Cleveland Clinic

R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ___Birgitte Kammerdiener____ Day/Date: _Friday September 26th__

Number of Clinical Hours Today: _6_ Number of patients seen__**5**__

Care Setting: Hospital __X__ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: __Janelle Holtz CWOCN_____

Clinical Focus: Wound __X_ 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, and any additional activities.

Today was spent in-patient with the WOC team. My preceptor for the day was Janelle Holtz CWOCN. Today we focused on seeing wound patients. The patients with wounds that are seen by the WOC team are those that are being managed with NPWT. The first patient we saw was ostomy based and required a fleet enema through the stoma. The next patient we saw had both an ostomy and NPWT. The patient's wife was instructed through a hands-on lesson during the visit. The NPWT was changed. I was able to do the entire NPWT change hands on starting with removing, cleansing both the wound and periwound skin and then placing new dressing. I was careful to lay the transparent drape to protect all of the periwound sin from the black granufoam. The granufoam was then fabricated to fit the wound and secured with transparent drape. The trac pad was connected and suction was resumed. We then went to the next patient that was a wound caused by a patient who had multiple complications throughout their hospitalization. Again, I was able to be hands on and change the NPWT. We ended our day with a leaky pouch fix for a established stoma patient and assessed the needs of a patient who had a previous drain being pouched. The drain was removed, and the area is still being pouched due to drainage. We adjusted her pouching system and provided education on the new system. Overall, it was a good day for getting more experience with the NPWT.

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. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was **done*** during the visit.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

Cleveland Clinic

R. B. Turnbull Jr. M.D. WOC Nursing Education Program

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	3
Activity	2
Mobility	2
Nutrition	3
Friction/Shear	1
Total	15

Chart review/history

Age/sex: 71 year old male

PMH: Atrial fibrillation, dyslipidemia, hypertension, obstructive sleep apnea, cirrhosis.

HPI: patient presented to hospital for planned heart surgery and lead placement. Patient had a TV repair/replacement and MAZE/LAA closure. Patient developed abscess and underwent incision and drainage. Patient developed further infections and had an explanation for postoperative hemorrhage/thrombosis/infection of the chest. NPWT was applied to both left and right chest incision sites after infection washout. Patient then went into septic shock requiring high doses of pressors. Patient remains in the ICU. Cardiothoracic surgery managing NPWT to left thoracotomy site. WOC team managing NPWT to right thoracotomy.

Social hx:. Resides in home with wife. Was independent with ADLs prior to surgery. No tobacco use, No alcohol use, No drug use.

Assessment

Location: Right thoracotomy
Measurements: 0.5 cm x 1.7 cm x 2 cm
Wound bed: 90% red moist granulation tissue, 10% adherent yellow slough tissue
Wound Edges: flat, open, no epibole
Periwound Skin: slight erythema circumferentially
Drainage: scant serosanguinous
Odor: none
Pain: slight pain with drape removal, tolerated very well, no additional pain medication required
Current Method of Management: NPWT -75 mmHg low continuous suction
Skin Care: Periwound skin cleansed with warm water, wound irrigated with normal saline, periwound skin pat dry and skin barrier wipe applied
Dressing: transparent drape applied around wound to periwound skin and extending to right side to create protection for foam bridge and suction port. One piece of black granufoam foam cut, fileted and placed into wound, One piece of foam used to create bridge and space for trac pad. All foam secured with transparent drape. Hole cut into transparent drape and trac pad applied. Suction set to -75 mmHg low continuous per order. All foam compressed and seal check showed no leaks detected.

Chart Note:

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

Cleveland Clinic

R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Patient is a 71 year old male with a history of atrial fibrillation, cirrhosis, hypertension, obstructive sleep apnea and dyslipidemia. Patient has no history of tobacco, alcohol or drug use. Patient was independent with ADLs prior to surgery. Patient presented to the clinic for planned TV repair/replacement and MAZE/LAA closure. Patient has experienced multiple complications during hospital stay. Patient has been admitted and in the ICU for more than 100 days this admission. After patients surgery, developed abscess. Patient underwent incision and drainage. This was complicated further by postoperative hemorrhage/thrombosis/infection of the chest. Patient was taken for washout of both right and left thoracotomy sites. Patients left thoracotomy site is currently being managed by cardiothoracic surgery. Patient's right thoracotomy site is currently being managed by WOC nursing. Patient presented awake, alert and oriented. Patient remains in the ICU and was sitting up in the chair at time of visit. Patient informed of NPWT change and was agreeable to it, stated he had received pain medication earlier and did not need any more prior to the change. The NPWT machine was turned off to allow the foam to be released from suction. The transparent drape was slowly and gently removed with adhesive remover; the foam was easily removed with normal saline. The wound was irrigated with normal saline and measurements were taken. The wound measured 0.5 cm x 1.7 cm x 2 cm. The wound bed was a majority red moist granulation tissue with a small amount of yellow adherent slough tissue, approximately 90% red moist granulation tissue and 10% yellow adherent slough tissue. The wound edges were flat and open with no epibole. Periwound skin had a thin rim of erythema circumferentially, otherwise clean and intact. Periwound skin was cleansed with warm water and pat dry and skin barrier wipe applied. Transparent drape was then applied around wound to periwound skin to protect it from contact with the black granufoam. Transparent drape was also placed extending to the right side and front of chest to create protection for foam bridge and suction port. Chose to create a bridge for the trac pad over the patients' right side to avoid suction being directly on the wound and to avoid the trac pad suction tubing from being under the patient and creating a device related pressure injury. One piece of black granufoam was cut and fileted to the shape and size of the wound and placed into the wound. One piece of black granufoam was used to create bridge and create space for trac pad. In total, two pieces of black ganufoam where used. All foam was secured with transparent drape. A hole was cut into the drape and the trac pad applied. Suction was set to -75 mmHg low continuous per order. All foam was compressed, and the seal check showed no leaks were detected. The patient tolerated the NPWT change very well without the need for additional pain medication. Patient informed that NPWT is to be changed twice a week. Wound continues to show signs of healing with red and moist granulation tissue present.

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)

- Consult to infectious disease for antibiotic therapy
- Obtain wound culture of both wounds
- Turn and reposition every two hours to prevent pressure injury
- Up to chair for at least 2 hours daily
- Consult to physical therapy to assist with improving strength and walking distance, and recommendations for needs upon discharge
- Consult to occupational therapy to assist and assess patients ADLs ability and recommendations upon discharge
- Notify surgeon if drainage to cannister changes color, specifically to tan or yellow pus

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

- Notify/consult WOC nursing if NPWT alarms for leak or blockage
- Continue to assess patients pain, PRN pain medications
- NPWT to be changed twice weekly by WOC nurses-transparent drape to periwound skin, black foam to wound bed and to create bridge for trac pad, transparent drape to secure, trac pad applied and suction to remain at -75 mmHg low continuous
- If NPWT off for more than 2 hours, take down and place wet-to-dry dressing with normal saline and consult WOC nursing
- Consult to case management for discharge needs, acute rehab vs SNF vs home health care based on medical clearance, PT/OT and patient/family preference, referrals to be sent out as soon as patient is medically cleared and recommendations and family preferences are made

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

The only thing I would have considered doing differently would be using Hollister hollihesive barrier to the periwound skin in addition to the skin barrier wipe. This would have provided extra protection to the irritated skin and allowed it to heal while the NPWT is in place. I also would have spoken with the primary team to discuss potential removal of NPWT due to size of wound and discuss another form of management but due to depth and the small amount of slough tissue NPWT would still be beneficial as of now.

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 for the day was to get more hands-on experience with everything the WOC team does. This goal was met. I made sure to do as much as I could myself and ask for help and tips where it was needed.

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

Monday I am with the wound care APRNs. My goal is to be able to see different wounds, dry/draining, moist and discuss what kind of dressing/product is most appropriate for the wound and its healing and why.

(Save the document by <u>clinical date & preceptor last name</u> before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **<u>48 hours</u>** following the clinical experience day.

Cleveland Clinic

R. B. Turnbull Jr. M.D. WOC Nursing Education Program

For instructor use only. Do <u>not</u> 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		

Reviewed by: _____ Date: _____

(Save the document by <u>clinical date & preceptor last name</u> before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **<u>48 hours</u>** following the clinical experience day.