

Chart note:**Braden Risk Assessment Tool**

Sensory Perception	4
Moisture	4
Activity	4
Mobility	4
Nutrition	2
Friction/Shear	3
Total	21

Patient seen daily for irrigation of loop end transverse colostomy. Pt is a 54yo male with hx of Merkel's diverticulitis, necrotizing fasciitis in 2012, s/p multiple ABD surgeries including skin graft repair to anterior ABD wall, hx of outlet constipation and ABD transverse colostomy in 3/2022. Presents with increased ABD pain, bloating, nausea, and increased frequency of irrigation and need for digital disimpaction. Pain assessed 8/10, and PRN IV dilaudid given by nursing. ABD distended and tender to touch, stoma red and moist. Patient explained medical history and concerns about quality of life given current pain and need for irrigation which takes approx. 2-3 hr per day. Per patient, there have been discussions with the team about an ileostomy and pt is hopeful that this will help improve his quality of life. Pt is scheduled for a colonoscopy and small bowel follow-through tomorrow, and from there, CORS will determine next steps. Irrigation performed using Hollister irrigation sleeve and cone. Instilled a total of 2000 mL of tepid water in 500 mL increments each over 10 minutes. Return of 1725 mL of a thin brown liquid containing food particles. Procedure well tolerated, patient reports feeling less bloated after procedure. Patient previously performed his own care at home and demonstrates ability and is comfortable performing colostomy irrigations and pouch changes while in hospital. Irrigation supplies and home ostomy supplies at bedside. Patient made independent. CORS and medicine notified. Minimal output of stool 1 hour post-irrigation. The wafer seal remains intact and was last changed on 1/5/26. New high-output pouch attached. Drainage bag left at bedside to use during bowel prep. Patient has met the requirements for independence status for both colostomy irrigation and pouch changes.

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)

- Pouching system: Hollister new image 2 1/4 convex with inner radial slits wafer, and high volume output pouch.
- Frequency: change every 3 to 4 days or according to patients changing schedule
- Bedside nursing responsible for or assisting with pouch changes/irrigation as needed
- Ensure at least one extra pouching system is at the bedside at all times
- Consult WOC nurse for peristomal skin issues or concerns regarding stoma, output or when only one pouching system remains at bedside.
- Continue clear liquid diet and pt NPO after 1800.

(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.

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

My preceptor was very kind and compassionate during this encounter. I appreciated how she took the time to let him talk about his feelings and concerns. There were also several other visits from consulting doctors. She ensured the patient was confident and comfortable with the plan of care, understood the scheduled procedures, and understood the diet orders. Over 1.5hr was spent with this patient. Although my preceptor had a busy schedule, she did not rush or appear hurried and gave the patient her undivided attention. I can't think of anything that I would have done differently. The only thing I noticed after completing the journal was that a numerical pain score was not obtained after the PRN was given/end of the visit. Although he did verbalize that he felt much better.

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 how the WOC nurse manages the workload and prioritizes consultations. I saw how this was done during the morning huddle.

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

Tomorrow I will be in outpatient WOC. My goal is to observe and or participate in stoma site marking.

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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)	✓	

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• 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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