Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Regina Averyanova Day/Date: 08/15/2025

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.

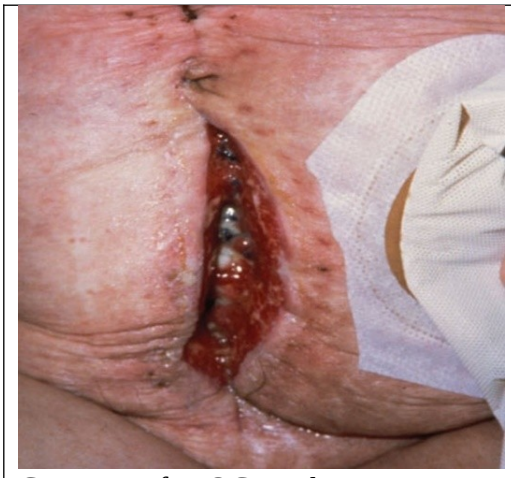
Chart Review/History	*Age/sex*:49-year-old female *PMH*: Uncontrolled DM, obesity, colon cancer with descending colostomy. *CC*: Came to ER for dehisced surgical wound *Meds*: Unknown *Social hx*: Lives alone *Plan:* Referred to wound clinic for treatment plan.

Assessment/encounter:
LOC: Awake, alert, oriented x 3
VS: 98.7°F P 68 R 26
Initial interview: States the "stitches were taken out yesterday at the surgeon's office and now I have a big hole"
Wound assessment:
Location: Mid abdomen
Wound type: Dehisced surgical wound
Extent of tissue loss: Full thickness
Size & shape: 25 x 10 x 5 cm oblong
Wound bed tissue: Red
Exudate amount, odor, consistency: Moderate amount of serosanguineous drainage, no odor. Also noted exudate on blouse
Undermining/tunneling: None
Edges: Attached
Periwound skin: No erythema, induration, fluctuance, denudement. Non-tender
Pain: 8/10 when moving

Photo:

Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program



Courtesy of WOCN Library

Education: Discuss below
Suggested consults: Discuss below

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.

There are several additional things I would like to know about the patient, specifically I would like to learn more about the surgery itself. When was the surgery done, were there any complications, such as prolonged operative time? Was the patient on any medications prior and after the surgery?
Then, I would like to learn more about the patient. How is her range of motion, finger dexterity? Is she ambulatory? Does the patient have other skin conditions or skin breakdowns? Does she need assistance with care? How does she manage her diabetes? Colostomy care? Patient lives alone. What is her support system? Does she have financial resources, insurance, and a job to help her cover the associated medical cost?
Knowing patient's laboratory results can also give a better understanding of overall health. What is patient' WBC count, hemoglobin, albumin, CK?
We know that this patient is obese, and this increases the stress on the incision site, which can result in dehiscence (Gallagher, 2022, p. 286). Additionally, did the patient wear an abdominal binder after the surgery? Properly sized abdominal binder can help relieve the suture site tension and can also help in pain management. Also, adequate size of the abdominal binder can prevent further complications, such as compartment syndrome, breathing difficulties, increased pressure in the abdomen and other complications (Gallagher, 2022, p. 286).
Some medications can impair wound healing, such as steroids, antineoplastic drugs, NSAIDS, anticoagulants, etc. (Beitz, 2022, p.49). This patient has a history of colon cancer and could have been taking some of the above mentioned medications. Did this patient receive radiation treatment? It is important to consider patients nutritional status as well. Body needs adequate nutritional support throughout the wound healing and maintenance. Does this patient smoke cigarettes, which can cause chronic vasoconstriction and wound

complications (Beitz, 2022, p. 50)?
This wound appears to be clean, non-infective, and non-necrotic. Normal saline can be an appropriate solution to clean the wound. Additionally, this wound has depth, and it is important to use a filler and a secondary dressing (Jaszarowski & Murphree, 2022, p. 162). Also, there is a moderate amount of drainage noted. There are several options when selecting a wound care treatment for this patient. For example, this patient might benefit from antimicrobial hydrofiber sheet dressing that is covered by adhesive foam dressing. This patient has a history of cancer and diabetes, which could further compromise her immune system, and antimicrobial dressing could be a good choice because it would help prevent the infection. Hydrofiber dressing residue must be irrigated with each dressing change. This dressing can be changed daily and up to three days (Jaszarowski & Murphree, 2022, p. 165).
Alternative treatment can be the application of negative pressure wound therapy (NPWT), which can help reduce inflammation and swelling (Brindle & Creehan, 2022, p. 748). There is an incisional failure due to pressure on abdominal wall from the mechanical and biologic risk factors of obesity. The overall treatment must be holistic and multidimensional. Patient needs to have extensive education on how to manage blood glucose at home and what foods to choose to help optimize nutritional value and maintain adequate glucose control. Patient would need to follow up with the registered dietician, primary care doctor, endocrinologist, oncologist, wound care specialist, social worker, and possibly a physical therapist.

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)

Provide pain management as ordered 30 minutes before the wound care

Cleanse the periwound skin with pH balanced cleanser, avoid rubbing and gently pat dry.
Cleanse the wound with normal saline
Apply no-sting skin sealant to the wound edges
Apply transparent film dressing to the wound edges
Pre-cut the black foam piece to the desired size and pack lightly into wound bed. Document how many pieces of black foam is packed inside the wound.
Secure the foam with the transparent film dressing
Apply the TRAC pad
Start and maintain suctioning at -100 mmHg low continuous
Change NPWT three times a week on Monday, Wednesday, and Friday
Apply abdominal binder as instructed

Inspect skin daily
Maintain adequate glycemic control and treat elevated blood glucose as ordered
Follow a diabetic diet with an increase in protein intake if indicated
Continue taking medications as ordered
Notify the wound clinic of any new concerns
Follow up with the nutritionist for optimized wound healing
Follow up with the primary care provider, endocrinologist, and oncologist
Follow up with the physical therapy

Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

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:

This is 49 year old female, who was referred to wound clinic for dehisced surgical wound on her abdomen. Stiches were removed the day before by the surgeon. Patient's PMH includes colon cancer and descending colostomy, uncontrolled diabetes, and obesity. Patient was in severe pain upon arrival to the clinic 8/10, and pain management was provided as ordered. Patient agreed to the assessment and treatment. On assessment, patient is AAOX3, afebrile, tachypneic. Patient has an oblong, full thickness dehisced surgical wound in mid abdomen. The size of the wound is 25x10x5cm. Wound bed tissue is red with moderate, odorless serosanguineous drainage. Edges are attached and no undermining is present. Periwound skin is intact, without erythema, denudement, induration, or tenderness.

Wound was cleansed with normal saline, and perwound skin was cleansed with pH balanced cleanser. No-sting sealant was applied to wound edges, followed by transparent film dressing. One piece of pre-cut black foam was lightly packed into the wound and covered by the transparent film dressing. The TRAC pad was applied and suctioning initiated at low continuous -100mmHG. Black foam was compressed, and there was no leak. Patient was informed that the next appointment at the wound clinic is scheduled for Wednesday. Patient verbalized understanding. Patient scheduled transportation for the next visit to the clinic.

Patient was educated on the importance to maintain adequate blood glucose levels, taking medications as ordered, and following a recommended diabetic diet with proper protein intake to optimize the wound healing. Additionally, patient was measured for abdominal binder and was instructed on how to apply it correctly with the NPWT on. Patient was able to return the demonstration on how to apply the abdominal binder. Patient verbalized understanding of the plan.

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 study was to explore the topic of abdominal surgeries and complications. I also wanted to learn about various risk factors that could lead to complications, such as mechanical and biologic risk factors. I think my goal was met, I was able to learn more about this topic, complications, types of dehiscence, and possible treatment option. I was able to explore various dressing selections that can be appropriate when treating a dehisced wound. I was able to learn about the overall holistic approach in providing care to the patient who faced health-related challenges as this patient did.

Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

References

Beitz, J. M. (2022). Wound healing. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 39-55). Wolters Kluwer.

Brindle, T., & Creehan, S. (2022). Management of surgical wounds. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 738-775). Wolters Kluwer.

Gallagher, S. (2022). Skin and wound care for the bariatric population. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 279-292). Wolters Kluwer.

Jaszarowski, K., & Murphree, R. W. (2022). Wound cleansing and dressing selection. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 157-171). Wolters Kluwer.

Reviewed by: _____ Date: _____

For instructor use only. Do not remove or edit

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	✓	
• Completes Braden Scale for inpatient encounter	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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	✓	