

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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: Jennifer Wyrock Day/Date: 05/31/2023

Number of Clinical Hours Today: 10 Care Setting:  Hospital  Ambulatory Care  Home Care   
Other: \_\_\_\_\_

Number of patients seen today: 8 Preceptor: Brittany Gesing

Journal Focus:  Wound  Ostomy  Continence  Combination Specify: \_\_\_\_\_

**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. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

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. Provide thorough documentation on the patient encounter. 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 by no later than **48 hours** following the clinical experience day. See samples in course to assist you with this assignment.

<p><b>Today's WOC specific assessment</b></p>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p><b>PMH:</b> Hypertension, hyperlipidemia, remote trans-ischemic stroke, gastric esophageal reflux disease, tobacco use, and remote ovarian cancer.</p> <p><b>Surgical History:</b> No recorded history of surgery.</p> <p><b>HPI:</b> The patient is a 53-year-old female who presented to this hospital on 4/25/2023 after a long stay at an outside hospital for a lateral STEMI complicated by cardiac arrest. The patient was diagnosed with a significant thrombus in the left main artery shifted during intervention. The patient's course was complicated by cardiogenic shock requiring intra-aortic balloon pump and Impella, but suffered PEA arrest after Impella removal. Patient developed a wound on right lower groin as a complication at the old Impella site.</p>
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**Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.**

**The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow-up visit for..., evaluation and management of..., etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care.**

**WOC Nurse Consult Note:**

**Outcome:** Patient scheduled for negative pressure wound therapy dressing (NPWT). Patient also experience urinary incontinence that is currently being managed by an external female catheter. External female catheter changed at this visit and disposable

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absorbent under pad changed at this visit.

**Wound assessment**

Location: Right groin

Measurements: 2.0 cm x 3.5 cm x 2.8 cm

Wound bed: 100% moist granulation tissue

Wound edges: clear and intact

Periwound skin: slight erythema from 12 to 3 o'clock position

Drainage: None at this visit

Odor: None

Current methods of management: NPWT dressing at -125 mmHg, low continuous suction

**Recommendations**

**Skin care:**

- Remove NPWT dressing with adhesive remover.
- Cleanse periwound skin with water.
- Apply skin barrier to the periwound skin.
- Cleanse wound bed with normal saline.
- Opening cut for the trac pad.
- Trac pad applied, and seal achieved at -125 mmHg low continuous suction

**Dressing:**

- Transparent drape laid around the wound.
- Black foam gauze cut to fit the size of the wound bed.
- Transparent drape laid over top of the

**Change Schedule:** Twice a week on Mondays and Thursdays

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p><b>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</b></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>-Altered body image related to incontinence and open wound</p> <p>-Impaired tissue integrity as evidenced by the right groin wound</p>	<p><b>Statements should be directive and holistic relating to the problem/concern.</b></p> <p>-Consult nutrition</p> <p>-Utilize moisture barrier ointment to the perianal area after each incontinence episode</p> <p>-Collect a thorough urinary history</p> <p>-Teach the patient about utilizing pelvic floor exercise</p> <p>-Implement scheduled toileting</p> <p>-Physical therapy and occupational therapy</p> <p>-Continued evaluation of wound each time the dressing is changed to determine if the wound is improving or needs discontinued</p> <p>-Consult as needed in between NPWT dressing</p>	<p><b>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</b></p> <p>-Nutrition consult to optimize the patient's nutrition to facilitate healing.</p> <p>-Using a moisture barrier ointment with an incontinent patient will help to protect the skin integrity from the urine.</p> <p>-Collecting a more thorough urinary history to understand what kind of urinary incontinence the patient is presenting with and can help to determine the plan of care.</p>

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	<p>changes if dressing is malfunctioning or other WOC needs arise.</p> <p>-Encouraging smoking cessation</p>	<p>-Educating the patient on pelvic floor exercises and implementing a toilet schedule may be beneficial to help the patient improve their urinary incontinence.</p> <p>-Continued evaluation will allow for vigilance in assuring that the wound is improving, or worsening</p> <p>-Smoking cessation is crucial for facilitating healing.</p>
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<p><b>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?</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p>Moisture barrier ointment could cause further wound damage if applied in excess, we must apply a thin layer on clean skin after each incontinence episode. An alternative to this would be a protectant such as Desitin to help protect and heal broken skin.</p> <p>NPWT dressings are costly and can be challenging to apply, we must consider if the patient is able to manage this dressing through home healthcare or through the wound clinic. An alternative to this</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><b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p>My goal was to perform a wound vac application with my preceptor. I was able to obtain this goal, as my preceptor and I were able to perform 2 wound vac changes on this day.</p>
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p>	<p>I would like to observe wounds other than a pressure injury and determine an appropriate dressing for the wound.</p>

<p><b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p>I felt that there was a lot a WOC nurse can help this patient with through caring for both their wound as well as providing continence counseling to help bring this patient quality of life after such an extensive hospitalization. I think I would have discussed pelvic floor exercises with this patient at this current visit.</p>
<p><b>Reflection: Describe other patient</b></p>	<p>One of the other patients that I saw today had a complicated abdomen with two</p>

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**encounters, types of patients seen.**

fistulas and an end descending colostomy that had a lot of pouching difficulty. The patient's nurse that had been caring for her for the last 2 hours stated that she was having difficulty obtaining a seal that lasts longer than a couple of hours. The patient's skin was very erythematous and denuded

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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