



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Keisha Braylock Day/Date: Thursday, September 21, 2023

Number of Clinical Hours Today: 8 Care Setting: Hospital Ambulatory Care Home Care Other:

Number of patients seen today: 6 Preceptor: Linda Coulter

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>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>PMH: Hyperlipidemia, primary cancer of rectum, ventral hernia, acute renal failure.</p> <p>9/12/23: Patient had a left vaginal reconstruction abdominus myocutaneous flap for APR repair. Patient went to the operating room for an exploratory laparotomy with a posterior pelvic exenteration with ileal J pouch excision enbloc. Total hysterectomy, bilateral salpingo oophorectomy, and vaginectomy.</p> <p>9/20/23: Pa1 patient stated she felt a pop in the flap area with a lot of bleeding from her incision while ambulating from the bathroom. Patient stated she was dizzy and shaking and pale. Patient was helped into the bed, blood pressure 73/43, heart rate 120’s. Patient received a one-liter normal saline bolus via pressure bag, labs were drawn hemoglobin and hematocrit and coags, blood pressure 115/80, heart rate 103 after receiving fluid bolus, patient denied dizziness, however bleeding continued. The patient received 2 units packed red blood cells and a second one-liter normal saline bolus. Patient was instructed to sit on flap to apply pressure on site to stop the bleeding.</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.

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9/21/23: WOC nurse was consulted for assessment and care of patient. WOC nurse assessed the patient's flap, sutures were found to be intact with no signs of bleeding. The WOC nurse applied Bacitracin® per physician's order to the incision site of the perineum with Xeroform® gauze, ABD pad and secured with mesh underwear. The WOC nurse also changed the peripads and chux pad underneath the patient. The ileostomy pouch was assessed and was intact with no drainage, the stoma was moist and red with a little slough and little brown effluent.

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>Statements should be directive and holistic relating to the problem/concern.</p> <p>The WOC nursing plan of care is to follow up with patient on 9/22/23 to assess and remove the rod in stoma and change the pouching system.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</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>The product that was used is Bacitracin® topical antibiotic ointment. A disadvantage of using this product is that Bacitracin® can cause allergic contact dermatitis, which by the way can lead to an anaphylactic reaction. An alternative to Bacitracin® is Petroleum jelly, it keeps the wound from drying and reliefs itching.</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>What was your goal for the day? Were you able to meet your learning</p>	<p>My learning goal for this day was to get a sense of what the WOC nurse's day is like, and to get comfortable in my observations and assessments with patients. Yes, I was able to met my learning goal for my first clinical day because my preceptor Linda is a wonderful instructor and makes</p>
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goal for today? Why or why not?	students feel at ease.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My learning goal for my second clinical day is to see more wounds and to be more hands-on with WOC nursing care.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	No, I do not think there is anything I would have done differently for my first clinical day.
Reflection: Describe other patient encounters, types of patients seen.	On 9/21/23 we saw six patients. There was a patient that had an unstageable left sacral wound. We were unable to see this patient, due to the patient being off the unit; however, we were able to consult with the physician and suggested a debridement of the sacral wound, the physician informed us that he had already performed the debridement earlier that day. The second patient we saw had what appeared to be a deep tissue injury on bilateral buttocks. The WOC nurse assessed, cleansed, and applied Triad ointment, Xeroform gauze and a sacrum meplix. The patient said it was feeling better. We instructed this patient to use the seat cushion and waffle mattress at home. Another patient we saw this day had a high output colostomy that was ready to be emptied, we emptied 650ml of stool. The WOC nurse applied cushioned heel protectors and ordered the patient an Envela for his bed, this patient was a quadriplegic. Another patient had a colostomy. We assessed her stoma, and it was round, beefy red, producing flatus and stool. We ambulated this patient around the unit. The last patient we saw was in the ICU, that had a sigmoidectomy with an end-colostomy. We assessed his stoma and pouch, it was round and pouch intact, with bloody effluent.

Reviewed by: _____ Date: _____

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