



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

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

Student Name: Carla Edeh Day/Date: 10/03/25

Number of Clinical Hours Today: 8.5 Number of patients seen 4

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor: Chizu Sakai-Imto, BSN RN CWOCN

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.

During this clinical experience in the ICU, I observed and participated in the care of several patients requiring wound, ostomy, and continence (WOC) nursing interventions.

One patient was diagnosed with colon cancer and had undergone an abdominoperineal resection with the creation of an end colostomy. The WOC nurse provided education on stoma care, including pouch application, emptying, and skin protection around the stoma site.

Another patient had a history of ulcerative colitis and was status post total proctocolectomy with the creation of a J-pouch. The focus of care included postoperative monitoring, assessment of the surgical site, and education on pouch function and expectations during the healing phase.

A third patient had a continent ileostomy (Kock pouch). The WOC nurse provided teaching on how to intubate the K-pouch stoma using a catheter to promote continence and proper pouch management. The patient was actively engaged in learning and demonstrated increasing confidence with the technique.

Additionally, I observed a stoma marking procedure performed by a certified WOC nurse. The nurse assessed abdominal contours, skin folds, and clothing lines to determine the optimal stoma placement for future ostomy surgery.

This clinical experience enhanced my understanding of complex ostomy management and reinforced the importance of patient-centered education, skin integrity preservation, and individualized care planning for patients with new or existing ostomies.

#### WOC Plan of Care (include specific products)

**Patient Information:**  
68 y.o black male admitted with dx of rectal CA, status post abdominoperineal resection with end colostomy,

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postoperative day # 3. WOC nurse consulted for ostomy assessment, pouching system evaluation, and patient education.

**History of Present Illness:**

Patient underwent abdominoperineal resection secondary to rectal carcinoma. An end colostomy was created in the left lower quadrant. The WOC nurse was consulted to assess the stoma, evaluate peristomal skin integrity, and initiate teaching related to ostomy management.

**Assessment and Interventions:**

On assessment, the patient was alert, oriented, and receptive to teaching. The abdomen was soft and non-distended. The stoma was located in the left lower quadrant, red, and moist. The peristomal skin was intact without erythema or breakdown. Effluent noted was soft brown stool.

The existing pouching system was a two-piece flat barrier with a drainable pouch. The barrier was removed using an adhesive remover wipe. The peristomal skin was cleansed with warm water and patted dry. A skin barrier wipe was applied to protect the peristomal area. A new convex barrier was fitted and applied to promote a secure seal and prevent leakage. A new drainable pouch was attached. The patient was educated on pouch emptying, frequency of pouch change, and monitoring for leakage or skin irritation. The patient was encouraged to participate in pouch application and verbalized understanding of care instructions.

**Evaluation:**

The pouch was well-sealed with no evidence of leakage. The patient demonstrated appropriate engagement in learning and asked relevant questions regarding ostomy management. The patient will continue with daily stoma care education and practice under WOC nurse supervision.

**Braden Risk Assessment:**

| Category           | Score |
|--------------------|-------|
| Sensory Perception | 4     |
| Moisture           | 3     |
| Activity           | 3     |
| Mobility           | 3     |
| Nutrition          | 3     |
| Friction/Shear     | 3     |

**Total Score:** 19 (indicating mild risk for pressure injury)

**Products Used/Recommended:**

- Convex two-piece barrier with drainable pouch (Hollister New Image system)
- Adhesive remover wipes
- Skin barrier wipes

**Plan of Care (POC):**

1. Continue stoma care and education daily.
2. Reinforce patient independence with pouch emptying and changing.
3. Monitor peristomal skin with each pouch change; report any redness, irritation, or leakage to the WOC nurse.
4. Maintain Braden Scale assessment daily to monitor skin integrity.
5. Follow-up by WOC nurse in 48 hours for reassessment and further teaching reinforcement.

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

The woc nurse was highly knowledgeable and skilled. She provided clear explanations and demonstrated excellent technique. She is one woc nurses I hope to model my practice after.

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 October 3, 2025, was to actively participate in hands on ostomy care. This goal was achieved. I was able to assist with the removal of the existing pouching system, cleanse the stoma and peristomal skin, accurately measure the stoma, and apply a new pouching system. This experience strengthened my confidence in performing ostomy care and reinforced the importance of proper skin assessment and pouch fitting for optimal outcomes.

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

My goal is to continue with hands on ostomy care and branch into site marking.

**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  | ✓         |         |

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|  |   |  |
|--|---|--|
| 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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