Cleveland Clinic

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: __X_ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____10____

Number of patients seen today: __7___ Preceptor: _____Shannon Galvaz_____

Journal Focus: _____Wound _____ Ostomy __X___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.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** ***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 1st MTH and stage 2, R index finger DTPI.*** ***Admission Braden Scale:12*** ***Allegries: Morphine, Vancomycin*** ***Isolation: Contact precautions VRE urine and MRSA nares***

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.

The WOC nurse consulted after right nephrostomy tube was accidently 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 & 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. No drainage, no discomfort and no s/s of infx present. Dry dressing applied over opening per MD orders.

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Location: LUQ abdomen, PEG tube site
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, since 2 days ago per primary RN after starting treatment with Aquacel Ag.
Surrounding skin: intact, hyperpigmentation to periwound, no s/s of infection
Odor: none
Pain associated with wound: tolerated dressing change without withdrawing. The 4x4 Aqucel Ag was remove using normal saline, no discomfort noted with dressing change. New Aquacel Ag with barrier film applied.

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc*** *Impaired skin integrity r/t PEG tube-MASD, contributing factors to delayed wound healing: trach/PEG dependent, incontinent of stool and sepsis.*	**Statements should be directive and holistic relating to the problem/concern.** *LUQ abdomen, moisture associated skin damage: Provide PEG tube care per unit protocol: clean the skin around the PEG tube per shift using sterile saline and pat dry with gauze.* *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/ prevention of further skin breakdown related to MASD.* *Ensure PEG tube is anchored to abdomen with tape to prevent tube friction or migration and continue to monitor, a tube stabilizer device may also be used to prevent constant movement.* *Right flank nephrostomy site: Continue with current orders, dry dressing daily. Defer to surgeons orders for further treatment.* *The first strategy should focus on caring for the patient as a whole, one being everyday skin care.*	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** *The dressing will absorb any wound fluid, creating a gel that molds to the wound surface, supporting wound healing and reducing the risk for infection. With a skin barrier also in place it enhances the outcomes by keeping the wound dry and clean.* *Expected outcome: antimicrobial, prevent deterioration, prevent maceration***.** *As we age, the natural barrier of the skin gets weaker which can make it more prone to skin damage. Patients susceptible for MASD should be routinely monitor in areas where there's moisture and warmth such as PEG site and use of a skin barrier is needed to shjeld patients against the effects of moisture.*

Identify each WOC product in use/identified in POC. State at least one disadvantage of the	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** *No sting barrier film is an alcohol-free spray that provides transparent protective coating onto the*

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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?	***area sprayed giving it a coating that protects the skin from friction and body fluids. An alternative dressing would be Marathon, it is a powerful film that blocks external moisture from entering wile allowing skin to breathe. The violent tint acts as a visual indicator of coverage and wears off naturally and shows when reapply is needed.*** ***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. An alternative can be Calcium Alginate Ag it is highly absorbent, derived from seaweed, with an effective microbial barrier for moderate to heavy exudate.***

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?	***Yes, I was able to see how any tubing a patient has can directly affect the skin, in this case MASD developed from it.***
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	***I would like to see more MASD cases in other sites.***

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	***No.***
Reflection: Describe other patient encounters, types of patients seen.	***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!***

Reviewed by: Kelly Jaszarowski Date: 12/11/2023
You indicated this journal is to be a continence POC, however, the focus was on a Peg tube. Your POC focused on the PEG tube and the skin irritation related to such. The POC is task focused and not holistic. Note my comments. **I did consider this journal as an ostomy focused journal. This journal does need to be resubmitted. When you resubmit, please indicate your clinical hours**

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