

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Nnechi Chidume _____ Day/Date: 9/17/2021 _____

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. Consider 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 drop box for instructor review & feedback. Journals should be submitted to your drop box by no later than **48 hours following the clinical experience day.**

Today's WOC specific assessment	<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>PMH: BPH with nocturia, CAD, cerebral amyloid angiopathy, chronic DVT, Glomus tumor of middle ear, bilateral hearing loss, HTN, Lymphedema, Myocardial infarction, right knee arthritis, stroke, urinary incontinence, urinary urgency.</p> <p>Medications: Beano P.O TID, carvedilol 12.5 mg P.O BID, gabapentin 100 mg P.O TID, Meclizine 12.5 mg P.O TID, PRN, mirabegron extended release 50mg P.O daily, Nifedipine extended release 60 mg P.O q nightly, tramadol 50 mg ½ tablet P.O q daily,</p> <p>Allergies: IV contrast dye, Novocain, Percocet antihistamines, aspirin</p> <p>Pt is an 80 y/o obsessed male s/p TURP in 7/9/2021 came in with c/o bilateral lower extremity pain and swelling Pt referred to lymphedema clinic by vascular surgery dept for compression therapy ABI done by vascular noted to be 0.85. This is his fifth session for compression therapy.</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>This is a follow up visit for compression therapy. He was escorted to treatment room; he is noted with compression garments on both legs. Compression sleeves and knee-high compression stockings were removed from patient's legs as well. Leg swelling noted to have decreased with left leg greater than right, right malleolus noted with increased edema, per patient his stockings were off for 3hours while taking shower and he noted the left ankle edema after the shower. Skin wound on right shin area have closed, skin is pink with epithelialization, scattered telangiectasias and hemosiderosis noted on bilateral mid lower leg to calf area, tibial and pedal pulses were palpable +3 , no loss of protective sensations appreciated with monofilaments at the five pressure points bilaterally.no interphalangeal infection noted on the foot web. Patient's leg washed with warm water and antiseptic soap, pat dry, then A&D ointment, moisturizing cream applied, knee high stockings applied then compression sleeves applied with pressures of 20 at ankle then thirty towards the knee.</p> <p>Recommendations: Apply stocking on for 23 hours, take off for one hourly, use the measuring guide to gauge the correct the pressures for compression. Elevate legs while sitting and lying down . Keep feet and legs dry,</p>

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moist. Return to clinic on October 1 right before you travel to Chicago, sept 28th appointment is cancelled as you skin have improved. *This should be included in POC*

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WOC specific medical & nursing diagnosis	WOC Directive Plan of Care (Base this on the above data. Include specific products)	Rationale (Explain why an intervention was chosen, purpose)
<p>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions:</p> <p><i>Alteration in skin integrity related to skin edema/third spacing</i></p> <p><i>Risk for fall related to unsteady gait</i> <i>Focus on active WOC problems addressed at this visit – unsteady gait is an appropriate dx here</i></p>	<p><i>What is the directive to the patient if he has an issue with his compression? Change Technique?</i></p> <p>Keep skin dry and moisturized by cleaning and applying skin moisturizers (<i>specifics? Patients will often mix up emollients and humectants</i>) before compression. Keep feet elevated while sitting and lying down. (<i>what constitutes “Elevated”?</i>)</p> <p>Encourage Pt to always ambulate with walker, rest in between ambulation, ensure that the rooms and hallway are free of clutter, no area rugs, wear containment brief to minimize the rush to bathroom during episodes of urinary incontinence. Ensure that the rooms are visible and well lit</p> <p><i>Remember, we can’t ensure unless we are physically present. This directive should probably use the word “maintain”</i></p>	<p>Keeping skin moisturized will rejuvenate the skin on the lower extremities. Elevating the legs will enhance blood circulation there circulating oxygenated blood and nutrients to the cells in the lower extremity</p> <p>Safe ambulation will prevent falls. Containment garments will provide the assurance to patient he will not drip on the floor during episode of urinary urgency</p>

<p>What are the disadvantages of using this product(s)? What alternatives could be used and why?</p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p>	<p><i>Compression requires patience and dedication for a prolonged period for it to yield measurable results that is obvious, some patients give up or become non-compliant because they want immediate and obvious results within a brief time Alternative is continuous leg elevation daily skin assessments because some patients may not have the money and time for lymphedema therapy.</i></p> <p><i>Quite often this is a terminal diagnosis.</i> <i>Was there any wounds associated? Is exercise an option?</i></p>
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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, I was able to perform firsthand compression and multiple layer compression on another patient <i>Nice!</i>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	I would like to follow up with this patient and see his progression as the therapy sessions end and becomes autonomous with priding care for himself therapy wise. <i>This will be good to see.</i>

Number of Clinical Hours Today: 8hrs

Care Setting: Hospital Ambulatory Care Home Care Other: _____

Number of patients seen today: five Preceptor: Kim Muack

Reviewed by: Mike Klements Received 9/20/21 Date: 9/22/21

****References are not generally required for daily journals**

Consider your POC directive from a legal standpoint when providing patient instruction. Moving forward make sure that POC is specific as to what the patient needs to do, with closed communication. If there is a dressing or treatment that is being advised, always make sure the correct technique is conveyed. This goes for all journals- applying wraps, dressings, ostomy appliances etc.

-Mike

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