

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: \_\_\_\_\_ Day/Date: \_\_\_\_\_

**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.**

<b>Today's WOC specific assessment</b>	<p>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. <b>(repeat foot CT)</b></p> <p>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.</p> <p>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 (50 – 90 is normal). Last reported A1C: 7.8%.</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:**

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 5<sup>th</sup> toe amputation site. Erythema without induration noted to medial side anteriorly and posteriorly. Erythema extends from base of 4<sup>th</sup> 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. monofilament testing completed and noted to be positive(A monofilament test is done to test for nerve damage (peripheral neuropathy)(. Band aid removed to left 4<sup>th</sup> 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 ( surgical debridment). Written consent obtained. Time outperformed. CSWD completed to loose necrotic tissue. Site cleansed with wound cleanser. Wound measurements unchanged. 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

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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 5<sup>th</sup> 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

<b>WOC specific medical &amp; nursing diagnosis</b>	<b>WOC Directive Plan of Care (Base this on the above data. Include specific products)</b>	<b>Rationale (<i>Explain why an intervention was chosen; purpose</i>)</b>
<p>Ineffective tissue perfusion r/t ischemia due to disease process</p> <p>Impaired skin integrity r/t 4<sup>th</sup> toe covered w/ necrotic tissue</p> <p>Deficit knowledge r/t elevated A1C levels</p> <p>Fall risk r/t missing toes &amp; surgical shoe</p>	<p><b>The nurse will,</b></p> <ul style="list-style-type: none"> <li>• <b>Take BP, HR, temp. &amp; BS at every appointment, notify MD if abnormal findings.</b></li> <li>• <b>Assess BLE for temp., pulses presentation and report abnormal finding to MD.</b></li> <li>• <b>Use “push pull” techniques to remove wound dressings.</b></li> <li>• <b>EDU. Pt on S/Sx of infection and to notify MD or go to ED if S/Sx present.</b></li> <li>• <b>Advice Pt to complete ABX as directed by MD.</b></li> <li>• <b>Remind Pt to schedule MRI &amp; follow up appointments w/ WOC clinic and podiatrist.</b></li> <li>• <b>Educate Pt on the reasons to not soak feet.</b></li> </ul>	<p>These actions are aimed at mitigating potential complications, tracking the evolution of the patient's condition, and securing proper wound management. By monitoring the vital signs, the nurse can identify any changes that may signal a deterioration of the infection, and promptly inform the doctor. Assessing the affected limb allows the nurse to observe the advancement of the osteomyelitis and pick up on any changes. Using "push-pull" techniques when removing wound dressings minimizes further harm to the affected area, and educating the patient on the symptoms of infection and the significance of following the antibiotic regimen helps prevent and control potential infections. Reminding the patient to attend follow-up appointments keeps the patient's condition under observation and ensures that all necessary treatments are administered. Informing the patient on the reasons not to soak their feet helps stop the spread of the infection to other exposed skin</p>

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	<p><b>Place consult for:</b></p> <ul style="list-style-type: none"> <li>• <b>MD team to assess if Pt would benefit from anticoagulants &amp; neuropathy medications.</b></li> <li>• <b>I&amp;D to prescribe appropriate ABX.</b></li> <li>• <b>Diabetic education to promote understanding and compliance w/ MD orders and recommendations.</b></li> <li>• <b>Dietician</b>, to guide Pt in selecting meals/snacks that align with their personal preferences and dietary restrictions.</li> </ul> <p>Dressing change:</p> <ul style="list-style-type: none"> <li>• Change daily or PRN</li> <li>• Clean w/ Vashe, flush w/ NS and pat dry.</li> <li>• Apply Sanytl to base of wound and cover w/ Aquacel Ag to cover, secured w/ Optifoam Gentle dressing.</li> <li>• Tell Pt how to apply ProCare squared toe post op shoe and allow for teach back.</li> <li>• Assist Pt w/ ambulation to evaluate if Pt is safe w/ new shoe.</li> </ul>	<p>areas.</p> <p>To ensure the best possible outcome for the patient with osteomyelitis, the medical team will evaluate the need for anticoagulants and neuropathy medications to maintain proper blood flow for wound healing. The I&amp;D team will identify the bacteria causing the infection and prescribe the appropriate antibiotics. The patient will also receive education on diabetes management to enhance their understanding of their physician's orders and improve compliance, further promoting wound healing. In addition, a dietician will be consulted to assist the patient in choosing meals and snacks that align with their individual tastes and dietary requirements.</p> <p>The rationale for these wound dressing orders is to promote effective wound healing and minimize the risk of infection. The daily or PRN change of the dressing helps to maintain a clean and moist wound environment, which has been shown to enhance wound healing. Cleaning the wound with Vashe and flushing with normal saline helps to remove any debris, kill surface bacteria and neutralize solution. The application of Sanytl (enzymatic debridement) to the base of the wound will help facilitate a clean wound bed, covered by Aquacel Ag to help neutralize bacteria w/in the wound exudate, preventing additional bacterial growth. The use of an Optifoam Gentle helps to promote an ideal wound environment. Assisting the Pt w/ putting on the ProCare squared toe and assessment of the patient's gait ensures the Pt safety and gives the RN the opportunity to address any risks.</p>
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<b>What are the</b>	I don't perceive any drawbacks to any of the treatment options. My only concern is the ProCare
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<p><b>disadvantages of using this product(s)? What alternatives could be used and why?</b></p> <p>(This is your opportunity to share your product knowledge and apply critical thinking)</p>	<p>squared toe post-operative shoe, as it may alter the patient's gait and increase their risk of falling.</p> <p>To mitigate this, I would recommend the patient use the EVENup shoe brace to ensure a balanced walking surface.</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><b>Were you able to meet your learning goals for today? Why or why not?</b></p>	
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with preceptor)</b></p>	<p>Expand my understanding of osteomyelitis and investigate alternative treatment options, as I have encountered this condition twice in clinical settings. On both occasions, the patients presented similarly, and we had to admit them immediately. As a result, I am uncertain about the inpatient treatment options, and I would like to gain more knowledge so I can better inform and prepare my patients about what they can expect.</p>

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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