

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Blaine McKinney Day/Date: 9/23/2025Number of Clinical Hours Today: 8.5 Number of patients seen 7Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Jennifer Postle, BSN, RN, CWOCN, CFCNClinical Focus: Wound Ostomy 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.

Once again, we were in ostomy clinic. Initially, I thought I would be all in on wounds and would not be that interested in stomas but this experience, especially in the outpatient setting, has really changed my perspective and my interest level. I have enjoyed the ostomy clinic far more than I anticipated and I love being able to troubleshoot and work with patients on a more focused level. Being in the clinic allows you to take a bit more focused time with the patient and spend time focused entirely on them and their family.

Today was another good day. We started the morning with a patient that we weren't really sure why they were coming in. Once she was in the office, she sat down and said, "so, it all started with this cough." After having a cough for several weeks, her end colostomy prolapsed. She was hoping it would go away on its own, but after a week, her stoma was still prolapsed. She lifted her shirt and I was in awe. Her stoma prolapse filled the pouch and was so edematous. We moved her pouch and assessed, then tried to formulate a plan. The colorectal surgery clinics are down the hall from the clinic, so we took a picture and went to go discuss the case with a colorectal surgeon. The surgeon was optimistic that it could be reduced in the office, so we returned back to the patient with some renewed optimism ourselves. With gentle manual compression, my preceptor was able to reduce to prolapse. After about 35 minutes, the prolapse was reduced and the stoma was more bud-like in appearance. There was still significant edema and encouraged her to utilize a cold compress (with appropriate padding between her stoma and the ice pack) and rest after her appointment. We then helped her reapply her hernia belt with prolapse flap. She was so grateful; it was amazing to see how big of an impact we had on her day and mood!

The next patient had an ileal conduit and was now struggling with lymphedema in her legs and lower abdomen, leading to pouching issues and concerns for how to use compression with a pouch in place. She has modified compression leggings to fit over her pouch and we fitted her for a hernia belt, as well as assisted with placing an ostomy belt.

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The next two patients we saw were both pre-operative ileal conduit teaching and markings. For the first one, Jennifer had me do the teaching! Talk about nerve wracking, but she reassured me that I would not be the only person teaching this patient which made me feel a bit better about talking with him and his daughter. The second patient she did the teaching, which was helpful to then contract mine to hers and allowed me to see how she enacted the feedback she gave me.

The next patient we saw had recently been discharged from skilled nursing with a colostomy, so they were in to do some teaching reinforcement. It's interesting to see how different patients retain information despite receiving the same information over multiple days, highlighting how important understanding a patient's health literacy and the ways they learn are to teaching. It also showed how important it is to evaluate the patient's understanding after teaching. Our next patient had had a colostomy for many years at this point and was well versed in stoma care. I actually loved seeing this patient in the clinic because he was also providing insight that he had learned over the years! He was there for a recurrent parastomal hernia, having had a hernia repair previously. We fitted him for a NuHope hernia belt, as well as did some experimenting with products. He was fond of the Coloplast Brava hydrocolloid dressing under his wafer, but we did a Coloplast Sensura Mio Convex Flip one piece drainable (18312) which is supposed to be useful for parastomal hernias. He was also going to reach out to his DME company to see if they could get him his usual Hollister pouches, as they had previously made it seem like they only carried Convatec. The Coloplast Flip has a really interesting shape, I'm hoping he sends feedback. The last patient was probably the most complicated stoma I had seen thus far – in a fold, next to a midline wound, and retracted. Couple that with a rounded abdomen and poor dexterity in both her and her husband. Needless to say, we struggled quite a bit here. Ultimately, we landed on the Coloplast Sensura Mio Flex 16911 and a corresponding drainable pouch. Overall, quite a bit of troubleshooting to be had today and I had a great time meeting and working with all of these patients.

(side note – I am now even more impressed hearing my co-workers rattle off pouch numbers, I don't know how they keep track of all of these numbers and products!)

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:

D.S. is a 79-year-old male with a past medical history of bladder cancer, hypertension, GERD,

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hyperbilirubinemia, mixed hyperlipidemia, prediabetes, osteoporosis, BPH s/p obstruction, erectile dysfunction, bladder cancer. Patient presented to the ostomy clinic today with his daughter for pre-operative teaching and marking.

Patient with planned ileal conduit surgery 9/30. Patient provided ACS Urostomy Home Skills Kit. An initial overview of the role of the ostomy nurse, ileal conduit surgery, care and function of a urostomy, pouching skills, diet and hydration needs, and clothing. Patient was able to demonstrate how to measure and cut pouch at this time.

Patient stoma site marking completed. Patient's abdomen was assessed while seated and leaned back, as well as while standing. Patient with slightly rounded abdomen, assessed belt placement. Patient wears belt at hip level. While seated and laid back, abdomen palpated to assess rib cage. Then patient asked to cough to assess rectus muscle. Used stoma wafer to ensure the marking did not overlap with creases or umbilicus. Bilateral lower quadrants marked; marked on flat surface within patient's line of vision and above belt line. Discussed with patient that both sites were marked as a "just in case" but typically urostomies are placed in the right lower quadrant. Placed sample pouch on right lower quadrant marking to demonstrate what it would look like and to see what going about his day would look like with the pouch in place. Discussed with patient that we will visit on the day of surgery in the morning to mark him again.

Explained role of ostomy nurse while in the hospital and let patient know that we typically will visit the day after surgery to check in, and then teaching to begin on day 2 after surgery which will include a pouch change. Patient's wife expected to be at hospital for duration of stay. Patient verbalized understanding and all questions were answered to patient and daughter's satisfaction. Patient provided ostomy support group information.

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 was provided education and marking prior to surgery, we will plan to follow up while inpatient. No further plan of care at this time, patient provided with Home Skills Kit and ostomy support group information.

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

I thought this went remarkably well, considering I was doing the teaching for the first time. I would not make any changes, I thought the way Jennifer does teachings and markings is incredibly helpful for me and the patient. She was able to provide feedback for the next time. I plan to utilize the feedback and start my teaching with what an ostomy nurse and what we do, as well as introducing the concept of a stoma at the very beginning of the teaching.

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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?**

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. I was able to evaluate more abdomens today, I felt much more confident assessing and palpating the abdomens, as well as understanding the difference between firm and soft abdomens.

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

I would like to see more wounds and continence patients to understand more about continence while in the hospital.

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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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