

Daily Journal Entry with Plan of Care & Chart Note

 Student Name: Aislinn Van Tyne Day/Date: Thursday June 19, 2025 **Received 7/26/2025**
Received 7/31/2025

 Number of Clinical Hours Today: 8

 Care Setting: Hospital Ambulatory Care Home Care Other

 Preceptor: Erica Yates

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

Patient with an appendicovesicostomy and IAD of the groin, which I will expand upon below. A patient who has skin tears and open wounds under their abdominal and leg skin folds and papillomatosis cutis lymphostatica of the legs.

A patient who celebrated a large birthday in the ICU who had multiple old pressure injuries on their back that had to be changed and required extra help as they were on a ventilator.

We saw a patient who was undergoing a 24-hour EEG that we changed a coccyx wound on and changed the dressing around their trach collar.

Chart note:
Braden Risk Assessment Tool

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

Patient is a 24-year-old female with a PMH of Spina Bifida, nephrolithiasis s/p L URS/LL on 4/9 and 4/16/2025, rUTI, neurogenic bladder s/p bladder augmentation and appendicovesicostomy (bladder neck is not closed)

Pt will be undergoing bilateral URS/LL and placement of indwelling stents today 6/19/25, they were admitted for pre-operative antibiotics.

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Ht: 4'2"(1.27m) Wt: 132 lb (59.9kg)

BP: 92/59, Pulse: 117, Temp: 98.2 F (oral), RR: 20, SpO2: 96% on RA

AOx4

Neuro: AOx4, BUE able to move with no apparent weakness, no movement of BLE, Hx spina bifida requiring 1-2 person assist for bed mobility

Skin: color, texture, turgor normal,

Bilateral groin and perineum- IAD

GI: Incontinent of stool

GU: Appendicovesicostomy, yellow urine noted in urinal from catheterization, significant urine leaking from urethra- pad and brief heavy with urine

Pt presents with IAD of the perineum and groin

Skin breakdown of the groin and perineum, skin is pink with patchy red blistering areas noted and patient states that there is a moderate amount of pain. *Treatment? How was pain managed?*

Photo in chart.

Patient states that they live in another state and it is a long car ride to get to the hospital for surgeries and treatment. Mother is at bedside and observing the assessment. Patient states that her parents take care of her wound and incontinence care due to her poor upper extremity mobility Discussed with mother that incontinence brief is very heavy suggesting that a significant amount of urinary leakage is occurring from the urethra leading to incontinence associated dermatitis. Patient's mother states that the frequency of incontinence episodes 3-4 briefs per day, due to nephrolithiasis and the humidity of the patient's bedroom have led to more discomfort recently. That is why she is undergoing a ureteroscopy and laser lithotripsy with stent placement.

Applied Desitin zinc oxide barrier paste to patients groin and perineum. Patient states the skin feels better with cream and mother was given instructions on where Desitin can be purchased.

Discussed with patient and mother about the role that humidity and incontinence plays in IAD, patient states that she only wears briefs at night when sleeping. Otherwise she is in her wheelchair and uses pads for leakage protection but mainly catheterizes through her appendicovesicostomy. Pt and mother state that they will attempt to change pads more frequently and use a fan in the patient's bedroom at home to decrease humidity.

Patient's mother asked for additional resources due patient's decreased mobility additional interventions such as offloading boots and turning wedges were discussed to aide in the prevention of a pressure injury. Patient's mother states that she has wedges and will work to use them when patient is laying in bed.

WOC Plan of Care (include specific products)

-Encourage pt to get out of bed to wheelchair at least 2x daily while admitted and as much as possible at home. Patient's wheelchair is equipped with an offloading seating cushion.

-Encourage bed activity as much as is tolerable

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- Off loads heels while in bed to prevent pressure injuries
- Off load coccyx/ ischium every 2 hours to prevent pressure injury
- If having trouble turning, utilize turning and positioning wedges
- Dietician on consult to help with nutritional needs
- While in the hospital utilize an external urinary collection device to collect urinary leakage and fluid from sitting on skin.
- Apply brief, being sure to verify proper positioning and check briefs every hours or and change as needed for wetness briefs, so that urine does not sit on skin for a prolonged period of time.
- As needed apply a thick strip of Desitin barrier cream to groin and perineum when changing brief, if cream is soiled remove old cream prior to applying new strip. *Any concerns with removal?*
- Place Isotour blower on the bed to maintain low air loss
- Follow urologist's recommendations for hydration
- Reconsult WOC APRN team for updated recommendations after surgery today and prior to discharge

What about the expressed use of pads while up in chair? Should this practice continue? If so, any directives related to such?

Any concerns with the IAD? What if it does not improve or gets worse?

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

I am very happy with the care we provided today, I had the opportunity to discuss options with the patient and their family. I think my recommendations would be different post operatively so I wish I was here longer and could see the progression of this case.

Any thoughts related to the use of Desitin?

Goals

What was your goal for the day?

See more patients in the WOC realm and finish the last few days of this experience strongly and to see a few more continence patients. Yes I was able to see a continence patient and a number of wounds today.

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

To finish my last clinical strongly and see whatever I can to learn more.

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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 		✓ See comments
<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 	✓	
<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 		✓ Unable to determine
<ul style="list-style-type: none"> Identifies alternatives/what would have done differently 		✓
Learning goal identified	✓	

Reviewed by: Kelly Jaszarowski Date: 7/28/2025

Note is improved from previous submissions. Both note and POC missing key elements which feed into what would be done differently. This journal needs to be resubmitted.

Reviewed by Kelly Jaszarowski 8/1/2025

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

Feedback incorporated into this submission. Continue to strive to communicate your critical thinking related to care and treatments. For example, Desitin is hard to remove at times. Is there an alternative product that would be more user friendly for removal?

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