

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Yuhan Kao _____ Day/Date: _____ 1/23/2023 _____

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, select one patient each clinical day and complete *plan of care and chart note*. This 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, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and 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.**

<p>Today's WOC specific assessment</p>	<p>85 y.o. female with PMH asthma/COPD/recurrent microaspirations, HFpEF, CVAs (with residual dysarthria, dysphagia, and left upper extremity weakness), meningioma s/p partial resection, dementia, hiatal hernia and GERD s/p fundoplication, A-fib and PE on eliquis 2.5 BID, OSA on CPAP, h/o c.diff, and recurrent UTI, BIB daughter for episodes of seizure-like activity and concern for worsening UTI, s/p Ertapenem therapy post-discharge last admission.</p> <p>Admission diagnosis of UTI sepsis and seizures associated with sepsis. And due to the concern of recurrent seizures, patient was placed on a Pentobarbital coma and was trached and a PEG tube was placed during this hospitalization. Her PEG placement was complicated by colonic perforation, peritonitis and intrabdominal abscess now s/p exploratory laparotomy with ileostomy and abdominal wounds, midline incision and left upper quadrant incision, that requirement wound vacuum therapy.</p> <p>On the day of assessment, as part of continuous follow up on the vac and stoma management, the patient mechanically ventilated via her trach, on continuous EEG monitoring for seizure activity. Patient was on a versed drip and was unresponsive to both verbal and physical stimulation with RASS at -5. Patient is on tube feeding via a small bore feeding tube through her nostril and a foley catheter for urine collection.</p>
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Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

<p>Wound consult: Continue follow up on wound vac and ostomy pouch management</p> <p>On the day of assessment (hospital day 42), patient was unresponsive to both verbal and physical stimulation. Patient was trached and on mechanical ventilation, small feeding tube via the right nostril for enteral nutrition, and on versed drip for seizure management. Daughter was at the bedside and was eager to see how her mother's abdomen wounds had progressed. Upon initial assessment of the wound site, the site was sealed with no leakage noted and the surrounding skin was slightly red. Patient was on the VAC therapy at continuous therapy at 125mmHg. Wound VAC was placed on pause at the start of dressing removal. Adhesive remover was used to remove both the VAC dressing and the ostomy bag to prevent tearing of the skin since the patient skin was already fragile. The white foams were removed from the open wounds without difficulty and the wound bed for both wound sites appeared healthy and clean with beefy red color. Macular rash at the surrounding skin of the abdominal wounds and close to the stoma site; according to the daughter, was less red from the last dressing change. The abdomen wounds were cleaned with normal saline and patted dry, the midline incision wound measured at 6cm x 2cm x 0.3cm and the LLQ incision wound measured at 0.4cm x 4cm x 0.2cm. the ostomy site was cleaned with warm washcloth and all the surrounding site with Micro-Guard</p>
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antifungal powder and then the 3M no-sting barrier film spray. The skin around the wounds were prepped with VAC drape for further protection. White foam was cut to fit the midline abdomen and LLQ wounds. An addition black foam was cut to bridge the two wounds then the VAC drape was applied to cover the site. A dime size hole was cut on the black foam and the suction pad was applied over. Connected the VAC tubing to the VAC pump and restarted the continuous therapy at 125mmHg.

For the ileostomy, the stoma was located at the right upper quadrant and is productive with brown effluent. The stoma was budded and oval shape, measured at 1.5cm x 2.5cm. Surrounding skin intact and was already prepped with antifungal powder and skin barrier spray and the peristomal site is intact. The Coloplast #15981 was used on the patient and the barrier plate was cut to fit the stoma with the above measurement. The adhesive backing was removed and Hollister 8805 barrier ring was applied to the opening. The pouch was then applied over the stoma without any issue. Patient tolerated the VAC and ostomy change well without any distress or changes in vital signs. Daughter was updated on the current wound and ostomy care plan and all questions were answered before exiting the room.

WOC specific medical & nursing diagnosis	WOC Plan of Care (include specific product used today)	Rationale (<i>Explain why an intervention is chosen; purpose</i>)
<p>Elderly patient who had complex surgical wounds that required wound VAC therapy and ostomy management.</p>	<p>Wound: Midline abdomen and LLQ surgical wounds. Treatment: VAC therapy Cleanse with NS Gently blot dry Apply antifungal powder then 3M skin barrier spray to surrounding skin with rash Protect skin around wounds with VAC drape Apply white foam to midline abdomen and LLQ surgical wounds Bridge dressings together Apply VAC drape Connect to VAC pump Continue therapy at 125mmHg continuous therapy Change Q Monday and Thursday – <i>and PRN? What would indicate this need? And as needed if there is a leak that cannot be resolved via usual troubleshoot such as reinforce the drape dressing, or when the dressing is soiled.</i></p> <p>Ileostomy: Ostomy pouch Coloplast #15981 Treatment: Cleanse with NS or warm wash cloth Gently blot dray Cut out 3.5cm x 2cm (oval shape) opening on barrier Remove adhesive backing and apply Hollister 8805 barrier ring around opening Apply over stoma Ensure the pouch is sealed and empty when 1/3 to 1/2 full</p>	<p>VAC therapy is a negative pressure wound therapy that aim to decrease the air pressure around a wound to assist healing. Th benefit could include in reducing swelling, stimulate new tissue growth, and prevent infection.</p> <p>VAC White foam is re-moistened with sterile water and is less adherent material that promote easy placement and removal from the wound bed. T</p> <p>Micro-Guard Antifungal powder contains 2% miconazole nitrate and often use to treat superficial fungal infections. helps reduce friction and shearing and relive itching, burning, and redness.</p> <p>3M no-sting barrier film spray helps prevent moisture associated dermatitis and provide protection to the skin from friction as well.</p> <p>Coloplast colostomy pouch is typically used for stool collection and drainage management after certain gastric intestinal surgery when a stoma was created.</p>

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	<p style="text-align: center;">Change twice/week</p> <p>Nutrition: Continue Fibersource HN @ 55 ml/hr to achieve the daily goal of 1584 kcal and 71g protein Continue to monitor stool output from ostomy and consult dietitian as needed. Dietitian does update the nutrition plan at least weekly. <i>What is “as needed” in this case? Be as specific as you can with this type of instruction.</i> <i>Dietitian should be consulted when patient showing s/s of feeding intolerance such as vomit or abnormally high residual, or have other GI symptoms that would impact nutrition status</i></p> <p>Physical therapy: Passive range of motion provided by nursing staff to prevent muscle atrophy and rigid joint. Consult to physical therapy if needed additional assistant or change in condition.</p> <p>For wound VAC trouble shoot: <i>If wound VAC continue to malfunction/not functional, please stop the machine and remove the VAC dressing completely. Consult wound consult and during the meantime, fill the wound lightly with Aquacel AG and cover the site with Mepilex border.</i></p> <p>Support surface- <i>patient is not mobile with BMAT level 1. Patient is already on the low air loss surface with pressure alternating function. Continue to monitor boney prominence such as spine, sacrum, coccyx, and heels.</i></p> <p>Pain- <i>patient is currently non-verbal. Loo out for signs of discomfort such as elevated heart rate, unable to tolerate the ventilator, grimacing, or tear around the eyes.</i></p>	<p>Barrier ring is typically used to fill uneven skin contours to create flatter surface to promote better seal from the ostomy skin barrier. Also could help extend the wear time of the skin barrier.</p> <p>Nutrition: To maintain adequate calories and to support wound healing.</p> <p>Physical therapy: patient is bed bound that requires max assistant. High risk for muscle atrophy and stiffness.</p>
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<p>What are the disadvantages of using the product(s)? What alternatives could be used and why? Identify each WOC product in use. This is an opportunity to communicate product knowledge and critical thinking.</p>	<p>VAC Therapy – Could be very expensive if not cover by insurance. Often requires wound care nurse management either at home or requires transport to go to the wound clinic. Patient/care giver need to learn how to troubleshoot when there is problem with the machine, connection, leakage, or other related issues and could be very stressful. Alternative- other wound vacs such as KCL Prevena Plus which is single patient use and fairly easy to use and does not require dressing change. However, also expensive if not covered by insurance. <i>A NPWT device is still in use here – what is an alternative product that will produce similar result? Other alternative treatment could be advance dressing such as hydrofiber and border foam, or filler such as gauze dressing if the wound is smaller.</i></p> <p>Micro-Guard Antifungal powder- no disadvantage found (low cost and available for purchase)</p>
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	<p>online). Alternative- Antifungal ointment such as Abzorb, however, may affect the dressing seal. – <i>We do not want to use any sort of cream or ointment under a seal. This will not be effective.</i></p> <p>3M no-sting barrier film spray - no disadvantage found (low cost, covered by insurance and available for purchase online). Alternative- other manufacture or products such as barrier film wipe or smith & Nephew Skin-Prep spray. Or cyanoacrylate contained products such as Marthoon from MEDLINE for more advance skin barrier treatment. <i>This is a brand alternative- is there another type of product that can be used in a similar fashion to achieve similar intended results? Alternative- There are barrier wipes, or utilize the crestring method, or use product with cyanoacrylate component.</i></p> <p>Coloplast Colostomy pouch (Coloplast #15981) – <i>be more specific here. This is not a specific type of product.</i> - Costly if patient’s insurance status does not cover it. The whole system needs to be replaced when there is a leak. Alternative: other type of colostomy pouch system such Hollister or ConaTec. Pouch with convex might be helpful when the stoma condition changed (i.e. flush or retracted). – <i>consider barrier type and pouching type. What is an alternative product (not a brand substitution?) Alternative- one-piece or two-piece with cut to fit flat barrier. .</i></p> <p>Barrier Ring- no disadvantage found (low cost, covered by insurance and available for purchase online). – <i>this could be difficult for a patient to mold with poor dexterity.</i> Alternative: other stomahesive paste such as psate strip and/or adapt paste. <i>Or utilize pouches that have extended wear barrier.</i></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.

Were you able to meet your learning goals for today? Why or why not?	Yes. Was able to participate in wound vac change and various wound and ostomy cases to gain more experience practice on.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Site marking and continue to advance my experience in wound and ostomy care.

Number of Clinical Hours Today: ___Wound 3/ ostomy 6_

Care Setting: ___**Hospital**___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: 10 Types of patients seen: Acute and chronic wound Assessment and treatment and ostomy management. (Peds: Continue follow up on pervious ostomy patients for ostomy management and teaching. Adult: Pressure injuries assessment and management, Surgical wound management with wound vac change. Complex ostomy site management, Moisture related dermatitis management. Wrote wound care consult notes).

Preceptor: Thanuttha (Tak) Tiensawang

Reviewed by: ___Mike Klements 2/9/23 received___ Date: ___2/10/23

****References are not generally required for daily journals**

Hi Mike, I took your advice on splitting the hours between wound and ostomy since I got a patient that had both on that day and was able to follow up on more ostomy patients on the same day too. Please let me know if you have any questions and thank you so much for your guidance!

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Yuhan

Hi Yuhan – This journal can indeed be split for hours, however does need a little bit of elaboration above. See my prompts throughout. We want to maintain the role of the specialist in giving our directives. Your POC is quite task focused. Makes sure this POC is holistic, specific and complete.

Additionally, please update the product area to identify substitutions for products that are more than brand substitutions. Think of alternate products that can accomplish the same thing. See my prompts throughout. These updates can be done right in the body of this journal. Reach out with any further questions

-Mike

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