

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Aislinn Van Tyne Day/Date: Thursday June 5, 2025

Number of Clinical Hours Today: \_\_\_\_\_

Care Setting: Hospital \_\_\_\_\_ Ambulatory Care  Home Care \_\_\_\_\_ Other \_\_\_\_\_Preceptor: Karen O'BrienClinical Focus: Wound \_\_\_\_\_ Ostomy  Continence x.**Reflection: Describe your patient encounters & types of patients seen.**

We did routine changing of a patient who comes in weekly to have their pouch changed, no current or recent concerns, patient simply prefers pouch to be changed by stoma nurse. Multiple patients with ileostomies who were having trouble getting their pouch to adhere, one who required a pouch that was more pliable that could adapt with their hernia and another who needed to use a pouching system that included a belt to help the pouch adhere to the skin throughout the day.

**Chart note:**

Pt with history of uterine cancer. As well as several surgeries, including a pelvic exenteration with the creation of a wet colostomy, which caused an enterovaginal fistula with surgery and then a reoccurrence of an enterovaginal fistula. Multiple admissions for increased drainage from the fistula and severe perineal excoriation as well as several small bowel obstructions, a 100 LB weight loss due to the bowel obstructions, and fistula limiting her oral Intake.

The patient is presenting today for a postoperative appointment following an exploratory laparotomy with lysis of adhesions takedown of an enterovaginal fistula with small bowel resection in the anastomosis, left-sided ureteral lysis debridement of pelvic Abscess cavity, vaginectomy with colpocleisis and gricillis's flat in vaginectomy site as well as a hernia repair. The patient notes no current concerns with the pouching system; however, assessment by the wound nurse shows that the patient is cutting her flange too large, so there is an obvious urine and stool buildup on the skin. During the visit, we adjusted the patient's current pouching system by cutting the hole smaller and showed the patient how to accurately measure their stoma for the future. We also provided the patient with a pattern to cut in the future. Provided is a picture of the current stoma.

The colostomy is located in the left upper quadrant. It is budded, red and moist mucocutaneous junction is intact, there is some erythema around the peristomal skin, there is a slight Halo around the stoma, the peristomal contour is a combination with rounded edges but peristalsis and the patient's history of hernia causes creases in positioning, skin is semi- soft output from stoma is urine mixed with stool due to what colostomy type patient is currently wearing a Coloplast Mio click yellow convex light flange with a high volume pouch and elastic barrier strips, intended wear time goal between three and five days. The assessment also shows that there is a healed midline abdominal incision, which the nurse practitioner removed staples from. And a left leg gracilis flap scar with staples that will be removed by the surgeon tomorrow. During the

visit, the patient was also measured for a hernia belt with a prolapsed strap and ring opening cloth bias for ostomy.

The patient and their spouse state that they have no current issues with the pouching system and do not require any lessons or additional tools.

**WOC Plan of Care (include specific products)**

-Post operatively at 4 weeks patient should start to slowly increase their diet adding one to two new foods every day and ensure that they are eating all meals thoroughly and slowly taking small sips of liquids if needed during meals.

-Keep all wounds clean and dry

-Nuhope Nuform left sided cool comfort with Prolapse strap and bring opening cloth bias 1 in from bottom order form sent to company

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

I was very happy with the care I provided today I feel that I got lots of experience and enjoyed my time learning from nurses who have been doing this job for a very long time. If I had had access to it I would have loved to have been able to look up more information on some of these patients before providing care, however I do not have epic access as a student.

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

I will be in the outpatient ostomy clinic; my goal is to practice my ostomy skills and possibly experience working with hernias and stomas together.

I was able to meet this goal we actually fit three different patients for hernia belts which I'm told is not a frequent event in the outpatient clinic so I feel very fortunate.

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

I will be doing more inpatient WOC nursing so my hope is to work with more fistulas.

**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	✓	

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