Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ____Corinne M. Djuric_____ Day/Date: _____10/13/2020_____

Directions: ***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, s***elect one patient each clinical day and complete ***plan of care and chart note.***. This assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course dropbox for instructor review & feedback. Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

Today's WOC specific assessment	**Be sure to include data that supports the identified problem and interventions. Include PMH or state no other history, pertinent labs, etc** L.G. is a 76-year-old-male who presents to the wound care clinic for evaluation and management for right chest wall wound s/p radiation treatment for breast cancer. The patient has completed all treatments and presents with scaling, crusts, xerosis, and serous drainage. Past medical history is significant for hypertension, dyslipidemia, anemia, diabetes mellitus, and right mastectomy. Today, the patient presents without complaint. He denies fever, chills, sob, increased drainage to the wound, and odor to the wound. He has been dressing the area with an ABD pad but states that sometimes it sticks and causes pain when removed. CBC 10/3/2020: WBC: 8.72 RBC: 4.17 HGB: 12.8 HCT: 38.1 MCV: 90.7 MCHC: 33.6 RDW: 14.3 BMP 10/3/2020: GLU: 86 BUN: 20 Cr: 1.21 GRF: 58 Ca: 9.9 Na: 124 K: 4.5 Cl: 89 CO2: 25 Anion gap: 10 HA1c 9/8/2020: 5.0 Former smoker: quit 10/10/1975; 30 pack year history

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Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

Consider how you would document this information into the medical record. Will others be able to interpret your plan of care? 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.

Initial visit for the evaluation and management of radiation burn to right chest wall s/p mastectomy and radiation treatment for breast cancer.

The patient's dressing was removed and the following assessment took place:

VS: T: 98.3F; HR 68 Reg; Resp 18 Reg; BP 138/76; Ht: 5'8"; Wt: 227lbs

Radiation burn right chest wall
3cm x 3cm x 0.1cm
Scant amount, serous drainage without odor or purulence
Peri Wound: dry, intact; no warmth, no erythema; crusting noted; appears irritated and excoriated
Cleansed with: Coloplast wound cleanser
Wound Bed Assessment: dry, red
Edges: attached
Primary Dressing: Hydrogel sheet
Secondary Dressing: ABD pad and tape
Devitalized Tissue: 0%
Granular Tissue – color: red
Granular tissue % - 100%

WOC specific medical & nursing diagnosis	**WOC Plan of Care (include specific product used today)**	**Rationale** ***(Explain why an intervention is chosen; purpose)***
NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: Dx: 1) Radiation burn, right chest wall 2) Breast cancer 3) Obesity, bmi 34.55 4) DMT2	Prep peri-wound skin using alcohol free skin barrier (Sensi Care wipe used in office) Spread a thin layer of hydrogel on the petrolatum non-adherent dressing using a tongue depressor. Apply to chest wall. Cover with ABD pad and cloth tape so that the boarders extend past the area of irritation. Change dressing 3 times per week. Patient verbalized ability to change dressing himself. Supplies were ordered for the patient today and the patient was advised that he should expect his supplies within 24-48 hours at his doorstep. Signs of infection were reviewed with the patient today. For increased redness, swelling, drainage, odor – the patient was instructed to present to the emergency room or urgent care.	I selected a hydro gel product because the wound bed appeared dry. This is meant to add moisture to the wound bed to facilitate healing. The petrolatum based non-adherent was selected so that dressing would not stick to the wound causing traumatic removal and potentially painful dressing changes. A secondary dressing is required for this particular hydrogel dressing. I selected something that is relatively inexpensive and can be adhered easily past the boarder of irritation with cloth tape. This is meant to protect clothing from any hydrogel

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	Take a multivitamin for micronutrient support daily. Avoid harsh soaps or chemicals to the wound area.	product from staining and assist to keep the primary dressing in place.

What are the disadvantages of using this product(s)? What alternatives could be used and why?	A potential disadvantage to the hydrogel is that it requires a secondary dressing. This particular wound has peri-wound irritation and excoriation. That said, the secondary dressing should extend past the area that is irritated in order to not cause more damage or pain. This might prove too bulky for the patient. If this were to occur, a DuoDERM extra thin or a MediHoney self-adhesive , hydrogel dressing could be used it place of the hydrogel and non-adherent layer.

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

Were you able to meet your learning goals for today? Why or why not?	Goal for today: Educate a patient regarding the importance of proper nutrition for wound healing. This includes appropriate intake of protein as well and micronutrient support through vitamin supplementation. Goal met: S.P. is a 452 lb male that presented to the wound clinic for venous stasis ulcerations to BLE. He was recently diagnosed with DMT2. His initial HA1c, two weeks ago, was 8.5. His current diet consists of skipping breakfast, fast-food for lunch and dinner. The patient was educated about the importance of protein and micronutrients for wound healing. He verbalized understanding and was receptive and thankful for a referral to the diabetic educator, registered dietician, and the Healthy 4-Life program. The Healthy 4-Life program specializes in weight loss through education and health lifestyle modifications. They work with the registered dietician to formulate individualized plans for patients. After our conversation today, the patient was able to verbalize and understand the important role that food, vitamins, and minerals play in proper wound healing. He agreed to start taking a men's daily vitamin and start a food journal today.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	Goal for tomorrow: Discuss smoking cessation and the negative effects of smoking on wound healing.

Number of Clinical Hours Today: 8

Care Setting: __ Hospital __X__ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __13__ Preceptor: __Barbara Chavez_____

Reviewed by: _____ Date: _____

**References are not generally required for daily journals

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