Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Danalyn N. Clemente Day/Date:10/31/22

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***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	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,

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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
- 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. Risk for impaired skin integrity related to type 2 Diabetes, h/o PVD, and lower extremity neuropathy	Monitor blood sugar at home, keeping blood sugar logs and with a goal of blood sugar controlled between 80-120	- Optimizing glycemic control has better success in treatment outcomes -Higher sugar levels allow further bacterial growth and develop more quickly
	Teach the patient the importance of diabetic foot care (always using appropriate shoes, checking both feet daily for any cracks, cuts, black spots, or any other wounds, and proper nail care)	-"neuropathy to BLE, monofilament testing positive" Because of loss of sensation from nerve damage, diabetic foot care is essential for diabetic patients especially those who are at risk to prevent foot complications such as infection and amputation
"last reported A1C: 7.8%"	Refer the patient to Home Health for SN and RD	-RN to provide teaching and support for wound care management to patient and wife -RD for nutritional support for more controlled blood sugar and to improve A1C, with a goal of A1C close to 5.6% ideal for wound healing
2. Risk for infection d/t diabetes with open wound to left 4th toe	Refer the patient to a vascular surgeon	Patient with h/o PVD, ABI of 0.92, TCPO2 of 13mmHg, weak pulse, feet cool to touch, vascular to evaluate any arterial disease and to be addressed to promote wound healing
	-ordered MRI and bone scan to r/o Osteomyelitis -ID consult -Continue oral antibiotic regimen	-Diagnostic imaging is necessary to diagnose osteomyelitis, and ID consult to reevaluate effectivity of the current oral antibiotic regimen, and prescribe an appropriate antibiotic if indicated (whether IV and /or oral antibiotic is warranted) -Oral antibiotic indicated at this time to prevent further bacterial growth that may lead to sepsis if untreated and prevent any further skin deterioration

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	-Use ProCare squared shoe post-op	-allows the dressing to be kept clean and dry, providing more protection to prevent forefoot trauma post-op
	-Instructed patient and wife to monitor any worsening conditions such as fever, chills, wound deterioration -Call PCP or go to ED if symptoms are noted	-worsening symptoms may indicate sepsis, requiring hospital admission, and possible IV antibiotic is necessary, needs to be evaluated if requiring toe amputation
	-Skin barrier wipe, Aquacel Ag, foam, and conforming dressing, changed every other day and PRN	-skin barrier wipe to prevent skin irritation to peri-wound skin from drainage, Aquacel Ag to absorb drainage and serves as an antimicrobial agent, conforming dressing to secure dressings in place and absorb drainage that may leak through

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)	If with large amount of drainage, may cause maceration to skin even with use of skin barrier wipe. Additional step – may apply barrier cream to peri-wound to prevent any skin maceration Additional step/cost – may also apply nonadherent foam dressing to absorb drainage If small amount of drainage, Aquacel silver may stick to suture sites Additional step – may add Adaptic contact layer Conforming roll tends to unroll Additional step – may use a tubular elastic net to secure dressing May use Hydrofera blue instead of Hydrofiber silver Hydrofera blue also has antimicrobial property, absorbing exudate and debris from the wound bed

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 chose this case as diabetic wound is something we deal with almost every day. Reviewing this case gives me a lot of opportunities to look into every detail of the problem. I learned the importance of using ProCare squared shoe post-op and learned what is TCPO2.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	One of the things that came upon reviewing this case is hyperbaric therapy, and so the learning goal for me is to have knowledge of when a patient can be referred for hyperbaric treatment

Number of Clinical Hours Today:

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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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