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: __9/25/2025_____

Number of Clinical Hours Today: _8___ Number of patients seen __6_

Care Setting: Hospital ____ Ambulatory Care __X__ 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.

Back to the clinic after prevalence! While waiting for our first patient, one of the nurses from the colorectal clinic stopped by because they had a patient with supply issues and were hoping we could help. The patient's shipment was delayed and would be out of pouches, so we were able to provide some supplies and then he asked about a hernia belt. We happily measured him for his belt, and then he went on his way. An easy first interaction for the day!

The next patient had had **four** resiting surgeries, and 7 abdominal surgeries total in the last 5 years. She was about 6 weeks out from her most recent resiting surgery and was having pouching issues. She has been a long time patient of the clinic and is well known by Jennifer. She was getting about 24 hours from each pouch before it began to leak. Upon lifting her shirt, we found that her pouch was tucked into her pants with her belt just slightly below the stoma opening. We removed the pouch and could see that her abdominal topography had improved greatly but could still see why she would be struggling. When she was seated and kind of leaned back, her peristomal area seemed flat, and her stoma was rounded and cleared skin level by a centimeter or two. However, when she sat forward and stood, her abdomen changed shape entirely. Her stoma was then in a deep moat. While watching her talk and move around, her stoma would retract deep into the opening. Additionally, we had her walk us through how she changed her pouch and found that she was not spreading the skin around her stoma because her husband wouldn't help her and she needed both hands to place the pouch. It's interesting to see what other factors play into a patient's success. I almost wonder if placing the pouch while laying down or in a reclined position would be of more benefit to her than trying to place the pouch while standing. This would likely require a different mirror set up however.

Next, we had two patients back-to-back with mucocutaneous separation which I had not seen yet so that was interesting to see. Pouching these were different due to the wound around the stoma being moist. We treated these both with powder and were able to get good seals. The fourth patient is just coming into the clinic for

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support when she changes her pouch, as she does not feel confident to do it entirely on her own yet. The fifth patient was post-op day 6 and travelled in because she was concerned that the stool consistency had changed – while she was in the hospital it was more formed but was now more liquid at home. She had a loop ileostomy, and we discussed that ileostomy output is typically looser, and changes may be seen based on diet. We reinforced her teaching she had received in the hospital and had her change her pouch with some assistance. Her ex-husband brought her to her visit and lived next door, so he was able to help her somewhat, but she needed to be able to do this mostly independently. She said she felt more confident after her visit, which was reassuring! She was able to repeat back more of the information we had taught her and her ex-husband had taken to the teaching quite well. Our final patient of the day no showed so we worked on paperwork and discussed more about mucocutaneous separations since they were the theme of the day!

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:

E.R. is a 64-year-old male with a past medical history of hypertension, OSA, metastatic rectal cancer s/p radiation and consolidation chemo, elective colostomy for pain defecation and incontinence. Patient came to the ostomy clinic today with skin irritation and pouching questions, concern for hernia and retraction. Patient's wife concerned for allergy to wafer adhesive and that the rod was removed too early, reports they were told the day of discharge the patient had a parastomal hernia. Elective loop colostomy created 8/26/2025. Stoma is the in the left upper quadrant, appears red and moist, stoma retracts when functioning but flush with skin level at other times, measures roughly 25mm x 35mm and is oval. Peristomal skin with mucocutaneous separation and ring of red, irritated, and denuded skin. Upon assessment of back of pouch, noted that there was undermining of stool at the 3:00 position. Pouch had been on for 3 days; patient gets anywhere from 2 to 7 days of wear time. Current pouching system is Sensura Mio 1-piee drainable flat pouch #10481. Upon assessment, abdomen was soft and think could benefit from soft convexity with a belt. Patient mentioned he felt his stool would collect at the opening of the pouch, discussed pancaking and how to solve that with patient and wife.

Cleansed peristomal skin with soap and water, Stomahesive powder applied to denuded skin, dusted off, and sprayed with skin barrier film to create a crust. Chose Convatec Esteem Body Convex 1-piece drainable pouch #423653, which was cut to fit at 25mm x 35mm. Small piece of Eakin ring was rolled and coiled around the edge of the pouch opening, then placed over stoma. Patient held hand over pouch to warm. Patient

placed into a Hollister Adapt belt #7300. Demonstrated how to add Hollister Adapt lubricating deodorant to pouch to assist with pancaking. Patient gets supplies through VA home healthcare. Supplies provided until next order can be placed.

Discussed options for an ostomy nurse closer to their home, as this clinic is a 2 hour drive.

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)

During today's visit we "crusted" your skin. This was done with Stomahesive Powder applied to the open, irritated areas, dusted off excess powder, then applied Cavilon No-Sting Barrier Film spray (or other barrier film – Smith & Nephew No-Sting Skin Prep or Medline SurePrep were in your supply case). This only needs to be done if skin is red, irritated, and **open.**

Measure stoma using oval measuring guide. You can then cut to fit or trace onto backing and cut to fit, template from today date and returned to your supply case. Begin using Convatec Esteem Body Convex 1-piece drainable pouch #423653, stop using Coloplast Sensura Mio Flat 1-piece drainable pouch #10481. Roll Eakin barrier ring as demonstrated today in clinic, and coil around opening. Apply to stoma. Apply Hollister Adapt belt #7300. Use Hollister Adapt lubricating deodorant, placed into bottom of pouch and distributed throughout pouch, as needed.

Additional "pancaking" management options include increasing fluid intake and increasing fiber once cleared by surgeon.

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

I thought this appointment went well, they were very grateful and seemed to like the way the new pouch fit a bit better. They were also excited about the lubricating deodorant. I had not used that before so that was neat to use! While assessing the patient, I was torn between a flat pouch and convex pouch, but knew either way I wanted a belt. Ultimately, I went with the convex pouch because it was fewer steps than a flat with a ring and would achieve the same thing. But we still used a ring so it didn't matter!

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 run one clinic appointment "by myself", with preceptor support as needed. I felt that this was achieved in our last patient of the day, I was able to run the appointment and provide teaching with some

support from my preceptor.

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

Continue learning about incontinence management in the hospital and seeing patients with wounds. I have had a lot of ostomy experience and would like a bit more wound and continence experience.

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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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