

Daily Journal Entry with Plan of Care & Chart Note

 Student Name: Jessica Whelen Day/Date: 7/10/2025

 Number of Clinical Hours Today: 8

 Care Setting: Hospital Ambulatory Care Home Care Other

 Preceptor: Janelle Holtz

 Clinical Focus: Wound Ostomy Continence
Reflection: Describe your patient encounters & types of patients seen.

Today I worked inpatient with the ostomy team. My preceptor and I saw 5 patients today 1 urostomy, 1 end ileostomy, 1 loop jejunostomy, and I was able to change a 2 wound vac. Kind of a nice mix of ostomies. Two of the ostomy patients were post-op, one was a revision and the other was existing. We made a plan to do teaching with the urostomy patient, however she was pos-op day two, still in considerable amount of pain, and she herself stated she was going to assisted living where her niece works, who is an RN. We changed her appliance, and in her chart planned for teaching the following day because the niece was going to be present for education. The wound vac was cool. His vac was leaking. He had surgery for buried penis and Panniculectomy. The man was very sweet and laid back. I did not want to pry to much in to why he had the surgery, I know that can be a sensitive conversation with my previous experience with urology patients. I did learn from my preceptor about use of white foam in a tunneling wound, I am familiar with white foam, but I did not know that you could vac a deep tunneling surgical wound. I was introduced to a Marlen ostomy appliance. I was impressed with the flexibility of the appliance. Patient overall were very polite.

Chart note:
Braden Risk Assessment Tool

| | |
|--------------------|----|
| Sensory Perception | 3 |
| Moisture | 4 |
| Activity | 2 |
| Mobility | 3 |
| Nutrition | 1 |
| Friction/Shear | 2 |
| Total | 15 |

Met with a 45 y.r. male at bedside, Per Epic Patient has a PMH of Crohn's disease. Surgical history includes ileal adenocarcinoma s/p resection in 2023, stoma reversal with bowel resection in 7/2024. Developing multiple intra-abdominal abscess with drain placement. Most recently in 1/2025 patient had a exploratory

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laparotomy which resulted in a loop jejunostomy and gastropexy. He presents on this admission 7/4/2025 with worsening abdominal pain, Ostomy team was consulted for peri-stomal skin irritation 7/8/2025. This is a follow up visit from initial consult.

Upon arrival to the room, patient resting in bed. Patient is A&O x3. Introduction was made and reason for the visit explained. Initially patient declined care and requested to be seen tomorrow. Patient was educated on the importance of monitoring his peri stomal skin with known irritation. This nurse provided therapeutic listening while patient discussed his overall general malaise and pain of 8/10. Patient has PCA for pain control. This nurse encourage patient to think about considering a pouch change and plan to re-visit tomorrow, 7/11/25. Patient requested that this nurse come back to the room and allow ostomy change

Stoma is in the LUQ Stoma is pink and moist, has good protrusion.

Stoma measures 1 3/8 is oval in shape.

Effluent is thin brown and watery

Peri-stomal skin is benign, no signs of irritation.

Abdomen is flat, no creases and folds

Treatment

Skin prep applied to peri-stomal skin, hollihesive was used to create a keyhole washer to apply around stoma, stoma paste was then utilized to create a caulking effect around stoma. A Hollister two piece cut to fit Cera plus appliance was cut to fit stoma and applied.

During visit patient mention how to obtain the supplies he needs. He reports that he was utilizing left over supplies from previous ostomy. Patient was provided a list of DME providers for supplies, instruction on how supplies are ordered was reviewed, patient verbalized understanding. Patient was provided with script for supplies that he will need.

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)

Change Jejunostomy every 3 days and as needed for leaking or soiling. Use two pieces cut to fit Hollister New image 2 ¼ flat skin barrier wafer and high output pouch. Cleanse Stoma and surrounding skin with warm wash cloth, pat dry. Measure stoma. Apply no-sting skin prep to skin surrounding the stoma. Cut Hollihesive to create keyhole ring to fit around stoma. Use stoma past applying a thin bead around stoma, apply skin barrier wafer and pouch. Hold in place for 30 second while adhesive activate to ensure good bond. Use Coloplast barrier strip for extra securement on skin barrier to help hold pouch in place. Apply ostomy belt if needed.

- Encourage patient to participate in care, emptying pouch, pouch changes
- Encourage use of sample appliance to practice pouch removal and application, pouch opening and closing
- Encourage to review teaching packet. Write down questions.

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

I realized that I may need to become more comfortable with therapeutic communicate where end of life is concerned. I have a hard time in that area, it hits my compassion button hard knowing a patient is suffering, but they might have not accepted the reality of the situation. I actually learned a new skill with the hollihesive, and that I should be more willing to learn how to use stoma paste in practice, rather than toss in the trash. In this case I do not feel anything really needed to be different, other then I might have checked his chart to see if palliative care was on board and if not I would have recommended the primary team to consult palliative care.

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?

Today's goal was to learn about the flow of the ostomy team, and jump in with hands, since this changing appliance is a skill I have, and learn new skill on the way

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

I am with the ostomy team tomorrow, I would like to observe how teaching a new ostomy is done, and if able teach a patient myself, with pointers from my preceptor.

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 | ✓ | |

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

| | | |
|--|---|--|
| • 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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