

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Aislinn Van Tyne Day/Date: Thursday June 5, 2025 **Received Resubmit 7/26/2025**Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Karen O'BrienClinical Focus: Wound Ostomy Continence **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 and keeps their supplies at the office. ***This is unfortunate as this practice means the individual has not adjusted. Any thoughts on how a WOC nurse might assist this person?*** One patient with an end ileostomy who was having trouble getting their pouch to adhere that we added convexity and a Hollihesive washer, as well as some sting free barrier wipes. Another patient who has a hernia that makes it difficult to allow the pouch to stick who we used a Marlen pouch which is more pliable and able to adapt. And a patient with a colostomy who already uses convexity but required us to use a pouch with convexity and 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.** ***Did the surgery actually cause the fistula or did the fistula develop Be aware of word choices as your statement indicates medical malpractice; did x, resulted in harm.*** Multiple admissions for increased drainage from the fistula and severe perineal maceration, as well as several small bowel obstructions, a 100 lb weight loss due to the bowel obstructions, and a fistula limiting their 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, This is note should be objective and not read as a "paper".*** assessment **by the wound nurse** ***Did you not do an assessment and note this?*** shows that the patient is cutting her **flange** ***Do you mean skin barrier wafer? What is the flange of an ostomy appliance? Is it not the piece that connects the pouch and skin barrier wafer? If you cut the flange then, the system will leak.*** too large, ~~so there is an obvious~~ urine and stool buildup on the skin. ~~During the visit, we~~ ***This note is reflective of the visit.*** 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. With appliance removal the patient noted a small amount of discomfort, but they stated

that their pain was located more towards their midline incision.

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 **Always best to identify the person by name, when possible.** 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. **What does this mean as there was a problem? Patient is satisfied with pouching system?**

Keep in mind, the chart note here should mimic what you would actually write in a patient's chart. Note should be as objective as possible.

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 eat** all meals thoroughly and slowly taking small sips of liquids if needed during meals. **Can you truly "ensure"?**

-Keep all wounds clean and dry, okay to shower with antibacterial soaps and pat dry. Do not use any creams or lotions around wound sites. Do not submerge in bathtub until approved by your orthopedic team.

-Nuhope Nuform left sided cool comfort with Prolapse strap and bring opening cloth bias 1 in from bottom order form sent to company **This is what you did. What do you want done?**

-~~When belt comes in the mail, apply it as we have done in the office,~~ **Apply binder** placing the tail and wafer of your ostomy appliance through the hole, then tighten the straps around your abdomen and cover your pouch with the cloth bias. Pull the prolapse strap below abdomen and attach up at designated spot.

-Follow wound instructions given to you by the surgery team

-~~You have a~~ follow up with orthopedics next week to remove the stitches from your leg and to discuss post operative management

-Coloplast Mio click yellow convex light flange with high volume pouch, elastic barrier strips.

Remove old pouch and cleanse skin, as needed apply Coloplast no sting barrier powder **When should powder be used? I do not note where your assessment notes a lack of intact peristomal skin. Be specific with what "as needed" means; do not leave to interpretation.** then apply Coloplast no sting barrier wipe and allow to dry, do not use creams or lotions around the stoma as it can prevent the pouch from sticking properly

Cut **flange Skin barrier wafer opening** to 22mm, **pouch flange on stoma making sure the entirety of the stoma is showing in the hole.** **This does not make sense to me. Do you mean: attach pouch to skin barrier wafer? Place pouching system to skin with stoma completely visible, protruding through opening in skin barrier wafer?** Apply a warm hand or compress for 30-60 seconds to allow the **pouch** **Does the pouch have adhesive? Do you mean skin barrier wafer?** to properly adhere to the skin's surface. Then apply Coloplast barrier strips around the exterior of the **pouch.** **Do you mean skin barrier wafer?**

-Intended pouch wear time is 3-5 days

~~-Please return in 4-6 weeks to the WOC offices if no issues arise so that we can monitor the changes of your skin and ensure that we have achieved a proper seal of your ostomy appliance.~~

-If any leakage or issues arise, ~~please do not hesitate to~~ call the office, ~~we can~~ **to** schedule an appointment to be seen or have a WOC nurse call back to answer any questions you may have.

Be directive as you are telling others what needs to be done in your absence. Note my edits. Be aware of terms using as you are the professional and should be using correct terms.

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.

Was there an opportunity to ask questions to gather the additional information you were seeking?

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.

Develop these goals a bit further. What would you specifically like to accomplish. This can be personal, professional and/or educational.

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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 	See comments	
<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 	See comments	
<ul style="list-style-type: none"> Directives are written as nursing orders 	See comments	
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	See comments	

Reviewed by: Mike Klements 6/9/25 Date: 6/9/25

Reviewed Resubmission: Kelly Jaszarowski 7/28/2025

Note my comments throughout. Keep in mind, your chart note should be objective and state what occurred during the visit using appropriate terms POC should direct care