

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 Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Elizabeth Kulling, RN, BSN, WOCNClinical 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.

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:

Patient is a 72-year-old male with complaints of burning and visible leakage around his peristomal site. He has an ileal conduit secondary to bladder cancer.

The leaking one-piece flat Hollister pouching system was gently removed using 3M adhesive remover wipes. Inspection of the wafer revealed clear undermining at the 12 and 3 o'clock positions. The stoma was moist, red, and protruding approximately 2 cm with urine and mucus output. The peristomal skin demonstrated erythema with superficial denudement between 12 and 3 o'clock. The area was cleansed with warm water, mild soap, rinsed with warm water, and patted dry with gauze. A small abdominal crease was noted at approximately the 2-3 o'clock location. Mild erythema was also observed on the inner thighs.

The stoma was remeasured. Hollister Stoma Powder was applied to the denuded area, excess powder was

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brushed away, and the site was sealed with Cavilon No-Sting Barrier Film. A Hollister two-piece convex FlexWear skin barrier was applied. An Adapt barrier ring was placed to fill the abdominal crease at 2–3 o'clock. The Hollister urostomy pouch was attached, ensuring unobstructed drainage. The inner thighs were cleansed with warm, mild soapy water, rinsed, and gently dried. A thin layer of zinc-oxide moisture barrier ointment was applied. Education was provided regarding early signs of leakage and appropriate skin cleansing and drying techniques. The patient stated understanding.

Braden Risk Assessment Tool

| | |
|--------------------|----|
| Sensory Perception | 4 |
| Moisture | 3 |
| Activity | 4 |
| Mobility | 4 |
| Nutrition | 3 |
| Friction/Shear | 3 |
| Total | 21 |
| | |

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)

Cleanse peristomal skin with warm water, no scrubbing and avoid using alcohol-based products.
Apply Hollister Stoma Powder to any areas of superficial denudement, wipe away excess.
Seal treated skin with Cavilon No-Sting Barriere Film and allow to fully dry before pouching.
Use Hollister 2-piece convex FlexWear barrier for each pouching change.
Apply an Adapt barrier ring to fill in the abdominal creases to prevent undermining and build even skin level.
Check pouch to ensure it is positioned to allow unobstructive urine drainage.
Assess peristomal skin at each pouching change for erythema, moisture, skin damage and document.
Change pouching system every 3-4 days or with any signs of leakage, burning, or itching.
Clean inner thighs with warm water and a mild soap 3 times daily and pat dry.
Apply a thin layer of zinc oxide moisture barrier ointment to redden areas.
Notify WOC nurse as needed for leakage, signs of infection, or stoma changes.
WOC nurse will reassess in 3 days and/or worsening signs of IAD.

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

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?

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

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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