Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Elizabeth Lyons Day/Date: 10/20/25

Number of Clinical Hours Today: 8 Number of patients seen 7

Care Setting: Hospital ____ Ambulatory Care X____ Home Care ____ Other ___

Preceptor: Meghan Hincapie _____

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.

67 yo male hx of Chorn's with double barrel ileostomy, takedown scheduled in 2 weeks. Clinic QOD d/t pouching issues. Very high output liquid effluent, takes Imodium 8 tablets/day, consumes foods that thicken stool, hydrates appropriately with drip drop. Still empties pouch (when 1/3-1/2 full) 12-15x/day. Family assists with pouch changes but requires appts for continued management. Challenges to pouching include supportive tissue that is very soft, thin, flaccid, wrinkled and mobile and high-volume watery output. Midline incision with three small open areas with history of draining cloudy drainage-none noted today on exam. Stoma red, moist, budded above skin, 1 ¼ inch diameter. Peristomal skin with erythema circumferentially. No incidences of leakage, although current barrier with erosion, but scheduled to be changed. Convatex-IT Surefit very firm convex precut with ceraplus ring and high output pouch. Hollihesive triangle applied as washer with additional strip above and below. Powder dusted away and belt.
77 yo male with hx of bladder CA, yearly visit. End ileal conduit, 7/8". Had tried Marlen ultralite 7/8" depth d/t severe pseudoveracous lesions but returned to convatec two piece with firm convex when Marlen leaked. This visit peristomal skin looked good, but erosion to back of appliance noted after one day wear. Stoma is red, moist, flush with skin and disappears in crease when sitting and bending forward. When bending, stoma elongates to oval at 3 and 9:00. Instructed to cut a bit wider or increase size. Interested in trialing coloplast deep convex one piece. Applied with belt and order numbers noted in case pt decides to switch.
63yo male with Chron's has had ileostomy since he was 12yo, peristomal hernia revised in 2022, here for annual. Pt had minor caput medusae to peristoma circumferentially, hx of non-alcohol induced cirrhosis and portal hypertension. No changes to appliance, pt not having any problems with pouching. 58yo peristomal hernia repair, long-time end colostomy, hernia belt measurement. No problems pouching ostomy, peristomal skin intact, without redness.
43yo female with hx of FAP diagnosed when 22yo. See chart note for more info.
68yo male with planned polyp removal with minimal chance for laparoscopic bowel resection and loop

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ileostomy. Pre-op marking. Straightforward with mostly flat abdomen, crease in middle when bending only. Marked in RLQ.
82yo with reoccurring rectal cancer, preop marking for LAR with ileostomy vs resection with colostomy. Marked in RUQ and LUQ; unable to visualize bilateral lower quadrants due to body habitus.

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:

Braden Risk Assessment Tool

Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

43yo female here for preoperative stoma marking. Complicated hx includes diagnosis of FAP at 22 years of age then mesenteric desmoid tumor at 24 years of age. No noted family hx of FAP.
2013 pt had SMA branch aneurysm rupture and repair, ECF repair, and ileostomy and since 2020 pt has had many CT guided aspirations of chronic pelvic fluid collections. Per chart review, patient has mesenteric desmoid tumor that is communicating with her small bowel and multiple recurrent abscesses with several attempts to repair by surgery and drainage procedures. Drain currently in place, from which patient empties about 100mL purulent drainage daily with continued pain. Additionally, pt has a large fibroid uterus with recurrent cysts that have required multiple aspirations.
Met with patient and reviewed process for stoma marking for possible jejunostomy, who verbalized understanding and consent. Surgeon requests marking in LUQ. Pt with ileostomy in RLQ and IR drain adjacent and medial to ileostomy. Ribs sit low to abdomen, when considering LUQ marking, the stoma would be within approximately two inches of rib cage, pt expresses discomfort with barrier being so close to ribs when bending. Surgeon consulted and reviewed limited area for marking and agreed top of lower quadrant would be possible and beneficial. This area was marked with tattoo India ink and 25G needle. Pt requests that stoma be placed as low as possible, ideally directly across from ileostomy site, if at all possible. This wish was passed on to surgeon and reiterated to patient that options may be limited considering the complexity of

the surgeries and status of her bowel.
Reviewed the difference between ileostomy and jejunostomy, including effluent consistency and fluid and nutritional needs. If jejunostomy is necessary, pt expects to require TPN and voices understanding.
Pt states she is not having any problems with her ileostomy or pouching.

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)

Continue routine care of ileostomy until surgery.
WOC team will follow patient after surgery for ostomy care and education.

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

Today was another great day, I learned a lot. It was interesting to see a patient with pseudoverrucous lesions, peristomal caput medusae, FAP, and hernia belt measuring all in one day! I'm glad for the patients' sakes that the lesions and caput medusae were both mild cases.

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?

Stoma marking-met!

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

Wound vac or ileal lavage

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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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