

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Carla Edeh Day/Date: 10/24/25Number of Clinical Hours Today: 8 Number of patients seen 5Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Elizabeth Kulling, RN, BSN, WWOCN, CWSClinical 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 day, I was hands with the WOCN with care of multiple patients requiring advanced ostomy and wound management:

We evaluated a patient, along with one other wocn, experiencing persistent daily leakage at the end jejunostomy site. Contributing factors included significant abdominal contour irregularities with multiple creases and skin folds impacting pouching system adherence. Collaborative planning focused on optimizing pouching technique, barrier selection, and accessory use.

We collaborated with another wocn, assessed and managed a leaking enterocutaneous fistula pouch. Dressing and pouching strategies were discussed to promote improved containment and skin protection.

We assisted a patient with ongoing leakage from their end ileostomy appliance. Peristomal skin integrity and pouch fit were evaluated, and modifications were initiated to achieve a more secure seal.

Kock (K) Pouch – Discharge Education: My preceptor completed discharge teaching for a patient transitioning home with a K-pouch continent diversion. Reviewed catheterization technique, stoma care, signs of complications, and community resources to ensure confidence and self-management upon discharge.

We performed Negative Pressure Wound Therapy (NPWT) for a scheduled dressing change on a patient with a left mid-chest wound VAC.

I was directly hands-on for all patient encounters.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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

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 Nurse Consultation Note

Date of Consult: 10/24/2025

Consulting Service: WOCN consulted for leaking fistula pouch

History:

WOCN was consulted for a **73-year-old female** with a significant past medical history of LDA, HTN, renal mass status post laparoscopic left retroperitoneal radical nephrectomy (2004), and active tobacco use. Patient was a direct admission from Mercy Hospital for evaluation and management of an abdominal wall abscess complicated by colo-cutaneous fistula formation. Patient also with a sacral pressure injury.

Current Medication List:

Clonidine, Vitamin D, Ferrous sulfate, HCTZ, Ibuprofen, Metoprolol, Potassium chloride, Torsemide, Doxycycline monohydrate, Hydroxychloroquine, Nexium, Prednisone

Braden Risk Assessment Tool

Sensory Perception	3
Moisture	1
Activity	1
Mobility	2
Nutrition	1
Friction/Shear	2
Total	10

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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)

WOCN consulted for concerns regarding pouch integrity and potential leakage around a known colcutaneous fistula. On assessment, the existing pouch was noted to be nearly leaking at the midline. The fistula is positioned in close proximity to the midline abdominal wound, increasing risk of undermining and skin compromise. Bedside RN also reported concern for early leakage. Due to these findings and the unavailability of a postoperative pouching system, the pouch was removed and replaced during today's visit with a modified system to optimize containment and protect periwound skin.

Assessment

Type of Fistula: Colocutaneous fistula

Location: Lower right abdomen

Wound Bed: Not involved

Perifistular Skin: Intact, clear, no erythema or breakdown

Perifistula Contour: Rounded with areas of loose, mobile tissue

Effluent Characteristics: Thin, liquid, brown stool output

Tissue Quality: Soft, loose supportive tissue at the abdominal wall

Fistula Management Care Completed Today

Stomahesive half-sheet wedge applied inferiorly to support loose tissue

Hollihesive wedges placed circumferentially with overlapping technique for contour correction

Bow-tie-shaped wedge positioned between drain sites for additional support

Stomahesive paste applied for caulking/sealing

Coloplast flat postoperative pouch with viewing window applied

Thin smear of paste beneath wafer to improve adhesion

Mefix tape used to frame edges and reinforce seal

Connected to gravity drainage system for output diversion

Next scheduled pouch change: Weekly and PRN for leakage or loosening

Nursing Orders:**Perifistular Skin Care**

Cleanse skin with mild soap and water; pat thoroughly dry

Apply Stomahesive powder to irritated areas as needed; gently dust off excess

Apply **3M Cavilon** no-sting skin barrier to surrounding irritated skin

Pouching System – Recommended Setup

Stomahesive wedges to off-load skin tension and maintain seal

Caulk with Stomahesive paste at skin irregularities

ConvaTec Durahesive flat flange, trimmed at midline to accommodate wound proximity

High-output (HVOP) pouch connected to gravity drainage bag

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

Hytape applied at medial edge to secure seal

Expected Wear Time: 3–4 days depending on output volume and seal integrity

WOCN Clinical Impression:

Fistula remains high-risk for pouch compromise due to proximity to midline incision and soft backup tissue. Modified pouch approach implemented to improve stability, protect skin, and maintain longer wear time. Will follow and adjust pouching system as tissue contour and drainage patterns evolve.

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

I would advise nursing to anticipate more frequent PRN changes, to avoid delayed response to early undermining or leakage.

Given the proximity to the incision and the softness of the supporting tissue, I may have considered a convex system to enhance seal security.

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 learning goal for today's clinical experience was to provide a first-time lesson to a patient on how to change their ostomy pouching system. This goal was not met, as there were no patients available today who required or were appropriate for an ostomy pouch change teaching session.

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

My goal will be to become more familiar with the different types of pouching systems.

For instructor use only. Do not remove or edit:

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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

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: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.