

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Sherry Storm Day/Date: 6/29/23 7:50a-4:45p

Number of Clinical Hours Today: 8 Care Setting: Hospital X Ambulatory Care Home Care Other:

Number of patients seen today: 19 Preceptor: Sally Arnold

Journal Focus: X Wound Ostomy Continence Combination Specify:

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. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

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. Provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor. 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. See samples in course to assist you with this assignment.

<p>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>74 year old female with blisters to left and right 2nd toes. Unsure how wounds developed. Developed in March of this year. Has been given ointment by podiatry but this is not helping. Wounds are painful but she has erythromelalgia and this causes pain in her feet and toes at baseline.</p> <p>PMH: GERD, neuropathy, Mortons neuroma both feet, small vessel disease, diverticulitis, HLD</p> <p>Medications: ASA, Bentyl, Nexium, MVI.</p> <p>WBC 8.45, HGB 12.3, HCT 38.4, PLT 356, NA 143, K 4.3, BUN 13, Creatnine 0.74, GLU 88 ALB 4.2, Sed Rate 10</p> <p>Arterial duplex study 6/1/22 RLE ABI WNL. LLE ABI WNL. There is evidence of small vessel arterial occlusive disease in right lower extremity. There is evidence of small vessel arterial occlusive disease in left lower extremity. Digit waveforms suggest moderately diminished perfusion to 5th toe right foot. Digit waveforms suggest severely diminished perfusion to right great through 4th toe. Digit waveforms suggest moderately diminished perfusion to 5th toe left foot. Digit waveforms suggest mildly diminished perfusion to left great through 4th toe.</p> <p>5/3/23 Xray bilateral feet without fracture or acute deformity</p> <p>Venous ultrasound 3/28/22 no evidence of venous thrombosis in the deep veins of the bilateral lower extremities, no evidence of significant venous valvular incompetence in the deep veins of the right lower extremity. There is evidence of superficial venous reflux in right short saphenous in the mid and distal calf consistent with venous valvular incompetence and venous insufficiency. No evidence of significant venous valvular incompetence in the deep, superficial or perforating veins of the left lower extremity.</p>
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Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.

The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow-up visit for..., evaluation and management of..., etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care.

Patient presents to Wound and Ostomy Center for initial evaluation of her bilateral 2nd toe wounds. Has been to PCP, podiatry for evaluation. Had blisters in 2021 and used a steroid cream and they resolved. Tried steroid cream since it worked before but has not worked this time. Was also doing epsom salt soaks and Neosporin. Saw vascular surgery and was started on amlodipine to dilate blood vessels in the legs but this worsened pain and burning in her feet from the erythromelalgia so she stopped it. Saw podiatry, they did not know what was causing the blisters, gave her a different cream, this did not help. Saw PCP and they stopped the soaks, Neosporin, and steroid cream. PCP did a wound culture, showed MSSA and she completed a course of Augmentin. X-rays of both feet obtained at that time and were negative. Sensation in her feet is intact. Patient is retired and very active, she plays golf, swims. She does not typically wear socks due to pain. CBC and ESR were without pathology. She is not diabetic, non-smoker. BMI normal.

Assessment: Mild +1 bilateral non-pitting edema to bilateral ankles and feet. No hair growth on legs, feet, or toes. Bilateral lower leg skin color normal for skin tone. Ruddy discoloration to bilateral ankles, feet, and toes. Bilateral lower legs warm to touch. Feet and toes cool to touch. Left 2nd toe dorsal surface with small round, partial thickness wound. Wound bed is pink, edges attached, no slough. No drainage. Right 2nd toe dorsal surface with small, partial thickness wound, dried desiccated scabbing present, wound edges attached, no drainage. No surrounding erythema to either toe, no warmth, not painful to touch. Epicritic sensation is intact.

WOC recommendations
 Betadine to both toe wounds daily
 Toe protectors

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
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<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Bilateral toe wounds</p> <p>Arterial insufficiency</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Paint both second toe wounds with betadine daily.</p> <p>Wear toe protectors/toe tubes when wearing shoes. These can be found at many stores such as Walgreens, Walmart, and Amazon. Look for the examples we showed you today. Use caution when not wearing shoes to protect toes and feet from injury. Look for shoes with a wider and taller toe box. Consider going up a half size as it will allow for more room in the toe box. Examine your feet daily to look for signs of wound formation and infection.</p> <p>Keep wounds protected from shower water and do not submerge in water such as bath water, no swimming or hot tubs until completely healed.</p> <p>Watch wounds for signs of infection such as redness, swelling, pus-like drainage, fever, flu like symptoms, nausea/vomiting, body aches. Call wound center if these develop.</p> <p>Follow up with wound center in one week.</p>	<p>Keeping arterial wounds dry and free from infection are essential components of wound care. Betadine helps to keep them dry and has antimicrobial properties.</p> <p>Protecting the area of arterial insufficiency will decrease the chance of developing a wound. Wounds can form and progress rapidly due to diminished blood flow and result from something minor such as a shoe rubbing.</p> <p>Submerging wounds in water increases the risk of infection.</p> <p>Close monitoring of signs of infection and new wound formation is important as this will require quick action to decrease risk of worsening.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. 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?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Betadine disadvantage is allergic reaction. Alternative is chlorhexadine.</p> <p>Toe protectors disadvantage will be slipping or shifting while wearing. Alternative wound be a hydrocolloid.</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.

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What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	<p>My goal for the day was to see variety of wounds and treatments. I was able to see this patient, arterial wounds have not been as frequent as the other types of wounds.</p>
What are your learning goals for tomorrow? (Share learning goal with preceptor)	<p>To continue seeing a variety of patients with different wounds. I have not seen a burn wound yet, that would be interesting to see, this wound center does see minor burns.</p>

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	<p>Nothing that I would have done differently. I know that keeping patients with arterial wounds free from injury is important as these wounds can worsen quickly due to the lack of blood flow. I feel her wounds likely developed from shoe injury as they were on the 2nd toe of both feet and in just about the same area on each toe.</p>
Reflection: Describe other patient encounters, types of patients seen.	<p>Other patients seen were ostomy, wound, and continence patients. No major issues with any of the patients, no significant complications. I have worked in worked in wound care for several years, I feel relatively confident with identifying wounds, choosing dressings, and applying the dressings. It is nice seeing how other providers practice and learning the little tips and tricks they use to care for patients.</p>

Reviewed by: _____ Date: _____

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