Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Patrick Willis_____ Day/Date: Thurs, 5/1/25

Number of Clinical Hours Today: __8__

Care Setting: Hospital __x___ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: __Janelle Holtz_____

Clinical Focus: Wound ____ Ostomy __x__ 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 was my first day with the inpatient ostomy team. A team of 5 ostomy nurses divided up the 27+ patients that needed to be seen for follow-up teaching sessions and scheduled pouching changes. I was told this was a "light day" in terms of patient load. My preceptor and I took 6 patients from the list to see.

The range of patient types and time required for a visit was broad. We saw a couple of very straightforward cases of stomal revisions. These patients already knew how to take care of their ostomy, but the ostomy team still checks for appropriate pouching fit and issues a new prescription for supplies if needed. Patients were sat up straight in bed to best evaluate abdominal creases/divots to select best products and pouching systems.

There were also more complex cases that took multiple hours to complete. In one instance, the patient had both ureters externalized with nearby ileostomy, mucous fistula, g-tube, and abdominal surgical incisions. Three completely different pouching systems were required to most effectively manage output and protect skin. Each patient and/or caregiver was given a prescription for supplies and instructions on how to fill their own supply order.

Types of patients: ileostomy, colostomy, jejunostomy, colorectal cancer, gastrocutaneous fistula, cloacal exstrophy

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 beginning with a brief, focused history and history of present illness, including why you are seeing the patient. Then, describe the visit including any physical

assessment, interactions, interventions, and evaluations. Complete a Braden Scale assessment if this was an inpatient encounter. Identify any specific products used or recommended for use. Remember, this note reflects all that you *did* at your visit, the plan of care reflects your direction/orders *after* the encounter to be performed in your absence.

Chart note:

Patient seen today for teaching session with mom prior to planned discharge home later this afternoon.

Patient is a 26 y/o female with PMHx of Bardet-Biedl syndrome (omphalocele, cloacal exstrophy, imperforate anus, and spinal defects), cognitive delay, surgical history of numerous complex abdominal surgeries including ex-laps for SBO in 2019, subtotal colectomy with end ileostomy, colon based neo-vagina, and externalized bilateral ureters now s/p ex lap. LOA, Roux-en-Y gastric bypass surgery, and g-tube placement 4/16. Medications and labs reviewed. Patient completing final doses today of zosyn and vanc course (7 days total for aspiration pneumonia). WBC 11.6, HB 10.6, HCT 32.6, BUN 22, CREAT 0.27. Patient will discharge home on TPN. Surgical team desiring external ureters to be pouched while incisions heal. Historically, mom has preferred to diaper the ureters and protect skin with diaper cream.

End ileostomy, LLQ, diameter 1 ½ “. Red, moist, budded with thin liquid output. Implanted intestinal mucosa seen at 5 o’clock and included in pouching system today.
Patient was seen yesterday by ostomy team and was changed to a convex flange. Today this is seen lifting off the abdomen. Coloplast soft convex was placed today, but suspect even this will continue to lift. Discussed with mom and provided a variety of flat and convex pouches for her to trial at home. Mom familiar with pouching and has home health nursing come to assist.

Right external ureter is elongated with mucous fistula below. This mucous fistula was created as an infant in case future neo-vagina was to be made. Now it produces small amounts of mucous. The area was washed with soap and water, stomahesive powder and no-sting applied. Wedges of Hollihesive applied to divots and caulked with paste. Mucous fistula and right ureter pouched using Eakin pouch and small amount of paste. L ureter pouched using Hollihesive wedges and paste to caulk and Hollister premier urostomy pouch. Both uro pouches connected to bedside gravity drainage bags.

New script for uro pouching and ileostomy pouching reviewed with mom and faxed to Adapt Health.

Braden Risk Assessment Tool

Sensory Perception	2
Moisture	2
Activity	2
Mobility	2
Nutrition	3
Friction/Shear	2
Total	13

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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)

Ileostomy – Change pouch every 3-4 days or as needed for leaking.
Remove old pouch with adhesive remover wipes, pulling toward stoma with gentle push-pull technique
Cleanse peristomal skin with warm water and pat dry
Measure stoma, including implanted intestinal mucosa at 5 o'clock. Cut pouch barrier and apply one-piece 2 ¼" flat drainable system.
Empty when 1/3 full. Treat any skin issues with light dusting of stoma powder, sealed with no-sting barrier film.

Right ureter and mucous fistula – Change pouch every 3-4 days or as needed for leaking
Remove old pouch with adhesive remover wipes, pulling toward stoma with gentle push-pull technique
Cleanse peristomal skin with warm water and pat dry
Apply light dusting of stoma powder and seal with no-sting liquid barrier film
Cut petals of Hollihesive and apply to fill in divots and crevaces to create flat surface. Can use stomahesive paste as caulking between pieces.
Measure site and cut two holes in Eakin Iron-shaped pouch to accommodate ureter and mucous fistula in single pouch

Left ureter - Change pouch every 3-4 days or as needed for leaking
Remove old pouch with adhesive remover wipes, pulling toward stoma with gentle push-pull technique
Cleanse peristomal skin with warm water and pat dry
Apply light dusting of stoma powder and seal with no-sting liquid barrier film
Cut petals of Hollihesive and apply to fill in divots and crevaces to create flat surface. Can use stomahesive paste as caulking between pieces.
Measure site and cut hole to fit in Hollister Premier 2 ¼" urostomy pouch.

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

This was an extremely complex case requiring creativity, patience, and skill to treat effectively. Initially the surgeon planned to assess the patient with us which would have been helpful, but he got tied up in the OR and agreed to review our photos. I would have wanted to explore with the surgeon how "healed" the abdomen

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needed to be before mom could return to her previous diapering technique which is likely most practical. It will be a lot on her to manage and change three different pouching systems 2-3 times a week. Being able to tell her from the surgeon's perspective, "Maintain this for 2 more weeks", for example, may have relieved some stress/anxiety on her part.

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 perform site markings. There were no opportunities on the inpatient side today for marking, but I was told I will likely have this chance tomorrow in the Crile building. Our patient visits today involved post-op care, discharge education, and scheduled pouching changes.

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

Goal to perform site marking. Observe irrigation or lavage.

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)	✓	

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• 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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