

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Jen Ennyl E. Gomez Day/Date: Wednesday - December 4, 2024Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Amy FolkClinical Focus: Wound Stomy Continence **Reflection: Describe your patient encounters & types of patients seen.**

We had seen a total of 4 patients today and the emphasis of the today's clinical experience was on wound care.

Patient #1 is a 75-year-old female lives from home came to ED complaints of weakness and cough and shortness of breath she was then later found to be covid +.

PMH: of HTN, HLD, pulmonary HTN, COPD with baseline home O2 at 2 LPM, DM, CKD, HFpEF and Right breast triple negative invasive ductal carcinoma s/p right breast lumpectomy

She came to the ED yesterday with

Type of Visit: New consult in existing surgical wound dehiscence on the right breast

Patient #2 is a 67 year-old male from home

PMH: Prostate cancer s/p radiation in 2019, diverticulitis s/p colostomy, anemia, urinary retention secondary to clot formation s/p cystoscopy on 11/14/24 found to have large clot within prostate bed requiring daily platelet transfusion then developed right groin hematoma exploration s/p hematoma evacuation and wound vac placement on 11/26/24.

Type of Visit: Follow-up for a wound vac change

Patient #3 is a 69 year-old female lives from home, wheelchair bound and came to ed for left sided weakness CT showed right frontal lobe mass s/p right frontal craniotomy and placement of right frontal ventriculostomy drain under vision 12/3/24.

PMH: HLD, plantar fasciitis, HTN and right eye injury with a dilated pupil.

Type of Visit: New consult for Skin assessment

Patient #4 is a 59 years-old female from skilled nursing facility.

PMH: morbid obesity, type 2 DM, HTN, HLD, uterine cancer s/p hysterectomy in 2012, squamous cell carcinoma of the lower abdominal wall secondary to infection s/p excision and wound vac placement on 11/21/24

Type of visit: Follow-up visit for a wound vac change.

Chart note:**Patient #4**

LOC: She is alert and oriented comfortably resting on a low-air loss mattress.

Patient has on going wound vac in lower abdominal fold above the symphysis pubis and is on continuous suction at 125mmHg. **Interview:** Patient stated that she is pre-medicated with oral pain medication prior to vac change and agreeable for a wound vac change.

Assessment:

Lower abdominal pannus wound bed is moist, red granulation tissue present and periwound intact with minimal serosanguinous drainage.

Measuring 1.7x36x3 cm deepest depth noted to right lateral edge of wound.

Other skin areas assessed and all clean, dry and intact.

Medications: Pt is getting IV Zosyn

Nutrition: Pt is on a cyclic TPN

WOC Plan of Care (include specific products used)
WVAC treatment Order:

Pre-medicate patient 30 min before the vac change.
 Using adhesive wipes gently remove old dressing and cleanse w/ vashe and gently dry periwound skin.
 Apply 3M no sting Cavilon prep to periwound and allow to dry and window framed with vac tape.
 Measure the area and filled with 1 pc black foam sealed with drape.
 Re-apply the WVAC and check for seal and resumed at 125 mmHg continuously.
 Change the canister as needed.
 Change the wvac every Monday and Friday or as needed.
 Call WOC team for bloody drainage, seal problem or pain.

Treatment recommendations:

1. Continue with low air loss mattress and turn pt Q 2 hours using wedges to support side lying. Keep off back except at meals for 30min.
2. Elevate heels off bed surface and skin prep heels BID.
3. Use padding under tubes/equipment.
4. Check for incontinence Q 2 hours and apply barrier product each incontinent episode.

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

The patient is getting the all the treatments needed and I believe there is nothing I would done differently.

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 today is to learn different types of wound vac treatment and why it's needed and how to do the assessment and techniques in making a proper seal for the wound vac treatments.

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

My goal is to have a continuous hands-on experience and get more knowledge with evidence-based practice.

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	✓	

Reviewed by: _____ Date: _____