Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Wei Xu Day/Date: Day 2, 01/06/2026

Number of Clinical Hours Today: 8 Number of patients seen **4**

Care Setting: Hospital X Ambulatory Care ____ Home Care ____ Other ___

Preceptor: Sarah Weisz, CWOCN

Clinical Focus: Wound ____ Ostomy X 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: 4

1. Loop ileostomy leaking – post-op day 2, loop ileostomy with rod created secondary to diverticulosis. Pouch changed. Education is deferred to tomorrow due to roommate issue and running PCA pump. Rod with moderate resistance. F/U tomorrow for rod removal and education.
2. Loop ileostomy with Foley intubation – post-op day 4, loop ileostomy created due to sigmoid stricture. Ileostomy with small amount output. Order asked for flushing through the foley catheter. 60 cc NS irrigated with clear liquid return. The patient has an NG tube with 1000 ml output last shift. Pouch changed. F/U in 2 days for hands on lesson and pouch change.
3. Colostomy and ileal conduit urostomy – post-op day 1, patient has history large vulvar cancer and underwent total pelvic exenteration with permanent colostomy and urostomy (ileal conduit). Colostomy at LUQ. Ileal conduit at LLQ, with foley, JP drainage tube 1 inch below the stoma, stents not noted. Drainable pouch changed to colostomy. High volume output pouch changed to urostomy and connected to a drainage bag. Ostomy care education offered. F/U in 3 days.
4. Loop ileostomy, Peristomal MASD, and abdominal wounds – details in 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 encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was **done*** during the visit.

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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 initial visit for this 49-year-old female patient who was admitted to neuro step down unit due to confusion, headaches, and sudden blurry vision developed during hospitalization. The patient had history of hidradenitis suppurativa s/p left axillary excision and adjacent tissue rearrangement with plastics, HTN, sigmoid diverticulitis s/p sigmoid colectomy, and s/p laparoscopic ileostomy and fissure fistulotomy in 7/2025. Staff nurse consulted for no supplies at bedside.
The patient is independent with stoma care at home. But she didn't recall what medical supply company she used. The patient states she wears Coloplast pouch but unsure of the convexity or flat. Pouch removed, flat flange, back of skin barrier wafer intact. The patient has a loop ileostomy, at RLU, 1 ¼ inches when rounded, flush-buds with convexity, OS open to downside, mucosa red and moist, mucocutaneous junction intact, peristomal skin erythema and denuded 4 to 7 o'clock, supportive tissue soft. Stoma with high thin green liquid output. Discussed with the patient to change a deep convex pouch to improve stoma's projection and direction output into the pouch and promote denuded skin healing. The patient is willing to try the new pouch system. Pouch changed. The patient expressed pain during the pouch changing due to denuded skin.

The patient has 3 lower abdominal wounds, under skin fold. Wound care recommendation in Epic. Wound changed per order.

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)

Stoma care:
Use adhesive remover 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
Apply stoma powder to peristomal skin, and brush off excessive powder, followed by liquid skin barrier film
Cut HolliHesive to fit stoma size (1 ¼ inches), and apply it to peristomal skin snugly
Cut Coloplast deep convex drainable to stoma size (1 ¼ inches)
Apply a skin barrier ring to the back skin barrier wafer
Apply the pouch system to ostomy snugly
Secure the system with picture framed Mefix tape
Change the pouch and dressing every 3 to 4 days and as needed

Lower abdominal wound care:
Cleanse wound with normal saline and gently dry
Cut Alginate sheet to wound size, and place wound bed
Place Interdry textile in a single layer in skin fold, allowing 2 to 3 inches of overhang to wick moisture
Change daily or when soiled

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

Denuded peristomal skin is a common complication, especially in ileostomy with high thin liquid output. To promote the denuded skin healing, I may repeat crusting method 2 to 3 times. If the denuded skin get worse in next visit, will consider crusting with hydrocolloid sheet.
Also, I will recommend the patient to take food such as bread, applesauce, potatoes to thicken stool.
For the wound care, I will recommend Alginate rope or Hydrofiber (Acquacel) to wounds since it is softer than sheet form. Easy to apply to wound bed. Secondary dressing such as gauze or foam dressing to secure the primary dressing.

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?

I learned about the WOC nurse workflow at inpatient setting. Observed the procedure of instillation of fluids into stoma.

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

I would like to learn about how to remove a rod and how to manage a fistula.

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	✓	

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• 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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