



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

### Daily Journal Entry with Chart Note & Plan of Care

Student Name:           Sherrie Powell           Day/Date:   Wednesday 10/01/2025  

Number of Clinical Hours Today:   8   Number of patients seen   5  

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor:   Kristine Woodworth          

Clinical 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.**

My day began in the Ostomy clinic, where we saw three patients for various ostomy-related issues and did a pre-surgical stoma marking. My first patient was a urostomy patient who came with her son, who is her caregiver. She had an issue with the decreased wear time of her pouches due to leaks. Patient usually wears a flat barrier; however, her stoma was noted flush to her skin. We fitted the patient with a 2-piece Hollister Cera Plus convex barrier and Hollister New Image pouch to positively protrude her stoma. My next patient was a stoma marking in both the right upper and left upper quadrant for a scheduled transverse loop colostomy for metastatic disease in the sigmoid colon. My next patient had a pouching adherence issue with leaking. We assessed the pouch and immediately noticed the patient was cutting his pouch to large for his stoma cause irritation around his stoma. When we removed the pouch, the patient did have some dermal erosion which required crusting. We helped him to remeasure the circumference of his stoma and cut the proper sized barrier to fit around his stoma. We sent him home with the template of the barrier's measurement. My last patient was a follow up for peristomal granulomas that I evaluated and treated last week. The latter half of my clinical day was spent in the acute care part of the hospital doing a M-W-F wound VAC to the head and charting on my patients.

Types of patients seen: Ostomy (colostomy/urostomy), NPWT, Pre-surgical colorectal

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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:**

This is a follow-up visit for 57-year-old male being seen in the outpatient ostomy clinic with complaint of pouching difficulties and issue related to the stoma appearance. Patient has a past medical history of diverticulitis with sigmoid colon resection, end colostomy, coronary artery disease (CAD), central obesity, lower extremity claudication, diabetes mellitus with hyperglycemia, gallstones, and chronic depression. The patient and his wife were greeted, and the patient was assisted onto the examination table. During the interview, patient admits to changing his pouch daily due to leakage and states he now has tenderness around stoma. He was recently in the ED for a discolored stoma and states the "stoma fell off". Patient brought in his own supplies. WOC immediately notice the pouch's barrier was cut too large for the size of the patient's stoma. The old Convatec Esteem drainable pouch (#416908) was removed. Inspection of the barrier reveals leaking of the appliance. Patient states the pouch was put on this morning before coming to the ostomy center. The patient abdomen is large but the peristomal plane is flat with no creases or folds. The stoma is red, moist, and retracted; oval-shaped at 50mm, located in the LLQ. Based on the description of the patient's last ED visit, suspect stoma had superficial necrosis which sloughed off since. Peristomal skin is red and irritated due to the pouch barrier being cut too large and ill-fitting. Stoma and peristomal skin cleaned with warm water the allowed to dry. Stoma was measured and new pouch cut to fit around the stoma. Stoma powder and skin barriers crusting technique applied areas of irritation on the peristomal skin. While performing the crusting technique patient admits to applying the stoma powder without the use of the 3M no-sting barrier. Small Eakins ring applied around stoma and new Convatec Esteem (#416908) 4" 1-piece drainable pouch applied. Patient educated on how to perform the crusting technique to non-intact skin new barrier template of new stoma size sent home with patient. Patient advised to continue with current pouching routine with crusting technique performed appropriately and he can use a smaller convexity such as Coloplast (#15601) pouch now that his stoma has decreased in size. Plans to return to clinic only as needed for continued leakage or peristomal skin issues.

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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)**

- \*Gather your supplies, including pouch, adhesive spray, stoma powder, 3M no-sting barrier film, Eakins small barrier ring, ostomy scissors, and a bag for old appliance disposal
- \*Remove old pouch using spray adhesive remover and pulling the bag toward the stoma using the push/pull technique
- \*Clean the peristomal skin gently with warm water and allow it to dry completely
- \*Measure your stoma and cut the pouch barrier wafer to fit around the stoma, allowing 1/4"-1/8" of peristomal skin exposure from the barrier wafer's edge
- \*Sprinkle stoma powder around the stoma on the non-intact areas of skin, making sure to avoid the stoma
- \*Gently dust away excessive stoma powder
- \*Lightly dab 3M no-sting barrier to peristomal skin making sure to cover all areas sprinkled with stoma powder and allow to dry completely
- \*Apply Coloplast 1-piece drainable cut-to-fit barrier pouch
- \*Empty pouch when 1/3 full and change every 3-5 days or as needed for leakage
- \*Follow up in the outpatient ostomy clinic for your weekly appointment for Silver Nitrate application to the peristomal granulomas until discharged from the outpatient clinic
- \*Call the ostomy clinic for any stoma-related issues

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

I always learn new ways to promote and educate on ostomy care. I do not have a lot of experience with urostomy pouch changes and found it uncomfortable due to the constant leaking out of the stoma. My preceptor gave me some tips and tricks, one where we use a disposable cloth and rolled it to the size of the stoma and placed it over the stoma to wick away the urine while preparing the periwound. It eased my anxiety about the periwound getting wet before being able to place the barrier down to get a good seal. That being said, I felt positive about the things I learned and was able to witness, so I would not have done anything different during my clinical day.

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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?**

My goal for the day was to do a stoma marking and we planned it accordingly. My goal was met because it is easier to plan during the ostomy center days.

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

I plan to see more continence related issues, perhaps a flexiseal if I can get the opportunity.

**For instructor use only. Do not 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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