Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: _Arsenic T. Manlangit_____ Day/Date: Friday, 1/17/2026

Number of Clinical Hours Today: _8___ Number of patients seen__**5**__

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

Preceptor: Adam Shaw, RN, CWOCN

Clinical Focus: Wound ____ Ostomy __X__ Continence ____

Reflection: Describe your patient encounters, types of patients seen, and any additional activities.

Today I was with the Adam doing an ostomy inpatient consult. The first patient we saw has an ileal conduit, created on 12/22/2025. Below is the details regarding the procedure performed to this patient. The second patient has an ECF in her midline abdomen, which she had for a year. She was admitted for AKI. I was able to change the fistula pouch under my preceptor's supervision. The third patient has a colostomy closure fistula. When we went to the room, the patient was preparing to be discharged and refused to have her pouch changed. My preceptor gave her supplies for the fistula pouch change. The 4th patient is on POD 1 with a loop ileostomy. The patient refused to be seen at that time because she said she was too exhausted and just seen groups of doctors in the morning. The fifth patient that we saw is a patient who is for stoma site marking for an ileostomy. She was the patient whom I saw with Chizu the day before. I marked the site in the RLQ under my preceptor's supervision. The 6th patient has an established colostomy.

Chart note:

The patient is a 72-year-old male with a history of CAP, s/p prostatectomy in 2017 and salvage radiation, HTN, HLD, CAD, s/p CABG x 3, GAD, CKD, and muscle-invasive bladder cancer s/p RARC with ileal conduit on 12/22/2025. Urology is consulted re failure to thrive. Patient's post-op course has been notable for intermittent gross hematuria, for which he briefly held VTE dosing Eliquis. Patient notes that in the past week, he has been unable to have a BM. He states he has had minimal appetite and no taste for anything. He denies any fever, chest pain, sob, nausea, and vomiting. He has been having flatus. Given poor PO intake and failure to thrive, he was instructed to come to the ED. In the ED, he was afebrile and initially tachycardic, which responded to a 1L fluid bolus. Labs in the ED were notable for Hb 9.9 and no leukocytosis. CMP notable for new AKI Cr 1.77 and mild acidosis. CT A/P was unremarkable, though notable for significant stool throughout the colon.

An Enterostomal Therapy (ET) nurse was consulted to collect urine for culture. Dark blood clots were noted in the patient's pouch. My preceptor explained the procedure, and the patient agreed. I removed the current pouch with an adhesive remover. The patient's stoma is an end ileal conduit located in the right lower quadrant. I prepared the sterile catheterization kit. A smaller 14 Fr Foley catheter was used due to the presence of 2 stents in the stoma. I donned the sterile gloves and cleaned the stoma with antiseptic wipes, starting at the opening and moving outward in a circular motion. The tip of the catheter was lubricated. Under

supervision, I inserted the catheter into the stoma opening. I was able to collect about 5 mls of pink-tinged urine, then it stopped. My preceptor helped with adjusting the catheter, and we were able to collect about 5 mls more. I then removed the catheter and cleansed the peristomal skin with warm water. I measured the stoma to be 1 1/8 inches in diameter. It protrudes slightly and appears red and moist. Functional ureteral stents are present on both the left and right sides, neither of which is sutured. The urine output varied between clear yellow and pink-tinged, with occasional passage of small blood clots; the patient reported no pain, and urology is aware of the drainage pattern. The surrounding peristomal skin remains clear and intact. The supportive tissue is semisoft, and the pouching system was replaced with a Coloplast Sensura Mio Convex Lite Urostomy pouch with a Hollister Cera ring.

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	3
Activity	3
Mobility	3
Nutrition	2
Friction/Shear	2
Total	17

WOC Plan of Care (include specific products)

- Drain the pouch if it is 1/3 to ½ full.
- Change pouch promptly for any leakage and inform the WOC nurse for further evaluation. (Remove the current pouch. Clean peristomal skin with warm water. Measure the stoma. Cut the opening of the Coloplast Sensura Mio Convex Lite Urostomy pouch to the size of the stoma. A 2x2 Hollister Hollihesive skin barrier was used as a washer, with an opening cut to fit the stoma, and radial slits were created in the opening. Place the Hollister Cera Ring over the skin barrier opening. Align and apply the pouching system over the stoma opening and press firmly onto the skin for about 2 minutes to ensure a good seal.
- Connect the pouch system to the Coloplast urostomy night bag at night.
- Apply a thin layer Critic-aid Clear to the perianal area, coccyx, and sacrum as needed during routine skin care or after cleaning and drying the perianal area following a bowel movement to maintain the skin's moisture barrier.
- Offload heels with Tru-Vue heel protectors or pillow under calves while in bed.
- Turn and reposition every 2 hours with wedges to offload the sacral/coccyx area.

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

I think the management was appropriate for the patient's needs. Chart review showed that a nutritionist

referral was already placed. The patient states he has already taken Colace, Senna, Miralax, and other products for his constipation. What can be done differently is to give the PRN Dulcolax suppository to help with the constipation. When I reviewed the chart, I also did not see a PT referral, so this can also be ordered to help with the patient's mobility. Also, the patient may benefit from anal manometry to identify the cause of constipation.

Goals

What was your goal for the day?
My goal for tomorrow is to collect urine specimen for culture from an ileal conduit.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
My goal on Monday is to observe the urodynamics procedure.

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:		

(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.

• 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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