

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Alexis Faria Day/Date: January 16, 2024

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Heather Bates

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.

On this day, I was able to attend the patient ostomy education class that was given by the educators on the colorectal unit. Also saw many patients with appliance changes that needed complete. Saw a complex fistula patient again with continued leakage issues due to new additional fistula opening. Also, got to assist with a wound vac dressing change with multiple stoma nurses.

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:

54 year old female consulted for assessment for appropriateness of NPWT to abdominal wounds. Patient is "s/p exploratory laparotomy, partial gastrectomy, incision and debridement of abdominal soft tissue infection" Past medical history includes DM2, end-stage renal disease, hidradenitis, pulmonary hypertension. Patient recently underwent triple valve repair in early December. Patient had g-tube which was leaking into subcutaneous tissue causing tissue infection. Surgeon was initially treating wounds with twice daily dressing changes with Dakins and consulted for NPWT application. Patient seen in CVICU – dressings removed to both wounds. Patient with wound to midline and LUQ extending to left side. Wounds cleansed at this time. Both wounds are appropriate for wound vac application at this time. Multiple stoma nurses in to assess and in agreeance. Midline wound measures 12.6 cm x 5.1 cm x 2.4 cm with tunneling at 12 o'clock 2.9 cm and 3 o'clock 3.2 cm. Wound bed 90% adipose tissue and 10% necrotic tissue (possibly cautery). Wound is dry. Wound edges are flat. Periwound with small scab and wires to superior aspect. LUQ wound measures 10.4 cm x 30 cm x 2.7 cm with undermining present from 9-12 for 4 cm and from 5-7 for 3.2 cm. Wound bed is similar to midline wound dry with 90% adipose tissue and 10% necrotic vs cautery. Periwound is intact. Periwound was prepped and covered with draping in picture frame fashion. 4 pieces of black foam were cut and used to fill wound beds and bridge wound beds together. Draping was used to cover and secure foams. Hole cut to draping for wound vac tubing application. Wound vac turned on and set to -150mmHg suction. No seal leaks identified at this time. Patient with minimal responsiveness during application. Settings discussed with MD at bedside.

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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.

WOC Plan of Care (include specific products used)

NPWT dressings to be changed Tuesday/Friday to midline and LUQ wounds:
 Turn off wound vac and disconnect tubing.
 Change cannister weekly or as needed when full
 Use SensiCare adhesive remover wipes to remove draping.
 Moisten gauze with normal saline to assist in removal of black foam (ensure all pieces removed from wound bed)
 Cleanse wound bed and periwound skin, rinse, pat dry
 Use 3M no sting barrier to periwound skin then drape in picture frame fashion with transparent drape
 Use black foam to fill both wound beds and create bridge connecting both wound beds
 Secure with draping
 Cut quarter sized hole in draping and attach wound vac tubing over hole
 Turn on wound vac to ordered suction and ensure no seal leaks present

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

Care provided was complex and took multiple nurses to ensure effective application. There is not much I would have done differently. I think NPWT was appropriate and bridging the wounds together was the smart choice. This patient has a lot of barriers to healing and NPWT is a good option to assist in wound healing. I would have probably used a couple pieces of white foam to adequately fill in the tunnels to promote closure of the tunneling areas.

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 was to see more wound vacs. This goal was met, the preceptors assisted by offering to let us join in on a wound vac change and allowing me to assist. The goal was also to see some continence patients – but there were not many to see today and I was unable.

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

Learning goals for tomorrow would be to continue to try and see patients with continence issues. I would also like to see patients with tubes/drain issues.

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	✓	

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• 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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