the correct pouching system. The patient has a large hernia at the colostomy site. The spouse is hands-on to help the patient at home. A new appliance was created for the patient, and then a call was made to Nu Hope to order a custom belt to provide support and protection to the colostomy application.

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Chart note:**Braden Risk Assessment Tool**

Sensory Perception	2
Moisture	3
Activity	2
Mobility	2
Nutrition	2
Friction/Shear	3
Total	14

Age/sex: 77 y/o Caucasian female

PMH: GERD, Hypothyroidism, Rheumatoid arthritis with joint deformities, COPD, Bronchiolitis, Chronic Hypoxic failure, Depression, S/p colostomy acute diverticular bleed, Anal cancer, MRI biopsy of rectum, Unsteady gait when walking, Age-Related Osteoporosis without current pathological fracture.

Social hx: Lives with spouse at home. Smoking history: none. Alcohol use: occasionally

Consultation Note:

Patient in to see the Ostomy nurse related to a change in hernia, causing an ill-fitting application of the flange over the stoma. Over the past few months, her hernia has increased in size. The patient's husband can maneuver the intestines within the hernia to flatten out the hernia when replacing the colostomy application. The present application does not fit well, letting seepage occur.

The patient was assisted to lie on the exam table to assess the End descending colostomy. Spouse at her side. There is a large semi-firm bulge superior to the stoma, with a deep dip from 3-9 o'clock, with the evacuation site @ 7 o'clock at skin level. The hernia was pulled up and down from the stoma to obtain a correct measurement of 1 ¾". The peri skin around the stoma was cleansed with a moist washcloth, then patted dry. Barrier powder was applied around the stoma and dabbed with the barrier film to form a crust. A Hollister New Image 2-3/4 convex with 40 mm adapt convex ring stretched to 1-3/4" to a closed pouch.

The patient's abdomen, around the side to side of the stoma application, was measured 34 ¼" to fit a supportive belt over the colostomy pouch. This not only helps to seal the colostomy application but also reduces the size of the hernia. Instructions provided to the patient to take the belt off at night.

The patient understands it will take up to 3 weeks for the Nu hope Nu form cool comfort right-sided belt with cloth bias ring to be delivered. She stated, "I've lived with this for five years, 3 more weeks won't make a difference".

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WOC Plan of Care (include specific products used)

The patient will change the colostomy appliance every 3 days.
The peri skin is to be cleansed with a moist, warm wash cloth and then patted dry with dry cloth.
Barrier powder sprinkled around the stoma, then dusted to remove excess
Barrier film was wiped over the barrier powder.
Adapt convex ring 40mm applied to the back of the Hollister new Image 2-1/4" convex flange.
Taking one hand to hold the pouch and the other hand to spread the skin top and bottom of the stoma area, place the application from bottom to top over the stoma.
Hold the hand over the application to apply heat, adding to the seal of the adhesive.
Wrap the Nuhope Nuform cool comfort belt around the patient's body, pull up through a hole in the belt the pouch, then seal the belt with its Velcro.
Cover the pouch with the added part of the belt for more security of the pouch seal.

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

The patient was a cheerful older lady with a sense of humor. I believe she appreciated what the Ostomy nurse and I, as a student, could assist her with. It was a challenge to bring the stoma out of a dip position while holding down the hernia, yet the patient never complained about our care.
She was concerned about how we felt about her hernia, but she understood the medical team could not repair her hernia due to so many other complications. The patient stated she likes to stay active, doing small chores around their home. The patient and I exchanged stories about our children and grandchildren. Even the spouse who is concerned for the patient laughed at our discussion.
The Ostomy nurse called the Nuform company while in the room and had a difficult time getting through. Her frustration was obvious. I feel this could have been handled better by stepping out of the room to complete the call. The Ostomy nurse explained to the patient and spouse what she ordered. I felt this was a little too much for them to comprehend. All the different measurements made me confused. At the closure of our meeting, she informed the patient and spouse that there was a telephone number they could call if needed.
I believe a simple form of type of belt and when it was delivered it would have been easier for the patient to understand.

Goals**What was your goal for the day?**

My goal for the day was to complete more markings for ostomy surgery. I was able to do two more markings. Feeling the rectus muscles and having the Ostomy nurse explain why a new ileostomy was needed, but the present hernia could not be fixed due to the rectus muscles being shredded, was interesting. I would have appreciated the ability to log into the patient's charts to research prior surgeries and treatments. Not able to log in to see this.

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

In the morning, I will inform my preceptor I hope to do another flush of the stoma if one occurs. I would like to do the actual flushing this time. I am looking forward to treating hyperplasia around the stomas. Back at my facility, I must first obtain permission to use the silver nitrate but with this training, I feel this can be a useful lesson to help my patients.

I am going to request to cut and apply the Hollishive material around the stoma. I have used Duoderm, but listening to my preceptors feel this material being thicker provides better protection to the irritated skin. Today I participated in applying the flange and spreading the skin around the stoma to provide a smoother area for the attachment. This will take a little more practice to feel comfortable with, but I feel this is something we have been missing in my home facility.

For instructor use only. Do not remove or edit:

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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Reviewed by: _____ Date: _____

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