Cleveland Clinic

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Daily Journal Entry with Plan of Care & Chart Note

Student Name: ___Stefanie Edgar_____ Journal Completion Date: __2-5-2023___

Setting: _____ Acute Care _x____ Outpatient _____ HHC ____ Other _____

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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

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. Erythema in foot did not spread any further. Ink pen used to mark erythema edges. 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%.	

Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and 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. Monofilament testing completed and noted to be positive. Band aid removed to 4th left 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

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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: Traumatic foot ulcer complicated by diabetes & peripheral neuropathy 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
- Return to clinic (RTC) in one week

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Impaired Skin integrity related to traumatic foot ulcer	-Conservative sharp wound debridement Site care: -Wound cleaner -Skin barrier wipe -Aquacel Ag -foam dressing -Secure with conforming bandage Add ProCare squared toe post op shoe for protection	-Removal of necrotic tissue creates optimal wound healing environment be reducing bioburden - removes surface debris and microorganisms - skin barrier protects periwound skin form maceration and further skin breakdown -Aquacell Ag is a antimicrobial dressing that absorbs drainage to manage moisture of wound creating optimal healing environment -foam dressing further absorbs drainage and protects wound from further trauma -ProCare square toe post op shoe protects foot from trauma and leaves toe box open to prevent pressure on wound.
Patient education	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	Patient education helps to promote self-care and verbalized understanding increases compliance education of s/s of infection reduces

Discharge plan	- Wound care as described with skin barrier wipe, Aquacel Ag, 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 - Return to clinic (RTC) in one week	adverse event of systemic infection

Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product.</u> Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?	Wound cleaner – does not specify – BIAKŌS™ Antimicrobial Skin & Wound Cleanser is a patented cleanser that synergistically disrupts extracellular polymeric substances to help eliminate biofilm. Can use normal saline for cost effectiveness. -Skin barrier wipe - moisture barrier and protects from medical adhesive related skin injury, friction skin damage an example is 3M™ Cavilon™ No Sting Barrier Film is a terpolymer-based alcohol-free barrier film. Another brand is Sureprep® Skin Prep creates a barrier film on periwound skin. Vapor-permeable film protects skin from maceration and stripping caused by adhesives. -Aquacel Ag – is a soft hydrofiber dressing that contains 1.2% ionic which acts as an antimicrobial. The hydrofiber absorbs exudate controlling the moisture level of the wound creating optimal healing environment and removal is atraumatic. An equivalent is 3M™ Kerracel™ Ag Gelling Fiber Dressing. -foam dressing - CoFlex® AFD is an all-in-one foam pad dressing and cohesive bandage. Waterproof film layer over foam pad prevents leakage and contamination is soft and comes in sterile and non-sterile options. -Secure with conforming bandage - Basic Care Conforming Stretch Gauze rayon/poly knitted stretch gauze bandage provides slight compression to the site while securely holding to any body contour an alternative is Kerlix® d 100% woven gauze dressing with a unique crinkle-weave pattern for loft and bulk to cushion and protect wound areas. -ProCare squared toe post op shoe - DARCO MedSurg DUO™ is an open toe shoe that relieves pressure on wounds providing a soft light weight, durable shoe that protects wounds. Another brand is Advanced Orthopedics classic post op shoe.

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

What was your goal for choosing this mini case study? Were you able to meet your learning goal	My goal was to work with a patient that suffers form LE wounds to learn assessment tools provide the patient with optimal wound care. I believe that I have accomplished this objective. The results of filament, ABI and Tissue perfusion testing has resulted in a dressing that protects the foot and wound so that further damage is reduced.

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for today? Why or why not?	
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	Ostomy care.

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I would ask patient what their perspective is concerning diabetic diet and ask them if they would be open to a consultation with a dietitian. Due to the outcome of the following tests I would refer the patient to their PCP for further testing. ABI = 0.92 in LLE – patient has peripheral arterial disease TCPO2= 13mmHG- tissue perfusion is low

Reviewed by: _____ Date: _____

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