

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Lindsey Gould Day/Date: Tuesday October 14, 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, select 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.**

<p>Today's WOC specific assessment</p>	<p>Be sure to include data that supports the identified problem and interventions. Include PMH or state no other history, pertinent labs, etc</p> <p>75 y/o male with PMH of BKA to R leg, DM Type II insulin dependent since 1993, PVD 2016, peripheral neuropathy. COPD, patient lives alone, malnutrition, and chronic pain, has been on narcotics for many years. Developed a left lateral distal leg friction wound from a medical device in 2016 for which he has needed homecare 2-3 times weekly for wound care. Last HbgA1C: 7.6, chronic anemia: 29ug/dl Current wound orders: Wash gently with normal saline, pat dry. Apply Triad hydrophillac skin barrier ointment to periwound, apply Aquacel AG to wound bed. Cover with ABD pad, secure with kerlix. Change M/W/F.</p>
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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:

<p>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.</p> <p>Initial visit to evaluate wound care. Old dressing gently removed. Hydrofiber slightly adherent with edges of hydrofiber remaining dry. Hydrofiber AG saturated with normal saline to remove from wound bed and minimize trauma. Wound bed cleansed with normal saline, small amount of slough noted in wound bed that removed easily with saline moistened gauze. All other areas of the wound bed pink, with granular tissue, no odor or s/s of infection noted. Wound measures 10.5x1x0.2. Peri-wound is pink, blanchable, dry and scaly skin. Upon elevation, pallor noted as well as dependent rubor. Triad applied to peri-wound, narrow strip of Hyrdofiber AG cut to fit and applied to wound bed. ABD placed and leg wrapped with kerlix, secured with tape. Recommend decreasing dressing change to Tuesday and Fridays to give increased time for wound healing, decreased risk of trauma to wound bed with removal of dressing. Wound appears to have appropriate amount of drainage to accommodate this decreased change schedule. Will return next scheduled visit to assess for maceration and/or declining wound status. Instructed on increasing protein 1.25g-1.5g/kg(patient body weight) per day. Recommend iron supplement per direction by MD. Instructed on optimizing blood sugar control.</p>

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WOC specific medical & nursing diagnosis	WOC Plan of Care (include specific product used today)	Rationale (<i>Explain why an intervention is chosen; purpose</i>)
<p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions:</i></p> <p>Risk for pressure injury r/t diabetes, anemia, poor nutrition, immobility.</p> <p>Altered skin integrity r/t PAD</p>	<p>Instruct/reinforce teaching to patient on pressure relief measures, Occupational Therapy referral for pressure relief, appropriate adaptive equipment and seat cushions. Instruct on optimal blood sugar control to promote wound healing optimal HgbA1C <6.5, reinforce diabetic diet, checking blood sugars as ordered, appropriate administration of insulin. Instruct on adequate protein intake: 1.25g-1.5g/kg(patient body weight) per day. Recommend iron supplement per direction by MD.</p>	<p>Pt is at risk of developing pressure injury due to wheelchair bound, decreased blood flow, decreased oxygenation to pressure areas, poor nutrition.</p>

What are the disadvantages of using this product(s)? What alternatives could be used and why?	Disadvantages to this wound care could be the cost but the cost is being off-set by the ability to reduce home care visits as this patient does not have a caregiver to learn and perform wound care.
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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?	Yes, continued reevaluation of wound care on chronic wounds. We will see a lot of chronic wounds in health care, I do think there is value in reassessment to potentially identify new problems or new options to try to stimulate wound healing.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Would like to see a patient with fistula and become more comfortable with management.

Number of Clinical Hours Today: 8

 Care Setting: Hospital Ambulatory Care Home Care Other: _____

 Number of patients seen today: 4 Preceptor: Tracy Thompson

Reviewed by: _____ Date: _____

**References are not generally required for daily journals

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