Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: _____Mara Michalski_____ Day/Date: _3__10-3-2025____

Number of Clinical Hours Today: __8__ Number of patients seen__**3**__

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

Preceptor: ___Shellie Bush_____

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.

Another case of necrotizing fasciitis with a wound vac was seen on a Hispanic male in his left groin down to his rectum. I have never seen an open wound of this size. 3 WOC nurses including myself assisted in removing the wound vac, assessing the wound, and replacing the wound vac. The patient was being discharged and would be following up at a wound care clinic where there are only 2 wound care nurses. We saw a patient post op from a diverting colostomy that necrosed. The stoma was below skin level and retracted. The patient also complained of leaking around the stoma pouch. We saw another patient that came in for a 1 week post op evaluation of a transverse colostomy, he was Spanish speaking and actually the patient we did a site marking on my first clinical day. His stoma was very large at 3 inches and the PA removed his stitches. The incision around the stitches was dressed with calcium alginate and thin duoderm before a flat 2 piece stoma pouch was placed on the patient. An interpreter was used to give him and his family education.

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.

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

Chart note:

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This Hispanic patient (English speaking, no interpreter needed) was seen for wound vac exchange and wound evaluation for a left perinium wound caused by necrotizing fasciitis. Patient has a history of morbid obesity and T2DM. The patient was pre medicated by the floor nurse prior to the vac change. The wound vac was turned off and using adhesive remover spray, the dressing was removed from the patient. The wound was cleansed with normal saline. Zinc barrier cream was applied to the peri wound edges. Transparent wound cover was placed on the wound bed, followed by foam strips packed into the wound. Transparent adhesive dressing was then placed over the foam to create a seal and the vacuum was attached to an opening in the film and then connected to the machine. The seal was tested for closure. The patient was educated on the process of the wound vac change as this is what he can expect at the wound clinic that he will be seeing as he is being discharge over the weekend.

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	3
Activity	3
Mobility	3
Nutrition	4
Friction/Shear	2
Total	19

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)

As WOC nurses or providers are in charge of wound VAC changes, if a floor nurse notices a leak or malfunction of the wound vac, they should page the wound care team or provider, and in the mean time, reinforce the wound and edges with transparent adhesive film to maintain a seal until the device can be evaluated.

If another WOC nurse is exchanging the VAC then orders are as follows:

1. Turn off device and disconnect suction tube.
2. Use adhesive remover spray and remove old transparent film dressing and foam.
3. Cleanse wound with normal saline.
4. Measure wound and evaluate wound bed and periwound skin and post picture to chart.
5. Apply peri wound skin protection such as zinc barrier cream to periwound border. Place transparent

wound cover to wound bed
6. Fill wound bed with foam strips.
7. Cover wound bed and periwound edges with adhesive transparent film to ensure a seal and no air leaks.
8. Cut small opening with scissors and attatch suction tubing.
9. Turn on device to start negative pressure.
10. Assess and change every 3 days or as needed if leakage or air leaks occur.

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

I think that this patient was handled correctly. He was premedicated with oral pain medication 45 minutes before the wound vac exchange and my preceptor also advocated to the provider to order topical lidocaine with was applied to the patient before the new dressing was placed on the patient. During the process the patient and his wife were given verbal explanation of what process was taking place and what to expect when it is changed at his outpatient wound clinic which will be managing it from now on.

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 become more familiar with wound vacs and how to place them which I think I achieved today. This week there 2 patients with vacs due to necrotizing fasciitis. Both had extremely large wounds which allowed me to gain a lot of experience.

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

I want to become more comfortable changing ostomies and giving patients education regarding their ostomies. In Kalamazoo it seems like a large portion of the patient population are obese and I have seen a lot of patients with ostomies. Id like to inquire about why the incidence rate is so high in this city.

For instructor use only. Do not remove or edit:

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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: _____

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