

Daily Journal Entry with Plan of Care & Chart Note

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Day/Date: 9/20/2022

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.**

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>52-year-old male with a history of morbid obesity, CHF, COPD, PE and venous stasis ulcers presented to the ER with bilateral lower extremity edema, cellulitis and ulcers. He states both legs have been swollen for a month and are extremely painful to touch. He independently wraps his legs daily. He currently has been suffering with pain and was afraid to come to the hospital because of COVID-19. He states his legs are now weeping, clear drainage. B/L extremities are erythematous and warm, confirmed cellulitis. He is currently taking Bumex 2mg BID. He has been taking Tylenol for pain but states it is not helping. He lives alone and is oxygen dependent. Has been SOB this past week and normally wears 4 L of oxygen at home but admits he can be non-compliant with wearing his O2.</p> <p>Patient was started on Vancomycin. Given morphine for pain. Lasix for CHF. Potassium is low at 2.7. He was ordered IV potassium. Troponins were normal. COVID neg. Ultrasound r/o DVT's.</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>Initial Consult: Bilateral lower extremity cellulitis, Present on admission</p> <p>Pt alert and oriented. Agreeable to assessment and dressing change. Patient states pain is 4/10 currently but will be 11/10 with moving his lower extremities. RN pre-medicated pt 20 minutes prior to this visit Morphine as prescribed. Removed saturated ACE wraps from BLE. No dressings in place. Several small congruent open wounds scattered across BLE below the knees with partial thickness tissue loss. BLE warm to touch. Moderate amounts of serosanguinous drainage with no odor noted. Periwound skin is edematous, with scant moisture associated skin damage and moderate discoloration of skin (purple/ red). LLE slightly more edematous than the right. LLE measures 43cm at the calf with reference point of 12cm from knee gatch, 25cm at ankle with reference point 2 cm above malleolus, and 20cm plantar foot. Left posterior open leg wound measures 2.5 x 4.8 x 0.1 cm, left anterior leg wound measures 3.1 x 4 x 0.1 cm. RLE measures 40cm at the calf with reference point of 12cm from knee gatch, 23cm at ankle with reference point 2 cm above malleolus, and 20cm plantar foot. Right lower posterior open leg wound measures 5.8 x 4.2 x 0.1 cm. Dorsalis, posterior tibial and popliteal pulses palpable to BLE. Patient felt very warm, temp. 99.8. RN present for assessment. BLE wounds cleansed with Coloplast wound cleanser. Aquacel Ag applied to open weeping leg wounds and covered with ABD pad and wrap with Kerlix. Tubular compression dressing applied. ABI/TBI ordered and pending. Plan to compress BLE with ACE wraps if indicated after testing.</p> <p>Plan: Nursing to change BLE dressings daily and prn for saturation. Reevaluate dressing frequency with next visit. Continue to</p>

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<p>Poor nutrition AEB low K+ and morbid obesity</p>	<p>Nutrition consult in place.</p>	<p>redistributing mattresses and heel floatation can aide in the prevention of PI development in other at risk areas such as the sacrum, coccyx, and heels.</p> <p>Obesity is a risk factor for valvular and calf muscle pump dysfunction due to decreased mobility, sedentary lifestyle, and social isolation. Nutrition counseling can provide emotional support and resources for weight loss and management increasing the patient's independence, self-confidence, and QOL.</p>
<p>Pain secondary to cellulitis and venous ulcerations.</p>	<p>Administer physician prescribed pain medication 20-30 minutes prior to dressing changes and PT sessions. Couch patient on deep breathing and distraction during dressing changes, allow patient to take time outs as needed.</p>	<p>Pain increases the stress response and release of cortisol which interferes with wound healing. Controlling pain can increase the patients ability to tolerate dressing changes and improve compliance with actively engaging in physical therapy.</p>
<p>Inadequate tissue oxygenation secondary to non-compliance with wearing oxygen as prescribed with diagnosis COPD.</p>	<p>Encourage patient compliance with wearing oxygen as prescribed by physician, apply foam pads to oxygen tubing to protect ears and monitor for oxygen tubing related pressure injury. Educate patient on proper placement of oxygen tubing foam pads and about importance of monitor for skin breakdown around ears.</p>	<p>Adequate tissue oxygen is critical to wound healing and can decrease feelings of shortness of breath increasing likeliness of increasing activity. Oxygen tubing can result in medical device related PI to the ears and can be uncomfortable for the patient to wear for long periods. Foam padding can decrease the patients discomfort with wearing oxygen and prevent PI to the ears which may increase compliance with oxygen therapy.</p>

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<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>Coloplast may not be readily available or covered by the patient's insurance. Other cleansing agents such as Olay, Dove, Cetaphil, or Neutrogena may be easier for the patient to obtain. All of these items, including Coloplast, can be ordered online and delivered directly to the patient's home if transportation or getting out to shop is difficult due to oxygen dependence.</p> <p>ABD's may become more quickly saturated requiring more frequent dressing changes, using a high absorbency foam dressing, without an adhesive border may provide increased exudate control and fewer dressing changes, this can decrease the number of times the patient experiences discomfort with dressing changes. Some foam dressings come with antimicrobial properties as well. Silver containing dressings should not be used for patients with silver sensitivities, in conjunction with collagenase, with oil-based products such as petroleum and zinc oxide.</p> <p>After vascular studies determine adequate arterial blood supply, a multilayer compression dressing to the lower the extremities might be used with absorbent dressings and/or a zinc impregnated dressing to aide in venous ulcer healing and prevention of peri-wound maceration while providing compression to decrease edema. These dressings require a trained professional for application and can be changes in a clinic or at home.</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.

<p>Were you able to meet your learning goals for today? Why or why not?</p>	<p>I was able to meet my learning goal for the day by reviewing the pathology of lower extremity venous disease, conditions that increase the risk for LEVD and the primary treatment and prevention of lower extremity edema and venous ulcers. Exploring the patient's acute complaints and history divulged the need for more than just the treatment of the ulcers themselves, the patient requires emotional, social and medical support in order to assist in optimizing his health through the treatment of medical issues and education in how to help himself prevent future complications and increase his QOL.</p>
<p>What are your learning goals for tomorrow?</p> <p>(Share learning goal with preceptor)</p>	<p>My learning goals for tomorrow are to review and manage diabetic or neuropathic foot wounds.</p>

Reviewed by: _____ Date: _____

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