

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Nian Wan Day/Date: 11/01/19/2026Number of Clinical Hours Today: 9 Number of patients seen 4Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Sarah Weisz, RN, BSNClinical 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.

The following patients were seen during outpatient:

#1 - 56-year-old patient with colostomy obtained one month ago secondary to fistula and osteomyelitis. Patient had been initially reticent changing pouch. Today, patient reported successfully changing pouch without major problems or concerns. Provided patient with some

#2 – 60-year-female with a midline fistula and ileostomy secondary to necrosis of the small bowel. Patient here for suggestions as ostomy continued to leak.

#3 – 17-year-old female with recent ileostomy secondary to FAP comes for teaching. Patient had been too teary during hospital admission and returns for follow-up and teaching.

#4 – 51-year-old female with colostomy secondary to colon cancer. Patient struggling with leaking.

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**

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Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

Reason for visit: Pouch continues to leak.

HPI: 51-year-old female patient comes to the outpatient ostomy clinic regarding leaking. Patient received a loop transverse colostomy secondary to colon cancer. Patient reports pouch leaking. Patient teary and reported feeling “lost.”. On exam, the stoma is located in the right upper quadrant and is 1 5/8” diameter. The stoma is budded, but sits in a concave, crater-like space. The OS function at 3 o’clock, skin level. The stoma is reddish pink, moist. The mucocutaneous junction partial and shallow in the 3 o’clock position. Peristomal skin is denuded around the stoma. Peristomal contour – thick creases at the 3 o’clock and 9 o’clock, when the patient sits, the abdomen bulges upward. The supportive tissue is soft. Output is soft. The patient had been wearing Marlen UltraLite Shallow Convex precut 1 3/4” drainable pouch, 40 mm Hollister Adapt, Cera Ring around the stoma.

ConvaTec Sense Care No Sting adhesive remover wipes used to gently release worn pouch. The peristomal skin cleaned with warm water and dried. Domeboro applied and crusting method used. ConvaTec Stomahesive powder applied to denuded skin and loose powder brushed off.

Applied strip paste at 3 o’clock and 9 o’clock, Hollihesive wedge placed at 3 o’clock and 9 o’clock location over strip paste, Coloplast Brava washer then placed above the paste and wedge. Caulked with paste. Additional Hollihesive wedge placed at the 3 o’clock on top of the washer. Coloplast Deep convex drainable pouch placed with Mefix picture frame. Then Mefix belt made. Abdominal binder with a hole cut for stoma applied to minimize the lower abdominal bulge. Patient advised to wear for two days. Since patient lives 6 hours away and has appointment with surgeon in two days, appointment made to check the pouching system.

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)

Provided patient with detailed plans, as patient appeared anxious and teary regarding the pouch change. Recommended patient have a helper to keep the stoma area flat while changing pouch:

Provided the following steps:

- Prepare through tracing pattern provided onto cover paper of skin barrier, cut out Coloplast Brava washer [1 5/8” diameter], remove the cover papers from skin barrier and adhesive surface of pouch, apply stomahesive paste around the opening, set aside.
- Close the end of pouch.
- Remove the worn pouch through light pressure on skin with one hand and removing the pouch with the other hand through applying adhesive remover wipe. Ideal to find helper.

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- Discard worn pouch.
- Cleanse the skin around the stoma with warm water. Pat dry with soft gauze or washcloth.
- Apply skin barrier powder and brush off excess powder.
- Seal powder by applying 3M No Sting skin barrier, allow to dry.
- Apply pieces of strip paste to the deep creases at 3 o'clock and 9 o'clock. One strip paste per section.
- Caulk with stoma paste.
- Apply Hollihesive wedges at 3 o'clock and 9 o'clock
- Caulk all seams with paste and allow to set for 30 seconds.
- Apply Coloplast Brava washer [word side down on skin].
- Place another Hollihesive wedge at 3 o'clock to smooth out.
- Place Coloplast Deep convex drainable pouch cut to the 1 5/8" over stoma and press down.
- Frame with Mefix.
- Apply abdominal binder belt.

Call the Cleveland Clinic ostomy service with any questions.

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

Reflecting on the care provided, there are a couple of things I would do differently. Just to be clear, I actively participated in this patient's care; however, I was not the primary nurse. This patient asked to film the dressing change. The nurse flatly said, "No. I do not allow people to film me." I am a bit different, as I would tell her that she could film my working on her but maybe not my face. For me, I feel that people learn differently, and some people may need to watch a video over and over again. Having said that, this reflects different comfort level. For me, I feel that to be holistic, I have to acknowledge that the patient was anxious, teary, and uncomfortable – aspects that would make her not remember things well. But again, I understand my preceptor's standpoint – who knows where the video may land, and I want to protect my image. My feeling is that my obligation is to ensure the patient can perform the pouch change and she is six hours away. Context matters. The patient was not threatening or accusatory that I was doing something wrong and needed to film me. She wanted to film the dressing change to remember. For me, privacy is a one-way street. The patient has full expectation of privacy. But, my role is to be a patient advocate, and that may mean having what I do taped.

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 preceptor and I laughed. The goal for the day was to perform complex dressing changes. All of our dressing changes were complex and took more than an hour. I wanted to take a deeper dive and watch how the ostomy nurses think and process complex changes.

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

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Tomorrow is my urodynamic and last outpatient ostomy clinical. I cannot imagine how fast the program flies! I wish to observe a cystoscopy, hopefully to really reinforce learning. For me, I remember and process material when I see and am engaged in the process.

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:		
• 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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