

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Tara Doud Day/Date: 6/16/2025Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Adam ShawClinical Focus: Wound Ostomy 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.

We saw 7 patients. We were supposed to see 8, but one wound vac patient was dialysis. 2 of the patients needed lessons, 4 were scheduled pouch changes, and one had consulted for a leaky pouch and also needed a lesson (the patient that I will discuss in this journal).

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:

73-year-old male patient with history of coronary artery disease, persistent a. fib on Xarelto, Hypertension, appendectomy, weight loss of pseudo-obstruction ? that was treated with a loop ileostomy. Abnormal lab values are BUN 37 and CO2 of 17. WOC nurse consulted for lesson. Before assessment, it was noted that the pouch was leaking. During assessment, dried blood was surrounding the stoma. Otherwise, no peristomal skin irritation. The effluent in the pouch was bloody. Pouch was removed and stoma was assessed. Stoma was budded, reddish in color and 2" diameter. Pt. was alert and oriented. Wife present at bedside for lesson. Removed the pouching system and explained steps to patient as it proceeded. Removed the first pouching system with an adhesive remover and then cleaned the area with soap and water. Stoma ~~was measured.~~ Stoma

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measured using the stoma with the measuring guide and the size was?1. Hollihesive circle cut using the measuring guideline. Skin barrier powder applied and dusted off using dry gauze. Coloplast Sensura cut to fit the measurement guide. Placed on skin. Pouch snapped in on top of flange.

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	4
Activity	2
Mobility	3
Nutrition	3
Friction/Shear	3
Total	19

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)

1. Remove old pouch using adhesive remover
- 2.[3.] Cleans the stoma and peri-stomal skin using soap and water
- 3.[4.] Assess the peri-stomal skin for redness or irritation
- 4.[5.] Measure the stoma size using the sizing guide.
- 5.[6.] Cut the Coloplast flange to fit the size of the stoma
- 6.[7.] Cut the hollihesive to fit nd the size of the stoma a
- 7.[8.] Apply Stomahesive powder to the peri-stomal skin and dust it off with a dry gauze why?
- 8.[9.] Apply flange to skin after removing backing
- 9.[10.] Attach pouch

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

I think in my own practice, from the first lesson, I would have the patient try to measure their stoma. I would double-check their work, but I think it would be best to have the patient be in process in from the beginning. Great idea That way when they do the hands-on lesson, they are better equipped to change the pouching system. If that went well for him, I would proceed with more for him to do. Maybe having him cut the flange or having him place the flange on his skin yes, the more they do the better! Also in your own practice, I have probably said this before, don't use soap if people cannot shower and get rid of the soap residue. Also, using powder when there is no skin breakdown is just another step and another product the patient has to worry about. In fact, probably the first product that we should consider using if people are having some leakage, is an actual skin prep because it lays down a protective barrier on the skin and does not come off with the wetness as powder does.

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

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What was your goal for the day? To see a peri-stomal wound
What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor) To see at least one wound vac!

For instructor use only. Do not remove or edit:

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> Identifies why the patient is being seen 	✓	
<ul style="list-style-type: none"> Describes the encounter including assessment, interactions, any actions, education provided and responses 	✓	
<ul style="list-style-type: none"> Completes Braden Scale for inpatient encounter 	✓	
<ul style="list-style-type: none"> Includes pertinent PMH, HPI, current medications and labs 	✓	
<ul style="list-style-type: none"> Identifies specific products utilized/recommended for use 	✓	
<ul style="list-style-type: none"> Identifies overall recommendations/plan 	✓	
Plan of Care Development:		
<ul style="list-style-type: none"> POC is focused and holistic 	✓	
<ul style="list-style-type: none"> WOC nursing concerns and medical conditions, co-morbidities are incorporated 	✓	
<ul style="list-style-type: none"> Braden subscales addressed (if pertinent) 	✓	
<ul style="list-style-type: none"> Statements direct care of the patient in the absence of the WOC nurse 	✓	
<ul style="list-style-type: none"> Directives are written as nursing orders 	✓	
Thoughts Related to Visit:		
<ul style="list-style-type: none"> Critical thinking utilized to reflect on patient encounter 	✓	
<ul style="list-style-type: none"> Identifies alternatives/what would have done differently 	✓	
Learning goal identified	✓	

 Reviewed by: Patricia A. Slachta Date: 6/25/25

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