

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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: \_\_\_\_\_ Jazmine Gutierrez-Hernandez \_\_\_\_\_ Day/Date: 9/22/23

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

Number of patients seen today: 7 Preceptor: \_\_\_\_\_ Shannon Galvaz \_\_\_\_\_

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><b>Today’s WOC specific assessment</b></p>	<p><b>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</b></p> <p><i>Dx: Displacement of nephrostomy Catheter  Hx of: PTSD, Hepatitis C, Osteoarthritis, HTN, TBI (2019) c/b chronic, persistant vegetative state s/p vp shunt/trach/PEG/foley c/b multiple pressure injuries including chronic LE osteomyelitis, multiple recent admission for urosepsis, and sepsis secondary to biliary stone.  Admission skin assessment: RUQ/abdomen-MASD, R lateral foot/R medial 1<sup>st</sup> MTH and stage 2, R index finger DTPI.  Admission Braden Scale:12  Allegries: Morphine, Vancomycin  Isolation: Contact precautions VRE urine and MRSA nares</i></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.**

<p><b>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.</b></p> <p><i>The WOC nurse consulted after right nephrostomy tube was accidentally pulled out 9/21. Elderly female awake, with eyes open, non-tracking, nonverbal, unable to communicate needs. Trach dependent on ventilator support. In NAD, contractures to BUE (elbows/wrist/fingers &amp; BLE (hips/knees). PEG tube to LUQ. Foley catheter. Incontinent of stool, peri care provided by staff nursing. Resting supine with head of bed In flowers position. Max assist x2 with turning and repositioning. Wearing hospital gown and Truvue boots. Pillow placed between knees.  Right flank: 0.3x0.3cm opening, s/p nephrostomy tube insertion site. Surrounding skin intact, hypopigmented skin.  Location:LUQ abdomen, PEG tube site</i></p>
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*Etiology: Moisture associated skin damage*  
*Depth: Partial thickness*  
*Size (cm.) : 0.3cm, circumferential from 3-11 o'clock*  
*Description: moist, hypopigmented pink denuded tissue, + macerated skin around PEG stoma.*  
*Undermining/Tunneling: none*  
*Drainage: No active drainage*  
*Surrounding skin: intact, hyperpigmentation to periwound, no s/s of infection*  
*Odor: none*  
*Pain associated with wound: tolerated dressing change without withdrawing.*

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><i>Impaired skin integrity r/t PEG tube-MASD, contributing factors to delayed wound healing: trach/PEG dependent, incontinent of stool and sepsis.</i></p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p><i>LUQ abdomen, moisture associated skin damage: Provide PEG tube care per unit protocol. Spray a small amount of No sting barrier film to damage skin and apply a layer of Aquacel Ag under external bumper, change daily and PRN for drainage. Ensure PEG tube is anchored to abdomen with tape to prevent tube friction or migration and continue to monitor.</i></p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p><i>Expected outcome: antimicrobial, prevent deterioration, prevent maceration.</i></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. <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><i>No sting barrier film is an alcohol-free spray that provides transparent protective coating onto the area sprayed giving it a coating that protects the skin from friction and body fluids.</i></p> <p><i>Aquacel Ag absorbs exudate directly into its fibres. The Ag (silver) kills any potential bacteria and controls the spread of pathogens keeping the wound site clean and dry for optimal healing.</i></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.

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<p><b>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p><i>Yes, I was able to see how any tubing a patient has can directly affect the skin, in this case MASD developed from it.</i></p>
<p><b>What are your learning goals for tomorrow?</b>  <b>(Share learning goal with preceptor)</b></p>	<p><i>I would like to see more MASD cases in other sites.</i></p>

<p><b>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b></p>	<p><i>No.</i></p>
<p><b>Reflection: Describe other patient encounters, types of patients seen.</b></p>	<p><i>I thought I was going to see a another patient with MASD but it turned out it was a patient with scrotal cellulitis, multiple skin sores to buttocks and bi lateral legs, and colovesicular fistula, which made it even more of an impressive case. Lots to learn from one patient!</i></p>

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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