



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Jennifer Lemert Day/Date: 9/22/2023

Number of Clinical Hours Today: 12 Care Setting: X- Surgery Hospital Ambulatory Care Home Care
Other:

Number of patients seen today: 9 + shadowed during inpatient rounds Preceptor: Kimberly Mauck (Shadowed Dr. Attinger in the OR

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.

<p>Today’s WOC specific assessment</p> <p>Surgical Wound Management</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>CC: Taken to surgery for debridement of a muscle flap in anticipation of skin graft next week.</p> <p>History of Present Illness. This is a 49-year-old with Type 2 diabetes-Neuropathic/Charcot foot, End Stage Renal Disease, and Peripheral Artery Disease. Some time ago, he developed an ulcer on his plantar foot that became secondarily infected. He required all toes amputated and plantar foot debridement. Thereafter, once infection was controlled, a muscle flap reconstruction of his plantar foot, using a segment of his quadriceps muscle was completed, and integra was placed over the flap. After 6 weeks, he developed a superficial infection with erosion of the integra. Sign of infection is improved and he is ready for debridement of plantar foot, continued antibiotics, and observation over 4 days with possible split thickness skin graft planned for Tuesday next week.</p> <p>Hemodialysis: T/TH/Sat Current Antibiotics: Zosyn/Daptomycin Current medications: Insulin, Antihypertensives, ? Allergies: NKDA Labs: WBC: 8.8 Hemoglobin/Hematocrit: 8.3/26 Platelets: 304 INR: 1.2 Sodium: 139 Potassium: 5.5 Chloride: 107 CO2: 24 BUN/Cr: 31/9.8</p>
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	Glucose: 87

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 to OR to observe surgery for the purposes of learning and to anticipate further wound care once skin graft completed.

PE: alert and oriented, no distress, consents to surgery, no questions, pre-op clearance done by medicine.

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>S/P muscle flap plantar foot with integra, with secondary infection and necrosis, now having surgical debridement. Surgery debrided all integra and all slough, a small 0.5x0.75x0.5 area of medial tissue loss was debrided. Iodosorb gel was placed in area of small tissue defect, followed by 1% acetic acid wet to damp dressing. Residents to change dressings until skin graft. Split thickness skin graft planned in 4 days. Continue antibiotics as per surgeon. WOC will anticipate options for post skin graft care. As per surgeon weight bearing to be started asap after skin graft, which improves outcomes after amputation and muscle grafting. Heel weight bearing is planned.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>PT to see patient to prepare for weight bearing, Weight bearing as per surgeon.</p> <p>Nutrition update to make sure protein and calorie needs met.</p> <p>Nursing care: dressings and pulse checks as per residents. Nursing care to watch for sign of worsened infection. Since foot will be wrapped, and patient has a neuropathic foot, systemic signs of infection will have to be monitored: temperature, pulse, respirations, blood pressure, fatigue, change in mental status, loss of appetite, feeling sicker.</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Early weight bearing key to success of flap.</p> <p>Protein and calorie needs to be met to improve success rates of flap and meet increased needs in the setting on infection. Fingerstick glucose as per protocol to ensure sugars controlled. Medicine service will manage Diabetes.</p> <p>Check dressings every shift. Report abnormal findings.</p> <p>PI prevention to include Smart centrella bed, off load heels with boots since he has neuropathic feet, patient able to shift his own weight otherwise. Full skin checks Q shift.</p>

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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. <u>Alternatives should be from a different category or classification.</u> 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>Post skin graft dressing will be directed by surgeon.</p> <p>For donor site, I anticipate Allevyn change as per surgeon, when saturated, or Q3D. This would maintain moisture while absorbing drainage. Another option would be petroleum gauze as primary dressing with 4x4 gauze covered by Transparent film. Change Gauze PRN saturation or Q3D. Because of his prior infection, possibility would be Xeroform or Mepitel AG wound contact layer as initial primary dressing with gauze and transparent film. Both dressings that include gauze are dry, this may delay healing of graft donor site. Hydrocolloid could be considered, but I would defer with infection of distal extremity.</p> <p>For Graft site, if there is some type of bolster or dressing it is usually dictated by surgeon based on how much pressure they want on the graft. I anticipate non-adherent primary dressing under a foam. Adaptic, Mepitel, Mepitel AG, or Xeroform could be used. A foam over that to absorb any drainage but maintain moisture, secured with rolled gauze, would be appropriate. Allevyn thereafter could be considered as an integrated product if infection is no longer a concern.</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 goal for today? Why or why not?</p>	<p>My goals for today were to review competencies checked off to date and complete weekly evaluation with Kimberly Mauck. We were able to complete this between 0630 and 0700. So far, I am on track to successfully complete this clinical. We also reviewed the plan for next week. I did not realize I had another day in wound care clinic, so next week, I plan to see a total contact cast, follow a patient to vascular for ABI, and see some chronic wounds.</p> <p>Additionally, I followed the plastic surgeon and residents on rounds and 9 surgeries. I was able to see a partial toe amputation with debridement for osteomyelitis, with plan to close toe next week. Numerous foot and sacral/trochanteric PI debridement's, a hidradenitis related wound debridement and tissue biopsy, and the patient I decided to do a case study on. The toe amputation is not something I see in my practice, and although it was interesting, the dressing and wound care was strait forward as per surgeon and I felt I would learn more from thinking through a skin graft, which my surgeons do in Alaska. So, the case study above is from a muscle flap/integra debridement with plan to do partial thickness skin graft next week. One surgery started as bilateral trochanteric debridement and ended to include a posterior knee abscess incision and drainage, and a possible new perirectal fistula. The patient was a GSW from ten years ago who had been paralyzed. He was in bad shape. His back was in permanent lordosis, he had bilateral trochanteric PI, one had partial success of skin graft, the other was PI stage 4 to with exposed hip socket. He has been in a fetal position while in the hospital and once he was put under anesthesia, they unfolded his legs to find a right posterior knee abscess. While photographing the knee before draping the patient, the patient passed a very large BM. There was a small ulcer at 2pm-5cm from the anus and he appeared to pass stool from this area and the anus. A fistulogram is planned. The limp plastics opened the abscess and it penetrated the knee joint. The bones themselves looked great, but the joint was septic. Limb team is also requesting surgical consult for colostomy on two of the surgical patients as their wounds were contaminated with stool. Lots of advanced pathology.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>On Monday, my focus will again be ostomies. There was an inpatient last week who had a stoma and an established ECF that she cared for at home and in the hospital. If she is still in the hospital, I hope to have her show me how she applies her fistula pouch. I also hope to see an ICU patient who has both a colostomy and an ileal conduit. I believe he is due new stoma teaching. Even though my focus is ostomy, I will likely see both wounds and stomas with the inpatient WOC nurse I am</p>

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	shadowing.
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Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	The pathology and acuity of the patients in large inner-city hospitals is so different than in my rural hospital. What I see in one day at Georgetown, I may never see in my entire career in Alaska. I was very concerned that I would not be able to even think through choices for dressings in wound care, but after three days this past week, seeing many PI, and shadowing a surgeon in wound clinic and then in surgery; the information is coming together. I am glad I deferred the seek and finds until I got some wounds under my belt, as if I had started them earlier, they would have taken me forever to figure out how to approach them.
Reflection: Describe other patient encounters, types of patients seen.	See goals column

Reviewed by: _____ Date: _____

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