Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Miranda Gloyd Day/Date: 6/1/22

Today's WOC specific assessment	70 year old male with a history of Type II Diabetes, lower extremity neuropathy, peripheral vascular disease, and s/p left 5th toe amputation due to osteomyelitis 3 weeks ago. Patient states he saw his podiatrist 2 weeks ago for wound care of his left 5th toe amputation site as well as for routine foot care. Tip of left 4th toe was clipped causing a small wound. Wife performs wound care of over-the-counter triple antibiotics and a Band-aid daily. Patient states the wound continually worsened, tried to soak his foot in Epsom salt once for 15 minutes but the wound continued to deteriorate. The patient reported to the emergency room 1 week ago and was placed on Clindamycin and with instructions to continue with current wound care regimen. Patient states the wound did not improve on the antibiotics and the erythema in his foot did not spread any further. Erythema edges marked with an ink pen. The patient said the toenail on the left 4th toe has almost fallen off. The patient is seeking wound care for his injured toe. X-rays of left foot from the emergency room visit showed concern for osteomyelitis. Lower extremity arterial doppler reports from 3 weeks ago: ABI of .92 in the left lower extremity with a TCPO2 of 13mmHg. Last reported A1C: 7.8%.

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

This is the initial wound clinic visit for this 70 y/o male who presents with wounds to his left foot. Pt is Type II Diabetic and reports neuropathy to BLE. Has a history of vascular disease. Presents today for assessment and management of wound to left foot, 4th toe. Reports tip of left 4th toe was clipped x 2 weeks ago causing a small wound. Treatment includes OTC triple antibiotic. Currently on Clindamycin after ED visit x 1 week ago for what he referred to as a deteriorating wound and erythema. Reports recent history of amputation to left 5th toe x 3 weeks ago. Site being managed by podiatry. States has "stitches to site". Open to air. Wife present. Shoe and sock removed to BLE. Sutures in place to 5th toe amputation site. Erythema without induration noted to medial side anteriorly and posteriorly. Erythema extends from base of 4th toe up anterior foot x 3 cm x 2 cm wide and posteriorly 2 cm in length x 2 cm wide. Parameters noted to be marked. Pulses palpable, equal and weak bilaterally to PT and DP. Feet cool to touch. onofilament testing completed and noted to be positive. Band aid removed to left 4th toe. Entire distal tip of toe noted to be macerated with non-adherent, loose necrotic tissue covering 100% of wound. Small amount of serosanguineous drainage, no malodor. Periwound macerated. Toenail noted to be detached except for area at medial corner near root. Site cleansed with wound cleanser. Measures 0.3cm x 0.3cm. Unable to appreciate depth related to necrotic tissue except for area at tip of toe. Depth noted to be 0.5cm with palpation of bone. Pt and wife agreeable to CSWD. Written consent obtained. Time out performed. CSWD completed to loose necrotic tissue. Site cleansed with wound cleanser. Wound measurements unhanged. Denied pain, discomfort during procedure. Skin barrier wipe applied to periwound. Aquacel Ag applied to wound followed by foam dressing. Secured with conforming bandage. Fitted with ProCare squared toe post op shoe for added protection. Demonstration and explanation given. Wife and pt verbalize understanding with wife expressing ability to perform dressing change. Educated to monitor for fever, chills, or wound deterioration. Call PCP or go to ED if noted. Discussed POC with pt and wife. Agreeable.

Impression: Diabetic foot ulcer, s/p toe amputation to left foot 5th toe.

Recommendations:

- Wound care as described with skin barrier wipe, AquacelAg, foam and conforming dressing. Change QOD and prn
- ProCare squared shoe
- Continue antibiotic until gone

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- MRI and Bone scan to r/o osteomyelitis
- ID consult coordinate with next clinic visit
- RTC in one week

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)***
1. Skin integrity impairment related to toe wound 2. Impaired mobility related to toe amputation and toe wound 3. Impaired sensation related to neuropathy 4. Unstable blood glucose level related to diabetes	1. Wound care for diabetic foot ulcer: remove previous dressing, wet down if needed. Cleanse wound with mild soap and water, rinse and pat dry. Wipe periwound with skin barrier wipe, place cut to fit AquacelAg to open wound, cover with foam and conforming dressing. Change QOD and PRN if soiled. - LIP to perform CSWD of loose necrotic tissue - Finish oral antibiotic prescription as prescribed - Get MRI and bone scan - LIP to consult infectious disease - LIP to remove part of the toenail that is hanging 2. Encourage and educate patient on the importance of ambulation. - Compression therapy - Elevation on BLE - Ambulate with ProCare Squared Shoe - Have patient ambulate in front of you 3. Neuropathy - Positive monofilament test, shows loss of protective sensation (LOPS), patient needs education for this 4. Improve average blood sugar - LIP to consult diabetes educator - -Assess blood glucose ACHS, LIP to adjusted insulin as needed - -Educate the patient on carbohydrate counting and glucose checking	1. Skin protective wipes can help to protect the intact skin from maceration from drainage. Aquacel AG can help to prevent infection from the silver component. This can also promote autolytic healing. - Removal of loose necrotic tissue can help to to promote new healthy tissue growth and help to prevent infection. - Finishing oral ATB prescription completely as prescribed helps to treat the bacterial infection and helps to prevent a drug-resistant bacteria. - The MRI and bone scan can help to determine if there is osteomyelitis in the toe or even foot so this can be treated appropriately (treatment would likely involve IVATB and possibly surgical intervention) - ID can help to recommend ATB needed, if surgical intervention is needed surgery or podiatry would also need to be consulted - Removal of the toenail that is hanging loosely will help to prevent a traumatic removal of the nail 2. Ambulation with LEVD helps promote calf muscle pump which improves blood flow and reduces edema. This leads to quicker wound healing as well as improved mobility. - As the ABI is 0.92, this rules out LEAD, meaning that compression therapy is safe for this patient and will not cause impaired blood flow leading to limb ischemia. With LEVD, long compression therapy is vital to prevent edema and in turn prevent ulcers. This patient would benefit from low to moderate compression - Elevation is also vital when laying down at night and sitting down and at least once

		throughout the day for 2-4 hours. This also helps with edema by promoting venous return. Elevate legs above heart level using pillows. - Using appropriate shoe wear can help to protect the toes/feet from further damage and help with ambulation gait. - Having the patient ambulate in front of you to observe gate will determine if abnormal, PT consult would be necessary to help with this 3. Neuropathy - LOPS requires education for daily foot checks and to follow up with podiatrist yearly. - Education should also be provided to keep feet clean, dry, and moisturized to help prevent. Not to use moisturizer between toes as this area is already moist. - Clean and dry socks and shoes that are the appropriate size are also important to help prevent wounds. 4. Providing education on carbohydrate counting and glucose checking can help control blood glucose levels and in turn help improve wound healing as well as help to prevent future wounds. A diabetes educator can provide more extensive education if needed - Checking blood sugars ACHS and consulting a provider to adjust this as needed can help with glycemic control and in turn can help improve wound healing and prevent future wounds

What are the disadvantages of using this <u>product(s)</u>? What alternatives could be used and why? (This is your opportunity to share your product knowledge and apply critical thinking)	A disadvantage is that the Aquacel AG is more expensive for longer term use, and silver products are typically not to be used for more than 2 weeks as patients can develop resistance. Alternately for Aquacel AG the patient can then be transitioned to a plain hydrofiber dressing to absorb the drainage and promote autolytic healing with a decreased cost and no risk of silver resistance. Alginate dressing is another option to absorb drainage and promote autolytic healing.

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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?	I feel like my wound care journals have significantly improved from the first one I did and I am applying what I am learning here to my inpatient WOC position with my after visit notes.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	I am eager to begin my ostomy journals. With my base knowledge from my wound journals hopefully I will be further along from the start with ostomy journals.

Number of Clinical Hours Today:

Care Setting: Hospital __X_ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __ Preceptor: _____

Reviewed by: _____ Date: _____

**References are not generally required for daily journals

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