

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Wei Xu Day/Date: Day 1, 01/05/2026Number of Clinical Hours Today: 8 Number of patients seen 5Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Bobbi Jo Killing, CWOCNClinical 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.

Number of patients seen: 5

1. Follow up visit with 3 unhealing abdominal openings status post of laparoscopic procedure (unsure when), located at supraumbilical, LUQ, and RLQ. The LUQ opening is the most concerning due to a large amount of serosanguineous drainage. Dressing recommendation switched to Aquacel hydrofiber from Iodoform.
2. Stoma site making (ileostomy) – Patient had an end ileostomy more than 20 years. Had parastomal hernia, failed to repair it in December. Surgery scheduled in 2 weeks for repair and new ileostomy. The current stoma is far away from the midline likely due to weight gaining. 2 stoma sites marked with India ink, LLQ and RLQ. RLQ site is preferred.
3. Stoma site making (ileal conduit) – Patient will undergo bladder removal surgery due to cancer. Stoma site marked to RLQ. Pre-op education offered.
4. Peristomal skin condition: Pseudoverrucous lesions and denuded skin lesions – Patient has an end ileostomy, and the OS is open to downward (6 o'clock). Skin lesions from 5 o'clock to 7 o'clock. Peristomal cleaned and pouches changed. Ostomy powder is applied to the denuded skin, followed by HolliHesive skin barrier and paste. Switched to a small convex flange and well fit to the stoma.
5. Peristomal skin condition: Pyoderma gangrenosum – Details see Chart Note and Plan of Care.

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

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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:

This is the follow-up visit for this 68 y/o female patient in outpatient clinic, presenting with peristomal skin pyoderma gangrenosum (PG). Patient had past medical history: Crohn’s disease, colitis (2011), iritis, iron deficiency anemia, perirectal abscess, pseudophakia – left eye, and shingles; past surgical history: anal fistulectomy and loop ileostomy (October 2025), drainage of rectal abscess (2012). Patient stated she was advised to use Hydrofera blue and HolliHesive wedge for the skin lesions and changed every day. Pouch removed to RLQ, back of skin barrier ring/wafer assessed, noted barrier ring meltdown from 4 to 7 o’clock, the color of partial Hydrofera blue dressing turned white. The patient has a loop ileostomy, functioning lumen with liquid effluent. Stoma size 1 ¾ inch x 1 3/8 inch, stoma bud protrudes above skin level. Mucosal red and moist, Mucocutaneous junction intact. Peristomal skin with PG ulcers from 4 to 7 o’clock, purple discoloration. Photo taken and compared to last visit, found the skin breakdown area is getting larger. Discussed with other WOC nurses who recommended MediHoney followed by Aquacel and HolliHesive for PG ulcers. Patient agreeable to the treatment. Then dressing and pouch changed for patient. All questions answered. Follow-up appointment with stoma and provider scheduled in 2 weeks. Adequate stoma care supplies were provided to last until the next scheduled visit.

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)

Use adhesive removal to remove the pouch system
Remove pouch gently from the skin, using push/pull technique
Cleanse peristomal skin with warm water and gently patting dry thoroughly
Cut MediHoney to fit the PG ulcers, then covered with Aquacel hydrofiber
Cut HolliHesive triangular, and cut the edge to fit stoma and cover Aquacel hydrofiber dressing
Cut HNI 2 ¾ flat flange to fit the stoma size
Apply Hollister Adapt CeraRing Regular to flange wafer
Apply a drainage pouch to flange
Apply the pouch system to ostomy
Apply Mefix tape to the medial and inferior sides
Wear an ostomy support belt
Change the pouch and dressing every 2 to 3 days and as needed
Follow up in 2 weeks

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

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The peristomal PG ulcers are getting worse after 2 weeks of treatment with Hydrofera blue. It is good practice to change the treatment plan to promote patient outcomes. The patient has peristomal PG, which is very painful even with very gently touch. Due to this, pain management can be added to the plan, like lidocaine spray. In addition, I would like to apply liquid barrier film to peristomal skin for skin protection.

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 goal was to learn about how a WOC nurse works in an outpatient setting.

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

I would like to learn about how a WOC nurse works in an inpatient setting. I hope to have the opportunity to see patients with colostomy irrigation or ileostomy lavage.

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	✓	

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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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