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Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Yvan Fortunat Day/Date: 10/20/24

Setting: Hospital ☒ Ambulatory Care • Home Health Care • Other: _____

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, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	*Age/sex*: 61-year-old female *PMH*: Uncontrolled DM *CC*: To ER w complaints of abscess to left labia starting > 1 month ago. States it drained bloody purulent drainage and now has excruciating lower abdominal pain. *Meds*: Insulin daily *Social hx*: Lives alone; denies alcohol, tobacco, or street drug use *Labs/Diagnostics*: CT findings compatible with necrotizing fasciitis arising from left labia majora extending along anterior and posterior aspect of abdominal wall. *Plan*: To OR for wide debridement of necrotizing fasciitis area (debridement of skin, subcutaneous fat and fascia) leaving an extra-large wound to left labia & groin area. Consult to WOC team for possible NPWT.

Assessment/encounter:
LOC: Awake but groggy post IV Morphine pre-dressing
VS: 100^2 92 28; 150/86
Initial interview: Pt. in pain, groggy & does not want to converse. Surgery PA at bedside to assist.

Braden scale

Sensory Perception	4
Moisture	2
Activity	2
Mobility	3
Nutrition	3
Friction/Shear	4
Total	18

Wound assessment:
Moist saline dressing removed.
Location: Left labia/groin/perineal/gluteal areas
Wound type: Post op surgical
Extent of tissue loss: Full thickness
Size & shape: 28 x 40.5 x 9.2 cm
Wound bed tissue: pink and moist with no exposed muscle and tendon noted at wound base

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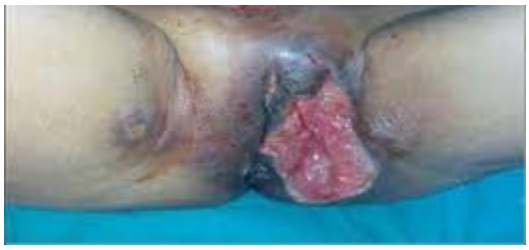
Exudate amount, odor, consistency: small amounts of serosanguineous drainage with no odor
Undermining/tunneling: None
Edges: Attached
Periwound skin: Intact
Pain: 10/10

Plan: Wound appropriate for NPWT.

Photo:



Education: Develop education below

Suggested consults: None at this time

Using critical evaluation of the provided encounter data, identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

1. Identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

Labs: CBC for HCt, Hgb, A1c, blood glucose checking daily, check for infection, STDs should be done. Location of wound is very delicate. I will not use a NPWT especially since patient's pain is still not controlled. In addition, the location is extremely challenging for NPWT placement due to the amount of folding that will take place when patient closes her legs or stands up to walk. The risk of failure of the device is high. Patient's wound is very big with considerable depth, kerlix moisten with normal saline should be used to lightly pack wound followed by ABD pads and hold up with disposable mesh underwear daily. We can use moisturizing ointment around the peri-wound.
Other services needed:
Nutritionist consult
Pain management consult
Endocrinologist consult
Plastic surgeon consult
Infection control consult

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend)?*

2. WOC Plan of Care (include specific products used)

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WOC POC
-Remove old dressing, cleanse with wound cleanser, pack wound with kerlix moisten with normal saline, covered by ABD pads (Medline), secure with tape, hold dressing with disposable mesh underwear (Medline) daily.
-Apply moisturizing barrier ointment on peri-wound (Desitin) daily
-Monitor patient pain, provide pain medication as per order. Pain management consult
-Monitor BG. Endocrine consult
-Infectious control consult
-Nutritionist consult
-Plastic surgery consult
-Gynecologist consult/referral
-Social worker consult

Write a chart note giving careful consideration to the chart review information, 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 used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

Initial visit was requested for a consult on a 61 year old female with uncontrolled DM. Patient came to the ER complaining of abscess of left labia which started 1 month ago with bloody purulent drainage and excruciating pain around the lower abdomen. CT finds necrotizing fasciitis coming from the left labia majora extending to the anterior and posterior aspect of abdominal wall. OR performed debridement of necrotizing fasciitis area, leaving a wound in the left labia to the groin area. WOC nurse is assessing proper wound treatment, possibility of NPWT placement.
During this assessment, patient appears groggy, vitals are as follows: 100.2T, 92P, 28R, 150/80BP. Patient is in pain, does not want to communicate much. Surgery PA at bedside for assistance. Patient has a Breden scale of 18, which is a mild risk score for pressure injury development. Patients allows for wound to be inspected. Measurement of the wound is 28x40.5x9.2cm, it is a full thickness skin loss with pink moist wound bed, no exposed muscle and tendon, no tunneling, no undermining, small amount of serosanguineous exudate, no odor, edges are irregular. Peri-wound is dark purple and dry looking. Patient is still a 10/10 for pain, even though pain med was administered. Wound extends to the labia, close to the vaginal opening. It will be very difficult to place a NPWT properly in that location. Initiating a proper seal for the NPWT will not be possible since patient needs access to urinate. Best option was discussed with NP and we agree on wound care as follows: cleanse with wound cleanser, pack wound lightly with kerlix moisten with normal saline, cover with Medline ABD pads, secure with tape, use disposable mesh underwear to keep dressing in place daily. Keep peri-wound moisturized with Desitin. Treatment above is provided. Patient tolerates dressing change with pain level still high.
Request for nutritionist for DM diet management and for adequate protein intake for proper wound healing; pain management consult since if pain is managed, other treatment like the NPWT may be considered; infection control is needed for possible reason for abscess; plastic surgery consult, gynecologist due to location of wound, infection control to determine if antibiotic treatment is needed. Social worker for initiating possible discharge planning since patient lives alone, psychosocial parameters can be addressed with social

worker.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

My goal for choosing this case is to practice writing in the style of a WOC nurse. There is a learned way of presenting information that is concise, and detail orientated at the same time. I am not used to writing like that. I hope the more I do these cases and document on them, the more I will become familiar with what is required for these types of documentations.

Reviewed by: _____ Date: _____

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		
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter		
• Identifies alternatives/what would have done differently		
Learning goal identified		