



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

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

Student Name: Kristel Nielsen Day/Date: 10/22/2024

Number of Clinical Hours Today: 8 hours

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor: Nicki Blasiole

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 was a very busy day. I saw a total of eight patients today with my preceptors Nicki Blasiole & Sally Pyle and one of these patients was an ostomy patient seen with my preceptors and Jennifer Mullins. Additionally, I helped two other WOC nurses with a wound vac dressing change in the ICU with my preceptor's present in the room. Today, I was involved with patient care by assessing heels for pressure injuries, checking pedal pulses, assessing wounds, measuring wounds and helping with wound vac dressing changes.

One patient had an abdominal surgical wound with secondary closure near the ostomy site and I worked with the WOC nurses to apply the wound vac dressing while carefully keeping space between the wound and ostomy site so there would be room for the ostomy pouch. The wound was about 13 cm long and 2 cm deep. From this experience, I learned the importance of applying the wound vac drape first, so if the ostomy leaks, the fluid cannot reach the surgical wound. This was with Jennifer, Nicki and Sally. Another patient had surgery on his sternum yesterday and a wound vac was applied after surgery. Wound care was consulted to do a quick "drive by" to make sure he was doing ok. We confirmed he was fine and the wound vac was functional, and no other patient care was provided.

We had a follow up visit with one of the patients we visited Monday. MZ has multiple traumatic injuries and three fasciotomy wounds on his right leg with wound vac applied. I assisted two other members of the WOC team to remove the wound vac dressings on the fasciotomies and apply new wound vac dressings.

One of the patients we saw had a left knee injury from fall on a deck nail. The periwound area was swollen and left leg was warm, red and swollen compared to the uninjured leg. The patient was on oral antibiotics, and was going to be discharged home. We applied silver alginate to the knee wound used Alleyvn, bordered foam as a secondary dressing. The nurse ordered Ace wrap compression to reduce swelling.

We also saw a patient with an atypical wound in the sacral area. This wound was approximately 13 cm deep, had exposed bone and is presumed to be related to his metastatic colon cancer. We cleaned the wound with wound cleanser and lightly filled the wound with Vache moistened gauze and covered with an Alleyvn bordered foam dressing.

We visited a patient to help out another WOC nurse who was running behind schedule. This 65 year old female had an infected pacemaker and full thickness deep groin area wound that needed a wound vac application. The area was moist and close to the groin area, so we applied hydrocolloidal ostomy ring to the area to help seal the wound vac application. It worked well and there were no leaks. Later in the day, we learned this patient's wound biopsy was remarkable for necrotizing fasciitis. We also saw an 88 year old gentleman with healed pressure injuries from cervical collar.

Types of patients seen today: Infected wound, cellulitis, MASD, necrotizing fasciitis, traumatic injury, fasciotomy, primary closure,

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secondary closure abdominal surgical wound with stoma, wound vac/ostomy pouch, atypical wound, wound vac, pressure injury.

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:**

<p>MZ is a 25 year old male who was admitted by transfer from another facility following a MVA. Patient was riding motorcycle and struck on the right side by a car, resulting in innumerable facial fractures, open displaced right femoral fracture with transection of superficial femoral artery, right humeral neck fracture, respiratory failure, traumatic hemorrhagic shock, and pneumothorax. Patient's right lower extremity was found to be mottled, cold and had already been ischemic for three hours prior to arriving at this facility. He was emergently taken to OR for shunting and operative fixation of femur with vascular and orthopedic teams. Wound care consulted for wound vac dressing change on three fasciotomies on the right lower extremity. Patient is in ICU, moaning, unable to answer questions, semi-sedated. Patient has new trach with trach collar and receiving nutrition via feeding tube.</p> <p>Wound vac dressings changed on lower right extremity, as follows:</p> <ol style="list-style-type: none"> <li>1. Incision pretibial, distal, lateral, red, bleeding, periwound skin is intact with copious serous drainage. Wound is open wound with muscle exposed measuring 22 x 11 x 0. Upon removing dressing, black wound vac foam found to be in contact with muscle. Black sponge was moistened with copious amount of sterile saline prior to removal, then wound cleaned with sterile saline and periwound area dried with sterile gauze. Cavilon skin prep applied to periwound area. Four pieces Adaptic contact layer applied, 1 black foam applied, wound vac pressure set to 150 mm HG. Wound vac tubing is attached to the wound vac labeled "lateral."</li> <li>2. Incision pretibial, distal, medial, red, bleeding. Periwound skin is intact. Wound is open, oval with muscle exposed 21.2 x 8.1 x 2.5. Wound is cleansed with sterile saline. Cavilon Skin prep applied to periwound area. Four pieces white foam applied to wound bed and covered with one piece black foam, secured with wound vac dressing. Wound vac pressure set at 150 mm HG. Wound vac tubing is attached to the wound pump labeled "medial."</li> <li>3. Incision leg anterior, upper. Red, periwound skin is intact. Wound is red, open, oval with muscle exposed 20.5 x 8.3 x 2.2. Wound is cleansed with sterile saline. Cavilon Skin prep applied to periwound area. One piece white foam applied as contact layer and covered with one piece black foam and secured with wound vac dressing. Wound vac pressure set at 150 mm HG. Wound vac tubing is attached to the wound pump labeled "medial."</li> </ol> <p>Patient tolerated all procedures well. WOC service/wound care will continue to follow on Monday, Wednesday and Friday.</p> <p><b>Impediments to healing:</b> Immobility, dehydration, blood loss, nutrition, multiple traumatic injuries and fractures, hemorrhagic shock, respiratory failure, low perfusion.</p>	<p><b>Pertinent Labs:</b>                  WBC 21.91                  RBC 2.46                  Hemoglobin 7.5*                  Hematocrit 23.6*                  Platelet count 718                  APTT 64.8</p> <p><b>Current Medications:</b>                  Acetaminophen 1000 mg QID                  Heparin IV 25,000units I NaCl                  0.45% 250 ml 3,000 units/hr IV                  continuous                  Quetiapine 50 mg, TID                  Methocarbamol 750 mg                  oral/feeding tube TID PRN                  Hydromorphone 0.4 mg IV q 2H                  PRN                  Therapeutic multivitamin 1 tablet                  daily                  Gabapentin 300 mg q 8 hr                  Oxygen</p>
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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.

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**WOC Plan of Care (include specific products used)**

Change canister once a week and PRN when full. If wound vac malfunctions and bedside RN unable to correct, and wound vac is malfunctioning or off for 2 hours, bedside RN to remove wound vac dressing and foam, apply sterile saline wet to dry dressing, call physician and wound care to notify. Please note: Lateral wound #1 is attached to a single wound pump which has been marked "lateral." Medial wounds #2 & #3 are attached to a single wound pump which has been labeled "medial."

WOC nurse to change wound vac dressings Monday, Wednesday and Friday

Pressure injury prevention: Turn and reposition patient every 2 hours. Offload heels with boots or pillows. Decrease friction and shear. Place head of bed no higher than 30 degrees.

**Describe your thoughts related to the care provided. What would you have done differently?**

I think the care provided to this patient is appropriate for his condition. His wounds are open, with moderate sanguineous exudate. Changing the wound vac dressings for this patient is difficult and requires three people because of the severity of the wounds, location of the wounds and his overall condition. Wounds need to be kept warm and moist to heal. Alternative dressing would be silver alginate, but I would not choose it because dressings would need to be changed more frequently, causing these wounds to have more exposure to infection and room temperature air. Wounds need to be kept warm and moist, and protected from infection, so wound vac is probably his best option at this time.

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?**

Today goal was to learn about the advanced wound care dressings used at the facility. My preceptor showed me various dressings used for inpatient and outpatient wound care. She explained that the outpatient wound clinic has more options than the inpatient clinic. We reviewed each product, the generic and brand names, indications & contraindications for use, how to apply, duration, and how to remove. We reviewed a variety of advanced wound dressings including Biatain, Aquacel Ag, Xeroform, Interdry, hydrogels, Duoderm, antimicrobials (Med Honey, silver, Hydrofera blue), barrier creams, collagenase enzyme cream, collagen matrix, Cavilon skin preps, Tegaderm, and Mesalt. I felt that my goal was met, and I left with better understanding of the dressings used in advanced wound care.

**What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)**

My goal for tomorrow is to focus on venous insufficiency and compression therapy.

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

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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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