



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: Sept. 28, 2023

Number of Clinical Hours Today: ___8___ Care Setting: X Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: ___8___ Preceptor: Linda Coulter _____

Journal Focus: X Wound ___ Ostomy ___ Contenance ___ 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	<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>History of deep vein thrombosis, rhabdomyolysis, uncontrolled pain, compartment syndrome. Patient underwent fasciotomy of the right lower extremity one week ago due to compartment syndrome. Patient readmitted for uncontrolled pain and DVT. Right lower extremity wound measured 28 cm X 6.5 cm with hypergranulated tissue and exposed tendon structures. Since September 25, 2023 the patient has been therapeutic on a Heparin drip at 12 units.</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.

Empty box for chart note content.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Risk for injury due to administration of Heparin drip	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>-Per physician’s order the NPWT</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>-Peeling the dry dressing off</p>

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	<p>dressing change is to be performed by the LIP/WOC 2 times per week, with pain medications administered 30 minutes prior to dressing change.</p> <p>-The RLE wound is to be cleansed with every dressing change by the LIP/WOC.</p> <p>-A no sting barrier film is to be applied on the periwound skin. Apply Mepitel contact layer directly on wound bed, then apply Hydrofera blue before the black foam.</p> <p>-Notify LIP/WOC if the NPWT alarm signals a leak in the seal for further instruction.</p>	<p>the wound bed causes unnecessary pain to the patient.</p> <p>-Cleansing the wound allows for debris to be removed to promote a healthy wound healing environment.</p> <p>-Applying a no sting barrier to the periwound skin protects it from trauma of the NPWT. Applying a contact layer to the wound bed protects it from trauma. Applying Hydrofera blue is an antimicrobial dressing that promotes healing and rids the wound bed of harmful microorganisms and allows drainage to pass through.</p> <p>-A leak in the seal is lets the LIP/WOC know that the NPWT is not functioning properly to promote healing to the wound bed.</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>The following products were used with our patient:</p> <p>Mepitel contact layer was used, a disadvantage of using this dressing is that a secondary dressing is needed. An alternative to using Mepitel contact layer would be to use Adaptic contact layer or use Xeroform, Petroleum Gauze.</p> <p>Hydrofera Blue was used, a disadvantage of using this is that the dressing change frequency depends on the amount of exudate. An alternative to Hydrofera Blue would be to use Methylene Blue or an impregnated silver dressing.</p> <p>Wound Cleanser was used to clean the wound bed. A disadvantage to using a</p>
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	<p>wound cleanser, is that it may not be readily available. An alternative to using wound cleanser would be to use 0.9% normal saline or soap and water.</p> <p>Cavilon No Sting Barrier Film was used, a disadvantage to using this is that it can cause skin irritation. An alternative to using Cavilon No Sting Barrier Film is to use a barrier cream to protect the periwound skin.</p> <p>Skin Barrier Ring was used, a disadvantage to using this is that it may not be available. An alternative to the skin barrier ring is to use a skin barrier paste.</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.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	I did not set a goal for myself for my second day of wound practicum. I wanted the opportunity to see and do more than my first day.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My learning goals for my third day of practicum is to use more wound care products and get more experience with ostomy pouch changes.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	During our encounter with this patient, I was standing next to the nurse as she was administering the patient her pain medication. I saw that she had not kinked the tubing to prevent the I.V pain medication from backflowing into the I.V fluids; when I mentioned it to her, she was almost finished administering the pain medication. I did, however, mention this to my preceptor. If I could have done anything differently, I would have taken the nurse to the side and spoken to her privately.
Reflection: Describe other patient encounters, types of patients seen.	We saw another patient that needed a NPWT dressing change. Another patient had an IPAA, my preceptor instructed me on removal of the ostomy pouch, and she allowed me to cut the sutures that held the rod in place, my preceptor removed the rod. Another patient we treated had been in the ICU and received pressors and subsequently had a bilateral above the knee amputations, currently his fingertips were necrotic. We cleansed and treated his fingertips. I volunteered to remove 3 staples from his left BKA! I was excited to do that. Another patient we saw needed ostomy teaching (him and his wife).

Reviewed by: _____ Date: _____

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