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: __9/22/2025_____

Number of Clinical Hours Today: __8__ Number of patients seen __7__

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

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

Clinical Focus: Wound ____ Ostomy ____ Continence __X__

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 we were in the Ostomy Clinic, which is available to see patients with all stoma types and regardless of where they had their stoma surgery, as well as prior to surgery. This is such a great resource for patients, and it is a dedicated clinic solely for ostomates. The entire day was spent in the clinic with a diverse range of patients. We saw a patient 3 weeks postop after colostomy creation, a patient with an established colostomy who was in need of a prescription to obtain supplies, a patient with a fairly new urostomy with skin concerns, another patient with wounds to the peristomal area. This patient in particular was interesting as the wounds were created due to too tight of an ostomy belt coupled with a convex pouch, creating wounds to the 11:00 position.

A nurse from a different clinic reached out for assistance with one of their patients, so they came down to the clinic for assistance. The patient had a new parastomal hernia, so we evaluated and fitted them for a hernia belt. We also called NuHope to get the custom belt number in order to pass onto their medical supply company.

We met a patient there for preoperative teaching, she was young and has a history of Crohn's and would be getting an ileostomy in October. She was very engaged and inquisitive; she had done some TikTok research she had said. We did an anticipatory marking and gave her some pouches to trial the locations to see how she felt about having pouches above or below her belt line. I had never been part of preoperative teaching, so this was really interesting to see! I enjoyed seeing what Jennifer highlighted and the types of questions the patient had.

Our last patient of the day was a patient with an established colostomy and a more recent urostomy, their stoma placements were so interesting. The patient was quite tall but had a very high left upper quadrant colostomy and a very low right lower quadrant urostomy. He came in today for questions about urinary tract

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infections and high volume urostomy output.

Overall, seeing all the ways to troubleshoot and make recommendations for common, and uncommon, problems was really helpful! I enjoyed getting to participate in teaching where I could but also enjoyed seeing why Jennifer made the recommendations she did and what options existed to troubleshoot these problems.

The patient with a newer urostomy and skin problems was especially interesting because there were so many issues and being able to break it down into pieces and examine why she was having issues was super helpful for me, and I think for her as well! I also found it interesting because she had her ileal conduit created due to incontinence and pain related to interstitial cystitis. Seeing all the treatments she failed prior to having this surgery was eye opening. Going through a long illness, dealing with the pain and incontinence, and then to have pouching issues must be so frustrating for patients but I was glad she was able to come in and get some help!

From a continence perspective, I thought seeing this was incredibly interesting. Interstitial cystitis can be debilitating and if more conservative management does not work, a urinary diversion may be the only option for patients whose lives have been drastically affected by the pain, incontinence, and dysfunction of their bladder. Being able to find a pouch that works for her is crucial so that she can get back her quality of life and do the things she enjoys!

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.C. is a 76-year-old female with a past medical history of heart failure, anxiety, depression, hypertension, Graves disease, and end stage bladder due to interstitial cystitis. Surgical history includes hip surgery, appendectomy, oophorectomy, Burch colposuspension, bladder pain. Patient had limited success with surgical and medical management of interstitial cystitis, treatment included Burch colposuspension, urogesic blue, trospium, and vaginal estrogen. Patient using 8 pads per day during waking hours with 2 pads overnight. Continued incontinence despite treatments. Patient found to have small capacity, low compliance bladder. Ultimately, patient opted for a urinary diversion, undergoing cystectomy and creation of ileal conduit in June 2025.

Patient seen in clinic today for pouching issues now that she is home from rehab and discharged from home

health care, pouch only staying for a day or two, skin redness and itching to outer edge of wafer, maceration to immediate peristomal area.

Patient seated on exam table, noted high output ostomy pouch in use, belt in use. Removed pouch with adhesive remover, immediately noted mild erythema under stoma wafer and the appearance of plaques and erythema at edge of wafer. Immediate peristomal area macerated. Barrier ring on back was saturated and eroding. Stoma located in right lower quadrant. Stoma os located at 12:00 and empties below skin level. Some light purple discoloration noted to macerated area. Abdomen palpated, soft and rounded.

Cleansed with soap and water, stoma measured and found to be 23mm. Skin patted dry, stoma powder applied to macerated area around stoma, gently brushed excess powder away. Cut Convatec Esteem Body 7mm Convexity to fit patient, appliance placed.

Discussed night drainage system in depth, provided patient with new Convatec overnight jug and adapters. Provided patient with extra Convatec Esteem Body 7mm Convexity pouches (423727). Utilizing night drainage system at night will help promote sleep and decrease risk of leaking due to overfull appliance. Discussed ways to place drainage bag or jug in order to promote comfort and ability to turn in the night. Suggestions include utilizing overnight jug due to longer tubing length, placing night drainage bag in bed with patient, or running down leg to end of bed rather than side of bed to allow for more flexibility with turning in the night.

Plan to follow up on November 4th.

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 directions:

Remove previous pouch, cleanse stoma and peristomal area with soap and water. Allow to dry, ensure skin is dry prior to applying pouch. Cut new pouch (Convatec Esteem Body Urostomy 7mm convexity #423727) to fit stoma, leaving up to 1/8th of inch of peristomal skin exposed. Prior to applying pouch, apply Convatec Stomahesive powder to peristomal area, brush away excess powder gently. Remove backing, place pouch down over stoma, hold with hand for 1 minute to promote adhesion. Replace belt, recommend Hollister 7300. Change ostomy appliance every 3 to 5 days and as needed for leaking.

Stop using moldable barrier ring at this time (9/22/25).

Begin using night drainage system at night and corresponding Convatec night drainage adapter, as discussed today in clinic.

Patient to reach out to established dermatologist due to concerns for psoriasis to peristomal area. Discuss with dermatologist non-cream or lotion treatments.

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Schedule follow up appointment on November 4th, 2025.

Other team members:

Case management to send updated ostomy supply prescription to Edge Park, email sent to case manager.

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

This was such a complicated situation, but I felt that we were able to achieve a lot in this patient's appointment. Understanding why she was having issues was crucial. She was struggling with pouching and extending wear beyond a day or two, as well as complaints about the size of the bag, but finding that she was using a high output ostomy pouch and not using her night drainage system gave us insight to the issues. Addressing these issues will hopefully lead to improved skin condition as well. The addition of potential psoriasis to peristomal area of course makes this more complex as well, as most topical treatments are in a gel, cream, ointment, or lotion. Obviously, these are not appropriate under a stoma wafer. My preceptor mentioned nasocort as an option, as it is water based. But this adds another layer of complexity because a dermatologist may not have any experience with peristomal psoriasis, which means she may not receive appropriate recommendations, leaving her back where she started.

As for things I would have done differently, the patient lives 2 hours away and will be back in town Friday, and then not again until November 4th. Since she was coming back to the area on Friday for a renal ultrasound, I would have liked to arrange a time to meet her that day to see how the changes worked over the week, and then plan to meet on November 4th.

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?

Orient myself to outpatient clinic and outpatient visits as compared to inpatient visits. This was met, the outpatient setting is certainly different from the inpatient setting! Most of these stomas were matured and were facing different issues than the issues we encountered for the newly postop patients. It was very helpful to see this side of the process! Understanding the outpatient side is struggle for me so seeing it in action is helpful.

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

I would like to better understand the conditions in which a convex pouch is preferred over a flat pouch, this can be achieved by discussing more in depth with preceptor and hands on assessing patient abdomens.

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For instructor use only. Do <u>not</u> 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	✓	
• 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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