

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Aislinn Van Tyne Day/Date: Thursday June 12, 2025Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Jessica SankovicClinical Focus: Wound Ostomy Continence **Reflection: Describe your patient encounters & types of patients seen.**

Observed manometry for a patient who stated that they only poop once a week, they stated that they use an enema every other day, who feels that if they do not poop when the sensation hits at an exact time the feeling is gone, this led to results that showed they have poor sensation due to their triggering of their defecation on a regular basis and a referral for pelvic floor therapy. Another patient came in for manometry who stated that they often feel like they are constipated and have to use their fingers sometimes to stimulate the poop to come out, their test showed that they have good rectal tone and sensation, with the APRN suggesting that they add more hydration and fiber to their diet as well as utilizing a squatty potty or stool when pooping.

I observed a patient following up post operatively for surgery on their hemorrhoids that was worried about returning to work and learned that they were fully healed and could return without weight restrictions, with the NP stating that the max restriction is usually only for about 6 weeks. A patient came in for a consultation because they had been experiencing rectal pressure and became worried that it was a hemorrhoid or cancer, during the assessment I was able to visualize the internal hemorrhoid. It was interesting to learn that even if a family member has had colon cancer there is no need for a colonoscopy earlier than 45 if the family member had cancer later in life, I also learned that patient's with HPV should be encouraged to still get the HPV vaccine to reduce the risk of cervical cancer later.

Chart note:

A patient with a history of constipation and partial colectomy.

Came in to be seen for a post operative visit following surgery 10 days ago, patient stated that they were in the hospital for a week following surgery and have been having an increased amount of pain near their incision site recently, experiencing a tight pulling sensation, likely to be their staples which have the skin pulled taught in some areas. During the assessment, their abdomen is soft, tender, and pink. Wound is located along the midline with staples and sutures, with an opening in the middle packed with hydrofera blue. There is some serosanguinous drainage around the opening and the sutures.

Due to the amount of time since surgery the patient's staples and sutures were due to be removed, the WOC nurse who arrived to assess the patient's stoma prepared patient for removal by applying Lido jet along the

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incision line to numb the area and decrease the patient's discomfort during the removal. The WOC nurse removed staples with a staple remover easily, however skin had healed over two staples near the navel which required the APRN to assist in removal, then the patient's sutures were removed using scissors, there was some sanguineous drainage present during removal. The patient tolerated the removal well with a moderate amount of discomfort noted. After removal, the APRN assesses the remaining opening in the midline and noted that NPWT may be needed due to the amount of tunneling which extended the entire distance of the wound going both 6 cm towards 6 o'clock and 8 cm towards 12 o'clock. The patient stated that they had an unpleasant experience with using NPWT and they do not want to utilize that treatment. The patient was educated on the medical necessity, and they requested to try another therapy prior to using NPWT. The wound was instead packed with Molnlycke Mesalt, and the patient was instructed to return in one week to have the packing changed and the wound reassessed. When leaving the WOC nurse was packing the patient's wound and stated that they were going to assess the stoma next.

While I was in the hall waiting discuss another patient's case this patient finished their care with the WOC nurse and came out to tell the APRN and I that they now feel much better because their stitches and staples are gone.

WOC Plan of Care (include specific products)

Mesalt packing was placed in your wound and will stay in place for one week until your next scheduled visit with the MD and WOC nurse, you will be sent home with extra ABD pads, change them as needed.

- Replace ABD pad PRN when saturated.
- Patient will follow up with surgeon in 1 week
- Reevaluate patient's wound, (due to the complexity of the patient's wound they would benefit from NPWT)
- Encourage patient to take pain medications prior to procedures

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

I enjoyed working in the outpatient setting, it gave me the opportunity to see a wound! I was only able to observe since I was not with the WOC nurses today, but it was interesting getting to see the removal of the staples and the sutures. It was especially nice to hear directly from the patient afterwards that they are feeling a decreased level of pain now that their staples are gone.

Goals

What was your goal for the day?

To see some wounds with the nurse practitioner, my goal was met, I was able to see a wound and hemorrhoids.

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

My goal for tomorrow is to continue my search for wounds!

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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	✓	

Reviewed by: _____ Date: _____

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