

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

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

Student Name: Kristen Kangas AGPCNP-BC

Day/Date: July 13<sup>th</sup>, 2023

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

Number of patients seen today: 8 Preceptor: Jennifer Brickman

Journal Focus: 8: 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>Patient is a 66-year-old female with a PMH of afib, SVT s/p cardioversion, abnormal papanicolaou smear of cervix and cervical HPV, arthritis, asthma, cirrhosis, fracture, mixed hyperlipidemia, paroxysmal supraventricular tachycardia, post operative nausea and vomiting regional enteritis of small intestine, uncontrolled type 2 diabetes mellitus with insulin therapy, unspecified hypothyroidism, and ulcerative colitis. Past surgical history includes s/p total colectomy with end ileostomy in June 2013, complete proctectomy, ileal pouch anal anastomosis, diverting loop ileostomy, primary repair of parastomal hernia in October 2014, open cholecystectomy with bile duct exploration in Oct 2022, and pleural effusion s/p R thoracentesis x3 times in March, May, and June 2023. Patient presented to the ED with nausea and abdominal pain. Imaging confirmed volvulus of the small bowel with a large R pleural effusion and questionable pericardial effusion.</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.**

<p><b>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.</b></p> <p>Patient is a 66-year-old female who was admitted due to a volvulus of the small bowel. She had surgery for 4.5 hours in the supine position for emergent laparotomy and reduction of volvulus. WCCT was consulted by Dr. Hull on opinion regarding sacral wound. There was moisture associated skin damage (MASD) in the sacral/ gluteal crease. The wound, which was linear in shape, was moist, red, pink, and blanchable. The peri-wound was moist and blanchable with erythema. The wound measurements were 8.5 cm (length) x 0.5 cm (width) x 0.2 cm (depth). There was no drainage or odor present. The wound and perianal region was cleansed with Ready bath LUXE wipes. Critic- aid clear was applied to the perianal, sacral/ gluteal crease. No further WCCT visit is required at this time but WCCT should be reconsulted if the need arises.</p>
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<b>words, what could be used if the product was not available?</b>	<p><b>Sween cream</b> was applied bilaterally to her feet (utilized for pressure injury prevention). Sween cream is a moisturizing cream that utilizes non- occlusive formula and will not interfere with tape adhesion. It is CHG compatible.</p> <p>Sweep is contraindicated on deep wounds, puncture wounds, animals' bites, or serious burns.</p> <p>Alternatives to sween cream include sween 24 cream, sween lotion, and Atrac- tain cream.</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.**

<b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b>	<p>My goal for the day was to have an open mind even when trying something that is different or new to me. I was able to achieve this goal although I know there is still room for improvement. I want to improve my clinical thinking skills. I know there will be cases that are similar or occur often in clinic. But there are no cookie cutter answers and all patients (their history/ story) are unique. I want to improve my abilities to work with patients and situations that may be different or more challenging from the norm. My goal is to be able to handle these cases with confidence.</p>
<b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b>	<p>My goals for tomorrow include becoming more autonomous within my WOC practice. I want to continue to improve my ability to apply what I learned in the program and use it clinically. Although we need to stick to the protocols and evidenced based practice, and I would like to improve my critical thinking skills to be able to handle more complex cases with ease.</p>

<b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	<p>I felt comfortable because I was with my preceptor who is very experienced but if I was by myself, on my own, I would have asked the staff RN to assist because of the complexity of the patient's case.</p>
<b>Reflection: Describe other patient encounters, types of patients seen.</b>	<p>We saw multiple patients today but one in particular stood out because of the complexity of his case. He had multiple comorbidities and was on ECMO, dialysis, and his chest was open. Due to the severity of his conditions, we were unable to turn patient to see assess his back. We were able to assess the patients heals and the mucus membranes of his mouth. Usually, I can see any patient and be mentally strong enough. But this situation was a bit intimidating to see. It is important to stay focused on the reason you are there, for us it was to assess his skin, but imperative to keep in mind the patient in their entirety. We were consulted because of a medical device related pressure injury of the lip.</p>

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

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