Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Julia Hurst_____ Day/Date: Monday, 9/11/23

Number of Clinical Hours Today: _8__ Care Setting: ___ Hospital _X__ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _____ Preceptor: _____

Journal Focus: ___X__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.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** **PMH:** 65-year-old female with past medical history of dyslipidemia, multiple sclerosis, nonrheumatic aortic valve insufficiency, ascending aorta dilation, and thoracoabdominal aortic aneurysm. **Surgical history:** Aortic valve replacement, tricuspid valve replacement 6/7/23 Ascending and total arch aorta replacement 7/14/23 **HPI**: Patient presents on 8/24/23 with chief complaint of thoracoabdominal wound infection. Patient's left sided thoracoabdominal incision now with erythema and purulent drainage. Patient reports pain at the site, shortness of breath on exertion, and fatigue. Per her husband, the patient was becoming increasingly confused prior to admission. CT scan of chest, abdomen, and pelvis ordered, and wound cultures obtained. The results indicated infection. Initial WBC 17.83. Patient is now status post thoracoabdominal and sternal wound debridement and placement of V.A.C. ® Therapy System on 8/25/23 and wound washout and V.A.C. ® dressing change in OR 8/28/23. Patient returned to OR on 9/7/23 for washout, debridement, tissue re-arrangement for closure of left subcostal wound, and V.A.C. ® dressing change. **Medications:** Lidocaine 4% 1 patch TD daily at 9 PM Polyethylene glycol 3350 17g PO daily Heparin 5,000 units SQ every 12 hours Fentanyl 20 mcg IV every 10 minutes PRN (with VAC change) Oxycodone 5mg PO every 4 hours PRN Cefazolin 2 g IV every 8 hours Aspirin 81 mg PO daily

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	Rosuvastatin 10 mg PO at bedtime Albuterol 2 puffs INH every 4 hours PRN

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.

Reason for referral: NPWT dressing change to thoracoabdominal and sternal wound

This patient was referred to the WOC nurse for V.A.C. ® dressing change. Of note, a WOC nurse performed a dressing change on 9/4/23. Plastic and Reconstructive Surgery (PRS) performed the washout, debridement, tissue re-arrangement for closure of the left subcostal wound, and V.A.C. ® dressing change on 9/7/23. This service will continue to follow the patient for wound care and closure recommendations while she is admitted. PRS is recommending that the dressing be changed twice a week by the WOC nurse. The patient is scheduled to go to OR on Thursday. Today, PRS requested initiation of Veraflo ™ Therapy with Vashe ® to the thoracoabdominal wound.

Assessment:
Patient resting in bed upon arrival. She was alert and oriented and agreeable to visit but requested that pain medication be administered before starting the dressing change. Current dressings assessed and found to be intact and holding suction. Serosanguinous drainage noted in canister. Primary nurse presented to the bedside to administer medication. NPWT dressing to both wounds were carefully removed with use of adhesive remover wipes and normal saline. Patient became tearful and reported 10/10 pain during this process and required more pain medication. The foam overlapped onto intact skin in some places. Wound beds found to be moist and red with minimal scattered necrotic tissue. The periwound skin of both wounds noted to be slightly macerated. Updated pictures and measurements obtained.

Treatment: The wounds and periwound skin were cleansed with soap and water. Wound edges were thoroughly dried. Skin barrier and V.A.C. ® drape applied to the periwound skin for protection. The sternal wound was dressed first using one piece of black foam which was cut and shaped to the size of the wound. The foam was placed into the wound on top of a silicone contact layer and covered with additional drape. A hole was cut in the drape above the foam to apply the SensaT.R.A.C. ™ pad tubing. V.A.C. ® Therapy was initiated at -125 mmg continuous. The thoracoabdominal wound was dressed using the same steps; however, the black foam was cut in a spiral fashion for easier placement and a V.A.C. VeraT.R.A.C. Duo ™ Tube set was used for Veraflo ™ Therapy. This was initiated following the settings ordered by the provider.

Teaching: The patient was educated by the provider and WOC nurse regarding purpose of Veraflo ™ Therapy with Vashe ® versus traditional NPWT without instillation of a topical wound solution.

Patient response: Patient tolerated the dressing removal poorly; however, she reported minimal discomfort with application of the new dressing.

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not**

problems/concerns. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc*** Impaired periwound skin integrity Trauma, bleeding, and pain during dressing changes	The WOC plan of care is to continue with NPWT as ordered by the provider. Additional drape and/or a skin barrier can be applied to the periwound skin of the wounds. A contact layer should be placed between the wound bed and the foam.	**required, unless utilized.** The periwound skin is macerated and the patient experiences discomfort with dressing changes; however, this type of treatment is the most appropriate choice for her wounds currently for faster granulation and wound healing. The Veraflo ™ Therapy with Vashe ® will be helpful for wound cleansing and removal of the necrotic tissue. The fragile and macerated periwound skin can be protected with drape and/or skin barrier. Utilization of a contact layer will reduce tissue trauma, bleeding, and pain during dressing changes by preventing tissue adherence. It also prevents retention of the foam dressing.

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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** The products used for the dressing change included a solid skin barrier, contact layer, foam, and drape. Of note, skin barriers are also available in liquid form. Additionally, a hydrophobic white sponge can be used in addition to the contact layer to prevent adherence of tissue into the sponge. NPWT is intended for short-term use. An alternative dressing for this patient's wounds would be to pack the wounds with gauze that is moistened with Vashe ® and cover with a secondary dressing. This will cleanse the wound and promote moist wound healing. The gauze will absorb excess wound exudate. A moisture barrier can be applied to the periwound skin for protection.

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	My goal for today was to perform a NPWT dressing change and increase my knowledge of the process and products. I shared this with my preceptor, and we chose patients accordingly. I was able to meet my learning goal today.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My learning goal for tomorrow is to practice ostomy care.

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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I enjoyed learning about NPWT. We did experience some issues with programming the NPWT device and had to spend time troubleshooting. I would like to practice how program the device, particularly when using Veraflo ™ Therapy.
Reflection: Describe other patient encounters, types of patients seen.	I was able to see another patient with a sternal wound requiring a VAC change. This wound was much smaller in comparison to the other patient's wound. Dressing change was completed without issue.

Reviewed by: _____ Date: _____

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