

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Laura Clermont _____ Journal Completion Date: ___1-27-23_____

Setting: Acute Care _____ Outpatient _____ HHC _____ Other _____

Directions: WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse’s absence. For this assignment, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

<p>Today’s WOC specific assessment</p>	<p>Information obtained from medical record</p> <p>HPI: The patient is a 72-year-old female who was in a nursing facility for a fracture of her right shoulder. During this stay, she fell and sustained a hematoma to her left medial anterior shin. The patient developed anorexia, fatigue, and malaise during her stay. She was brought to the emergency department and was found to be in atrial fibrillation with rapid heart rate and, was admitted 4 days ago. Rapid atrial fibrillation being treated with a Cardizem drip. She receives hemodialysis on Tuesdays, Thursdays, and Saturdays for kidney failure. Hematoma to left shin opened. Vascular Surgery was consulted. Vascular Surgery noted the patient to have multiphasic pedal signals and adequate perfusion and necrotic debris to the wound base. Took to OR for debridement of devitalized skin border and necrotic fat and muscle down to the level of the tendon. Surgicel was placed in the wound bed and pressure was held until adequate hemostasis was achieved. Wound was irrigated. NPWT applied at 125 mmHg continuous pressure.</p> <p>PMH: COPD, sleep apnea, CKD Stage 3 requiring hemodialysis, cirrhosis, atrial fibrillation, lung cancer, GERD, depression, gastroparesis, erosive esophagitis, lethargy, peripheral vascular disease NOS, anxiety disorder, and glaucoma.</p> <p>Medications: ampicillin-sulbactam (Unasyn) IV, budesonide (Pulmicort Respules), Cardizem, digoxin, insulin glargine, insulin lispro, metoprolol, midodrine, multivitamin, pantoprazole, miralax, sertraline. PRN medications: acetaminophen, bisacodyl, hydromorphone IV, ondansetron, and oxycodone PO.</p> <p>Allergies: Phenergan, Motrin, and diphtheria-tetanus toxoid.</p>
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Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

This is the initial wound consult for a 72-year-old female admitted for atrial fibrillation and traumatic left leg wound which she sustained as a result of a fall. Wound initially presented as a hematoma on admission 6 days ago and ruptured yesterday. Vascular surgery debrided wound including necrotic fat and muscle down to the level of the tendon. Hemostasis was achieved and NPWT applied @ 125 mmHg continuous pressure. Significant PMH includes long term anticoagulant use for a-fib, CKD requiring dialysis.

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<p>Pain</p> <p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p>	<p>Continue to utilize facility fall precautions.</p> <p>Consult with PT</p> <p>Pre-medicate prior to wound care per orders</p> <p>Utilize deep breathing and time-outs during wound care.</p> <p>Statements should be directive and holistic relating to the problem/concern.</p>	<p>Fall precautions should be utilized to prevent further injury to the patient and to protect the wound that has already been sustained.</p> <p>Because safe ambulation is a concern, PT can recommend a plan tailored to this patient.</p> <p>Adequate pain management using medication, breathing techniques, and time outs provides the patient with comfort and reduced stress. Promotes activity and participation in self-care which contributes to wound healing.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>NPWT system – disadvantages to using the NPWT system are expense, portability, problems with obtaining a seal, and potential machine malfunction. Dressing with collagen products or other active wound therapies might be an option.</p> <p>Black foam – black foam is very dense, and this can be painful for the patient. Use a different foam or switch to a gauze system. If discontinuing NPWT, as an alternative, standard dressing with a wick and filler can be used.</p> <p>Surgicel – hemostat layer. Extremely expensive. Use a different contact layer such as Mepitel.</p>
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

<p>What was your goal for choosing this mini case study? Were you able to</p>	<p>My goal was to learn more about NPWT. I achieved this goal by completing this journal. I watched videos on application techniques, and I feel confident that I will be able to do this.</p>
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meet your learning goal for today? Why or why not?	
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My next learning goal is wound management of a bariatric patient.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	<p>Because of this patient’s history of long-term coagulation and frank bleeding in this case, I wonder if NPWT is still the best choice for her. Even though the case does not mention any anti-coagulant medications specifically, I still have a feeling NPWT will be discontinued sooner rather than later.</p> <p>I was unable to locate any literature to justify a rationale for turning off the NPWT device 30 minutes prior to a dressing change. Literature would say to do it but nothing regarding the “why”.</p> <p>I am amazed at the science involved with NPWT and advanced wound care in general. I am looking forward to seeing what the future holds for wound therapy.</p>
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Reviewed by: _____ Date: _____

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