

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Terryann Simpson Day/Date: 12/10/25Number of Clinical Hours Today: 8 Number of patients seen 5Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Jill MichalakClinical 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.

-66-year-old female new patient to the office for an ostomy follow-up (see chart note below).

-72-year-old female following up for ostomy check, was seen in the office last Friday for wound check. Patient returned for a follow-up on her colostomy denuded site and umbilical wound. Umbilical wound has resolved, and dressing D/C. Denuded areas improved after using triamcinolone, skin prep, and antifungal powder. D/C current treatment, continue Coloplast soft convex pouch 16739, stoma strip, and stoma ring, apply skin using non-sting barrier skin prep. Follow-up in 3 weeks for ostomy check.

-55-year-old male new patient to the office for ostomy check for ileostomy and total colectomy with plan for reversal later on. Currently wearing Coloplast Soft Convex One-Piece Pouching System 16739 with ostomy paste, non-sting skin prep, and ostomy belt. The site is 30mmx40mm. Current wear time is 6-7 days, no skin issues, follow-up as needed.

-69-year-old female for urostomy follow-up. Patient has a history of vulvovaginal squamous cell carcinoma. The stoma site is 20mm, currently using a soft convex 1-piece transparent urostomy bag 13731 with a belt. Was initially seen for denuded skin issues due to leaking. area resolved, continue the same pouching system and follow-up in 3 weeks.

- 67-year-old female for urostomy site follow-up, she is reporting leaking to the site as well as contact dermatitis. Currently using one piece pre-cut Coloplast convex pouch 16827 with ostomy ring and belt to secure the pouch, as well as Coloplast strip that she believes she is allergic to. Stoma site is 30 mm. Plan is to administer Flonase to the site for contact dermatitis, switch to 1 piece Hollister convex flip urostomy pouch 21365 with stoma paste and strip.

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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	

66 year 66-year-old female presented to the clinic as a new patient. On 11/28/25, she had a sigmoid colectomy with a colostomy pouch. Patient had a history of diverticulitis with recurrent abscess formation. She also has a midline incision with staples still intact and a JP drain to the RLQ; she has a follow-up with her surgery team later today.

Her colostomy is in the RUQ, deep recessed, and measures 35mm. No infection is noted in the midline incision, the JP drain site is leaking, and the drainage is grey with high output. She is currently on oral Vancomycin related to her history of C-diff. She also has a history of hypertension, gout, hyperlipidemia, emphysema, and nicotine dependence.

She is currently changing her pouching system daily. Today, she is wearing a flat 1-piece pouching system 10481. They have tried the ostomy ring and strip, and nothing is working. The order is for a 1-piece deep convex pouch 16767.

Continue to maintain a healthy diet rich in protein, zinc, vitamins (lean meat, fish, fruits, and vegetables), and advance as tolerated.

Maintain adequate hydration to prevent dehydration with 6-8 cups of fluids per day

The Braden scale was not completed because the patient was seen in the outpatient clinic.

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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 stoma site with warm water and complete pouching as follows:
Coloplast 1-piece deep convex drainable pouching system 16767 cut to 35 mm off center to avoid covering staples at midline.
Use a non-sting barrier skin prep to the skin before pouch application.
Apply stoma paste to the ostomy pouch before application
Apply the stoma belt after pouch application for a better seal.
Apply the Coloplast stoma strip around the stoma pouch
Change ostomy pouching system every 3 days and as needed
Follow-up in the wound care clinic for ostomy check in 2 weeks
Continue to follow with home care for ostomy management
Continue to follow up with your surgeon as instructed
Refer to a dietitian for dietary education to promote wound healing

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

Because of the deep recessed stoma that this patient has, a deep convex is a good idea, as well as the stoma paste and skin prep. The patient has been having issues with her pouch maintaining a seal and lasting for more than 1 day. The goal is for her to be able to keep her pouch for at least 3 days and have no skin issues. The deep convex will allow the stoma to rise above skin level, and the paste will help it to stick and stay in place. If the past is still not effective, an adhesive paste such as the Torbot liquid bonding cement might also be an option to extend wear time.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

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Goals
What was your goal for the day?

My goal was to see a urostomy, and I was able to see 2 today to achieve my goal

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

This was my final in-person practicum rotation. My goal is to complete my online case studies and continue to learn through research.

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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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