Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: __Blaine McKinney_____ Day/Date: _9/19/2025_____

Number of Clinical Hours Today: __8__ Number of patients seen _5___

Care Setting: Hospital __X__ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: __Jennifer Postle, BSN, RN, CWOCN, CFCN_____

Clinical Focus: Wound ____ Ostomy __X__ 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, and any additional activities.

Today was a much more relaxed day than the previous two days. We attempted to see a couple patients early in the morning but one patient's nurse asked us not to due to the patient being short of breath with chest pain. The next patient we attempted to see was for nail care, however their platelets were too low to allow for nail cutting.

We then went back to the office to regroup and come up with a new plan! We were checking in all day on a patient who was expected to go home with NPWT, but the delivery time kept getting pushed later. We then went and cut a different patient's nails. This was really cool to see for me, as I would like to get my foot care certification in the future as well. My preceptor is the only certified foot care nurse in the hospital so she is not able to see many nail patients due to other obligations.

We then spent some time on a lesson with a patient who would be discharging with a new colsotomy, she and her husband were present and engaged in teaching. We answered their questions and found her some ostomy pouch covers. We did another teaching for a new colostomy; it would be her second lesson. She was much more engaged today and her husband did the pouch change with minimal assistance. We ran into a patient from earlier in the week as well, who was doing great! We caught up with him and his wife, and he was very proud that he changed the pouch himself!

We stopped by a patient room for a planned lesson; however, the patient's wife was not present so we checked his pouch and checked on how he was doing. We discussed his case with a colleague to follow up on Saturday when his wife said she would be there again. This patient initially showed little interest in his colostomy but is warming up to our presence and becoming more open with us. My preceptor and I are both concerned about his stoma and peristomal skin. He has had limited output so far, only serosanguineous drainage and mucus. His peristomal skin has partial thickness skin loss and growing erythema. We have

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reached out twice regarding his abdomen; a CT was planned for today. His stoma appears retracted as well. I hope to be able to keep following him because the other patients have had much different stomas than him.

We did a second lesson with a patient with a urostomy, then we spent most of the afternoon requesting samples for patients and working on prescriptions, Jennifer showed me how to find the insurance supply allowances and how the prescription was filled out. I was also able to familiarize myself with the product catalogs. Next week we will have a few days in the ostomy clinic which I am very excited about!

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. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was* ***done*** during the visit.

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

WOC Consult Note:

P.S. is a 68-year-old male with a past medical history of arrythmia, arthritis, bladder mass, bladder carcinoma, diabetes mellitus type 2, gout, gross hematuria, hyperlipidemia, OSA, former smoker. Now s/p cystectomy with ureteroileal conduit/sigmoid bladder and lymphadenectomy.

This patient is being seen as a consult for ureteroileal conduit, POD 2. This is the second lesson. Patient alert and oriented, engaged. Wife at bedside. Patient reports feeling bloated, still struggling with bowel movement but feels as if "things are moving." Dependent edema to bilateral lower extremities, abdomen rounded and firm. Both asking appropriate questions, patient utilizing mirror to observe pouch change. Patient disconnected overnight drainage bag; wife removed pouch independently. Patient cleansed stoma and peristomal area with water and paper towel. Both stents with urine draining, clear yellow urine and some mucus present on stoma, stents, and sutures. Stoma pink and moist, peristomal skin intact, some circumferential bruising. Wife measured stoma and cut pouch to fit. Patient stoma 44mm, placed in Convatec Esteem Body Soft Convex Urostomy pouch (423712).

Patient provided with ostomy belt, patient and wife both hooked and unhooked pouch from belt. Went over stoma teaching, including fluid intake, troubleshooting, frequency of pouch changes, hooking and unhooking to night drainage bag and different night drainage options. Discussed ostomy wraps and leg bags, patient is an avid golfer. Provided contact information and encouraged patient to reach out with any pouching concerns or needs.

Braden Risk Assessment Tool

Sensory Perception	4

Moisture	4
Activity	4
Mobility	4
Nutrition	4
Friction/Shear	3
Total	23

Low risk for pressure injury. Recommend frequent ambulation and offloading.

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)

Patient provided with teaching materials, as well as homegoing supplies. Case management following to coordinate supplies, prescription sent to case manager.

Patient and family to change urostomy pouch every 3 to 5 days and as needed. Supply patient with Convatec Esteem Body Soft Convex (423712) urostomy pouch. Connect urostomy pouch to night drainage system prior to bed. Empty pouch when 1/3 to ½ full.

Encourage ambulation and fluids to promote bowel movement.

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

I thought that the lesson went well, patient and his wife were very engaged and asked great questions.

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?

Learn more about ostomy prescriptions. This was met, we worked on several ostomy prescriptions for our new stoma patients. Jennifer showed me how to look up the monthly insurance allowances for ostomy supplies and helped me get more familiar with the three commonly used ostomy suppliers and the two main medical supply companies they use.

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

Orient myself to outpatient clinic and outpatient visits as compared to inpatient visits.

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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	✓	
• 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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