

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Paula L. Vaughn

Journal Completion Date: 2/5/2023

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.

Today's WOC specific assessment	61-year-old patient with HX of uncontrolled DM presented to ER with complaints of abscess to left labia starting over a month ago. Patient states it drained bloody purulent drainage and started developing excruciating lower abdominal pain. CT findings compatible with necrotizing fasciitis arising from left labia majora extending along anterior and posterior aspect of abdominal wall. Surgery performed wide debridement of necrotizing fasciitis area (debridement of skin, subcutaneous fat and fascia) leaving an extra large wound to lower abdomen and left labia. Surgery wants treatment recommendations, possible Negative pressure wound therapy.
--	--

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.

Initial visit: Evaluation and management of lower abdomen surgical wound that extends to left lower labia. Possible NPWT device application

Patient alert and agreeable to assessment. States she is in severe pain 10/10. RN notified and administered prescribed IV Morphine. Encouraging pt to take slow deep breaths. Distracting with conversation between breathing. Surgery PA at bedside and assisting. Moist gauze dressing removed from wound. Wound has full thickness tissue loss and measures approximately 28 x 40.5 x 9.2 cm with exposed muscle and tendon noted at wound base. Wound bed is pink and moist with small amounts of serosanguinous drainage noted without odor. Circumferential undermining with the largest area measuring 13 cm at 12 o'clock. Right side of abdomen has 3 x 2 cm tunneling from 12:00-2:00 and left side abdomen has 3x 3 cm tunneling from 9:00- 11:00. Periwound skin intact and normal for ethnic group. Wound determined to be appropriate for NPWT. Wound cleansed with Coloplast sea-cleans wound cleanser. Skin prep applied to periwound skin. Two pieces of white foam applied to wound to cover tendons on the left and right abdomen. Four pieces of black Granufoam applied over white foam and to to wound bed. Utilized hydrocolloid adapt cera ring near labia to help fill in crease and covered with transparent film drape. Connected to device set at 100mmHg, continuous therapy. Good seal obtained. Pt tolerated well with minimal complaints of pain.

Plan: NPWT dressing change q 2-3 days. Next change will be by surgery.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

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

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<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>Wound with full thickness tissue loss.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Remove drape gently, if the drape is painful to remove may utilize an adhesive remover, then please cleanse the wound with Coloplast sea-cleans wound cleanser pat dry. Next, skin prep the periwound skin. Apply two pieces of white foam to the wound to cover the exposed tendons on the left and right abdomen. Place four pieces of black Granufoam over white foam and wound the bed. After the foams, place a hydrocolloid adapt cera ring near the labia to help fill in the crease and covered with transparent film drape. Lastly, connect to device set at 100mmHg, continuous therapy. NPWT dressing change q 2-3 days. The next dressing change will be completed by surgery.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>This will instruct the staff on how to provide appropriate wound care to the wound and how to reapply the negative pressure dressing appropriately and safe. Safe meaning utilizing the white foam for the tendons that are exposed.</p>

<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>Coloplast sea cleanse wound cleanser: Disadvantage: does not directly eradicate bacteria. Alternative: Hypochlorous acid eradicates Poliovirus, H1N1, MRSA, SARS-CoV-2, E-coli, HPV, Salmonella, Staph, Strep and drug-resistant bacteria.</p> <p>NPWT: Disadvantage: The tape can be irritating and painful to the skin. Risk for leaving foam behind in the wound. Alternative: no alternative</p>
--	---

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 meet your learning goal</p>	<p>My goal for choosing this mini case study was to review NPWT. I did meet my learning goal because I reviewed the indications and contraindications for NPWT. This was a good review.</p>
--	---

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

for today? Why or why not?	
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Continue to broaden my education in wounds.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	The only thing I may have done differently is may have added collagen to the wound base prior to the foams. When collagen is added to the wound, this would add an assist in increasing the tensile strength of the fibers of the wound. Would also request the 3m dermatac drape; this drape helps take the pain out of dressing changes, it provides a protection for sensitive periwound and acts as a barrier against external contaminants.
--	---

Reviewed by: _____ Date: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.