

**Daily Journal Entry with Chart Note & Plan of Care**Student Name: Elizabeth Lyons Day/Date: 10-17-25Number of Clinical Hours Today: 8 Number of patients seen 5Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Sarah YountClinical 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.**

Clinic: Patient with difficulty with peristomal skin irritation (see chart note), pt for marking for ileal conduit, but he had been marked previously and surgery had been postponed. Incidentally, this surgery was also being postponed due to continued CHF exacerbation-but prior to entering room, Bobbie Jo reviewed difference between K pouch, J pouch, and Baret Continent Ileal Reservoir, which was really helpful. 36yo female with loop ileo d/t colon inertia and pelvic outlet dysfunction, gastroparesis and j-tube; switched from flat 2 piece to convex one piece due to some undermining noted. Attended Teri's inservice for staff in clinic "Change a Pouch in a Pinch", which was brilliant-brief review and hands-on. Staff measured, cut and applied using stoma boards. Pre-op marking and education for ileal conduit d/t bladder CA. Pt with diverting loop ileostomy d/t diverticulitis (initial hemi colectomy with prolonged ileus and loop ileo 11 days later). Pt in nursing home and staff had cut opening way too big. Had on 2 3/4 flat one piece and peristomal skin was very red, denuded, painful. Used hollihesive sheet to create a "washer" around stoma after applying and dusting away stoma powder, then coloplast light convexity precut to 1 3/8 inch.

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.

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The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

**Chart note:**

**Braden Risk Assessment Tool**

Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

27yo female with hx of UC/Chron's. IBD initially thought to be UC and total proctocolectomy with ileal J-pouch in 2020. Developed severe cuff-it is and developed fistulas with pouch revision in 2/2023, had recurrent issues with fistulas, strictures, pouch volvulus, then enterotomy which was managed with resection and double barrel end ileostomy.

Presents to clinic today for continued peristomal skin problems.

Double barrel ileostomy in RLQ, stomas red, moist, budded above skin level.

MC junction intact. Erythema noted around stoma with patchy rash with satellite lesions at 2:00.

Peristomal contour is concave adjacent to stoma with creases at 3 and 9:00. Supportive tissue is soft.

Thin green liquid effluent empties 6-8x/day, drinks 4-5 drip drop per day.

Pt currently using 4x4 Coloplast brava washer, Marlen ultralight deep convex drainable pouch, precut 1 1/8 inch with belt. 1-2 days wear time. Pouch with mild undermining noted.

Pt had tried Convex-IT system at last visit but c/o such severe pruritis, she removed system before the end of the day. Has also tried ConvaTec Esteem Body pouch but felt convexity was not deep enough and leakage occurred. At that time, she had used 3.5mm convex, so recommend 7mm convex system instead. Will use Hollihesive to add wedges at 3 and 9:00 creases, would prefer Stomahesive but this is not available. Placed Hollihesive on top of Coloplast Brava washer since patient feels that she has had a sensitivity to Hollihesive.

Pt has antifungal powder, recommend this for 14 days.

Order numbers provided for patient to contact ConvaTec for samples of pouch and Stomahesive barrier.

Pt has seen GI psychology in the past for expressed feelings of being overwhelmed with GI issues and decreased ability to leave the house.

Pt reports having a good support system and denies problems obtaining supplies or making it to appts.

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)**

Change pouch Q2-3 days and prn. Cleanse peristomal skin with water and pat dry.

Apply antifungal powder to patchy rash, dust away excess, and seal with 3M no sting pad.

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Apply ConvaTec Stomahesive powder to breakdown near stoma and dust away excess until healed.  
 Create washer from 4x4 Coloplast Brava sheet by cutting opening as large as stoma in the middle of the sheet and apply.  
 Create wedges at 3 and 9:00 by cutting Hollihesive sheet into three rows, then in half. Use two of the rectangles in the creases after cutting edges (when available, use Stomahesive sheet in place of Hollihesive sheet).  
 Apply 7mm convex ConvaTec Esteem Body Pouch after applying very thin Brava ring. Continue to use belt.  
 Continue current electrolyte replacement drinks.  
 Empty pouch when 1/3 to 1/2 full.  
 To thicken stool, try BRAT diet-bananas, rice, applesauce, and toast.  
 Call GI psychology for any new or ongoing problems adjusting to medical events.

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

I can't think of anything I'd have done differently. I felt that Sarah was very good at connecting with the patients and listening to them and seemed to make them feel heard and at ease which enabled them to listen to her instructions and advice.  
 I wish I had known about using Brava or Hollihesive sheet as a "washer" before this-I think it would have helped some of my patients who had difficulty with leakage/high volume output. And using the sheet to cut wedges...I can't wait to put what I'm learning into practice!

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?**

Assess and assist patient with pouching difficulty, peristomal skin breakdown-met! 😊

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

Do another stoma marking or wound vac.

**For instructor use only. Do not remove or edit:**

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		

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• 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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