

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Regina Averyanova Day/Date: 07/09/2025 \_\_\_\_\_Number of Clinical Hours Today: 8Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Brittany Gesing, RNClinical 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.**

Today I had an opportunity to explore various ostomy pouches and accessory products. My preceptor and I discussed pouch selection based on patient's symptoms, stoma characteristics, preferences, past experiences with pouches, lifestyle, and patient's anatomy. After each patient encounter, we would go into a storage room, and discuss different product and pouch options, and whether these options were appropriate. Additionally, I was able to do a stoma/peristomal skin assessments, care, selection, and pouch application under the supervision of my preceptor. Overall, it was a great learning experience.

Patient A was 74 y.o. male patient who presented to the stoma clinic with leaking pouch and skin irritation. Patient has an end ileal conduit, and a past medical history of prostate and bladder cancers s/p radical resection with lymph node dissection, which resulted in lymphedema of lower extremities. In today's visit, patient informed us that he required pouch system changes every 12 hours at home. Peristomal skin was denuded and pseudoverrucous lesions were present. There was a fissure at 3 o'clock. Due to creases and stoma protrusion fluctuations with peristalsis, the following modifications were made to help address new concerns: strip paste was applied to creases at 3 and 9 o'clock, Hollihesive washer cut to fit, Marlen Ultramax deep convex, and stoma belt was applied. Education was provided to the patient on the proper position of the belt because patient did not wear stoma belt properly, which caused shifts in stoma pouch and leaks.

Patient B was 58 y.o. female who presented to the stoma clinic with skin irritation due to "blowouts." This patient has end ileostomy. Past medical history includes chronic constipation. Patient was unable to maintain a reliable seal and required 6 stoma pouch changes a day. Patient reported using 6 months' worth of pouching supplies in 1 month. Based on stoma and peristomal skin characteristics, the following recommendations were made: Hollihesive washer, Coloplast SenSura Mio Deep convex one piece drainable pouch, and belt. Due to malnourishment, ostomy nurse discussed with the patient how certain foods or lack of eating impacts stoma output.

Patient C was a 87 y. o. female patient who presented to the stoma clinic with the concerns about leaking, and patient needed to be measured for a hernia belt. Patient has an irregularly shaped end ileal conduit and a

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history of bladder cancer. Based on stoma and peristomal skin assessment, the following recommendations were made: Holihesive washer cut to fit, Marlen ultralite shallow convex urostomy pouch, new abdominal binder, and patient's waist was measured for ostomy hernia belt.

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:****Braden Risk Assessment Tool: n/a**

Sensory Perception	4
Moisture	3
Activity	4
Mobility	3
Nutrition	3
Friction/Shear	3
Total	20

Patient A was 74 y.o. male patient who presented to the stoma clinic with leaking pouch and skin irritation. Patient has an end ileal conduit, and a past medical history of prostate and bladder cancers s/p radical resection with lymph node dissection (2008), which resulted in lymphedema of lower extremities. Patient also has HTN, HLD, and CAD. BMI is 38. Patient required a pouch system change every 12 hours at home.

Patient currently takes the following medications: amlodipine 2.5 mg tab PO daily, atorvastatin 40 mg 1 tab PO daily, carvedilol 12.5 mg PO BID, lisinopril 10 mg 1 tab PO daily, and aspirin 81 mg 1 tab PO daily.

Patient has end ileal conduit in RLQ which measures 5/8" when rounded, and it drains yellow urine with mucous. Patient has no signs or symptoms of active infection. Protrusion of the stoma fluctuates with the peristalsis, and it can be budded to flush. Mucocutaneous junction is intact. Concave crease was present at 3 and 9 o'clock. Peristomal skin was denuded and pseudoverrucous lesions were present. There was a fissure at 3 o'clock. Additionally, when assessing the old barrier, white spots were noted. Patient reported frequent sweating.

Due to creases and stoma protrusion fluctuations with peristalsis, the following modifications were made to help address new concerns: strip paste was applied to creases at 3 and 9 o'clock, Holihesive washer cut to fit, Marlen Ultramax deep convex pouch pre-cut to 7/8", and stoma belt was applied. Education was provided to the patient on the proper position of the belt because patient did not wear stoma belt properly, which caused shifts in stoma pouch and leaks. Additionally, StomaGenie to contain the leaking during the pouching

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changes was discussed, and patient was interested in trying it. Patient stated that it is challenging for him to apply a pouch at times because urine continuously leaks, and patient is not able to put new pouch quickly enough. Recommendations were made to position supplies in close proximity for an efficient pouch application and to stand in front of the mirror since standing position is preferred by the patient.

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. Change stoma pouching system (preferred by the patient: Marlen Ultramax deep convex) every 3 days and PRN. Opening was pre-cut to 7/8" 7/9/25 visit.
  - Remove the pouching system with push pull method and cleanse the skin with water. Then pat dry.
  - Measure the stoma. Previous diameter 5/8".
  - Apply the Stomahesive powder as needed to any irritated skin with each pouch change, and then gently dust off the excess.
  - Apply the Cavilon skin prep
  - Allow skin to dry thoroughly
  - Apply the strip paste to creases at 3 and 9 o'clock
  - Apply the Hollihisive washer cut to fit as needed
  - Apply the Marlen ultramax deep convex pouching system
2. Re-assess the proper placement of the ostomy belt
3. Re-assess how frequently patient empties the pouch.
4. Pain management as needed
5. Encourage adequate fluid consumption/hydration (straw/yellow color urine).
6. Encourage regular activity, avoid heavy lifting.
7. Notify LIP of signs and symptoms of infection such as fever, generalized malaise, abdominal or flank pain, changes in urine characteristics (dark, purulent, presence of blood), etc.
8. Encourage patient to notify ostomy nurse if he does not receive supplies by the specified data from the Edgepark
9. Remind a patient to schedule a visit with the ostomy nurse if peristomal skin shows no improvement in 2 weeks or sooner if the leaking problem persists.

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

I feel that care and education were adequately provided. Ostomy nurse carefully listened to the patient's concerns and asked appropriate questions. Rapport was established with the patient and ostomy nurse made several recommendations to the patient regarding pouching system application, strip paste and how to apply it to the creases. Patient was interested in trying the StomaGenie. Additionally, ostomy nurse observed patient

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applying the pouch and belt. Patient was standing in front of the mirror, and he was able to see the recommended/proper belt placement because the patient was wearing it incorrectly before. Patient also stated that the peristomal skin might start to itch and burn occasionally. Ostomy nurse made recommendation to the patient to try Domeboro medicated soak. Patient denied burning or itching during today's visit. Appropriate amount of time was spent with the patient, where he was able to ask question and get the answers. Additionally, ostomy nurse was conscious of patient's need and tried to give patient enough information without overwhelming him. Care was provided appropriately. I do not think I would have done anything differently for this patient.

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 today was to learn about pouching selections based on assessment and needs of the patients. My preceptor gave me various scenarios, and we were able to discuss different pouching selections; pros and cons of using various types. My goal for today was to apply the appropriate pouching to the patient under the preceptor's guidance.

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

I am looking forward to shadowing a surgical NP tomorrow. Specifically, I am looking forward to learning about colorectal conditions, treatment options, decision making, NPs scope of practice within this specialty, and how they interact with the patients and team.

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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	✓	

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• 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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