

Daily Journal Entry with Plan of Care & Chart Note #4

 Student Name: Cheryl Eastmond Day/Date: 11/14/2023

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

 Number of patients seen today: 7 Preceptor: Amparo Cano CWOCN/ Michelle Harris-Farrell RN, CWOCN

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>General surgeon consulted CWON nurse in today's clinic for patient who presented to clinic with non-healing abdominal wound. The patient is a 61 year old male patient with a history of Crohn's disease s/p proctocolectomy with creation of end ileostomy several years ago. The patient also required a laparotomy due to complication of a retracted stoma. He had a missed enterotomy causing an intra-abdominal abscess and underwent recent surgical repair. His midline wound was left open after VAC treatment. He developed a blister over the incision area about 1 month ago and was treated with antibiotics. He returns today with draining wound. No fever, no odor and no pain to site.</p> <p>PMH also includes Crohn's Disease, HTN, HLD; surgical history as above</p> <p>Medications include Amlodipine, Atorvastatin, Oxycodone, Methotrexate, Ciprofloxin, Folic Acid, Tadalafil</p>
--	---

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.

WOC nurse consulted for draining abdominal wound. The patient is seen in clinic with his spouse. He is alert and oriented x 3. He is ambulatory and has no activity limitations. He reports that diet is good. He lives with his wife and is retired.

B/P 131/76 98, 92 18 Weight 138 lbs, Height '5 8"

The patient reports that he developed a bump that erupted into a wound. He states that his home health nurse advised Santyl and topical gentamycin x 1 week ago. He said he did notice some improvement from last week. The wound is a mid-abdominal full thickness wound measuring approximately 6x5 cm. There is visible moist pink tissue in the center of wound bed with areas of black and yellow adhered eschar towards the wound borders. The wound edges are open and surrounding skin is intact. There is no surrounding skin erythema, nor any mal odor. There is a scant amount of serosanguinous drainage on current dressing in place. Discussed with

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

surgeon the need for a manual debridement which was completed during this clinic visit encounter. Consent was obtained and surgical debridement of eschar removed. The wound was cleansed with normal saline. Skin prep was used to peri-wound areas. Hydrofera- Blue classic was moistened with normal saline and applied to wound bed and covered with dry 4x4 gauze, Dressing secured in place with role tape.

WOC Recommendations:

Patient may continue to apply Santyl to areas of yellow tissue.

Wife instructed to complete dressing change every 3 days or sooner if noticing dressing is changing from blue to white.

Cleanse wound with normal saline and gauze

Apply saline moistened Hydrofera blue classis to wound bed

Cover with dry 4x4 gauze

Secure in place with tape

F/u with wound care clinic in 7 days.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Mid-abdominal Wound s/p manual debridement	Daily site care: Cleanse with normal saline Apply Hydrofera Blue Classic Skin prep is used to peri-wound area Educate wife on proper dressing change technique and assessment of infection. Encourage a well-balanced nutritious diet Follow up in 1 week	Keep area clean and helps remove exudate Helps to remove exudate and allows wound to heal in a moist environment, provides antimicrobial coverage, also helps to remove exudate. Skin prep is applied to the peri-wound area to help protect surrounding skin from maceration, and or adhesives Patient/Teaching education essential in wound care, assessment skills to quickly identify if wound is worsening. Adequate nutrition is necessary for proper wound

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

		healing. Continue outpatient wound care follow up and assessment of wound.
--	--	---

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?	Hydrofera Blue is indicated for draining infective wounds and can stay in place for several days. This was used in lieu of Santyl. Hydrofera Blue is not as expensive as Santyl. An alternative to using Hydrofera Blue dressing choice is use of another type of foam dressing with silver allowing for moist wound healing that have antimicrobial properties and debridement. Hydrofera Blue was particularly selected as my preceptor states that it is very effective in helping with rolled border edges helping the borders to become flattened.
---	--

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 see wounds and of course NPWT. This case in the clinic was very interesting because I got to see a manual debridement. The patient tolerated the manual debridement very well and did not complain of any pain during the procedure. I would say that I did meet my goal because there are no two unique patients. I think that is what makes the wound care specialty so fascinating as every
--	---

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

	case is different.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I would like to see a Stage 3 and 4 pressure injuries and different treatment modalities. I also would like to see NPWT and any wound procedure.

Reflection: Describe other patient encounters, types of patients seen. Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	<p>We saw patients in both the hospital setting and clinic. Most of the clinic patients are ostomy patients. In the hospital we saw pressure injuries, a vascular arterial wound, skin tear and MASD wounds.</p> <p>I think because the Santyl was working, I would have kept the patient on the Santyl and added the Hydrofera Blue as adjunctive treatment. However, because of the expense, Santyl is not used at this facility and has been removed from the formulary. As per my preceptor, there are other products on the market that does facilitate debriding of the wound bed.</p>
---	--

Reviewed by: _____ Date: _____

 (Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

 Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.