



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Susan Minter Day/Date: 07/16/2024

Number of Clinical Hours Today: 8.0

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Sally Pyle

Clinical Focus: Wound Ostomy Continence

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. 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 no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters & types of patients seen.

Today, I saw seven patients, all with a wide variety of wounds. Three patients were seen for coccyx wounds, one was a sinus tract, not a pressure wound, this appeared chronic, and was covered with allevyn. The second patient with a coccyx wound was a stage 4 wound that had just been debrided in the OR. The surgeon had requested a wound vac to be placed. This wound vac had a combination of white foam and black foam placed, which was interesting. Another patient had a Prevena wound vac placed on a lumbar incision wound for 7 days, this was preventative, as the incision looked good. Another patient had diabetic foot wounds, which were on both feet, and were mostly dried and healing, however he was scheduled for an MRI to evaluate for osteomyelitis. This patient lived at home, was blind, and stated he was unable to inspect his foot himself, and lived alone. Another patient was seen for hemosiderin deposits on both lower legs, cellulitis, and abrasions, and a stage 2 wound on his buttock. He had some open blisters on his lower legs where the cellulitis was, these were covered with calcium alginate, the buttock wound was covered by Allevyn. Patient was already being followed by ID. Another patient had bilateral venous stasis wounds, but no open areas. His lower legs had dry, flaky skin, his legs were washed, and a lubricating cream was applied. Flexmaster ace bandages were applied afterwards. In addition to the wounds that were identified in the consults, total skin check was done on each patient, and areas of concern identified. A few patients had offloading boots ordered, one patient had an upgraded low air loss bed ordered due to severe wounds.

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. 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. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

Chart note:

This is an initial visit for this 77-year-old male who is being seen for application of a Prevena wound vac due to sepsis s/p laminectomy L2-S1 on 5/30/2024, due to prostate cancer with mets to the bone. Patient had been home, however developed altered mental status, found to have sepsis, went to the OR for a washout. Surgery has requested a Prevena wound vac to be placed on the lumbar incision. Past medical history includes

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prostate cancer with mets to bone, left knee arthrotomy, carotid stent, cholecystectomy. Patient encountered laying in bed, appears comfortable, and agreeable to application of the wound vac. Gauze dressing removed from lumbar incision, noted to have minimal drainage. Incision noted to be approximated and measured at 17.4 cm. Area cleansed with normal saline, Prevena purple foam cut to fit (slightly larger than incision) and placed on wound. Area covered with occlusive dressing and connected to wound vac pump. Patient also noted to have moisture associated dermatitis on buttocks, Baza cream ordered. Full skin body check done; no other areas of concern noted. Education given to patient regarding wound vac, and plan for removal/change of dressing in seven days, depending on surgeon plan of care. Patient expressed understanding and had no additional questions.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products used)

- Keep Prevena wound vac on for 7 days-to be changed or discontinued by wound care team (depending on surgeon’s request)
- If wound vac malfunctions and unable to reset within 2 hours, remove wound vac, apply abdominal pad to lumbar area, and cover with occlusive dressing. Notify wound care team of any malfunctions.
- Education of patient regarding care of wound vac.
- Apply Baza antifungal cream to buttocks BID
- Photo of wound every dressing change

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals

What was your goal for the day? My goal for the day was to become more proficient with wound vacs, especially the newer wound vacs such as Prevena, and learn when they are used (and not used) and any specific information related to their usage. Additionally, I continued to learn about different dressing types, especially cost-efficient dressing types, that may be used in my correctional setting.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
 Learning goals for tomorrow would be to start to learn about lower extremity wound management, different options for dressings of lower extremity wounds, and indications and contraindications for compression, and types of compression devices and wraps.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		

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• Identifies why the patient is being seen	✓	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	✓	
• Includes pertinent PMH, HPI, current medications and labs	✓	
• Identifies specific products utilized/recommended for use	✓	
• Identifies overall recommendations/plan	✓	
Plan of Care Development:		
• POC is focused and holistic	✓	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	✓	
• Statements direct care of the patient in the absence of the WOC nurse	✓	
• Directives are written as nursing orders	✓	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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