Cleveland Clinic

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Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Samantha Lefebvre_____ Day/Date: 7/10/23

Number of Clinical Hours Today: ___8_ Care Setting: ___ Hospital _X__ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __9___ Preceptor: ___Ann Augustine_____

Journal Focus: __X___Wound _____ Ostomy _____Continence _____Combination Specify: _____

69 y.o. female here for initial evaluation of right heel wound. Patient has a significant medical history for anemia, unintentional weight loss, cellulitis right foot, cervical cancer with history of pelvic radiation, chronic foot ulcer on the right heel, chronic lymphedema, elevated serum protein level, history of depression, history of PE/DVT on anticoagulation, hypertension, hypokalemia, MGUS (monoclonal gammopathy of unknown significance)

Patient is here to be evaluated for a wound to her right heel. She is accompanied by her youngest daughter. She reports that in January of 2022 she was found on the floor in her apartment by her daughter who then called 911. She was noted to have a bacterial cellulitis in the bilateral lower extremities and stayed 5 days in the hospital. Since then, she has had persistent lymphedema. This is concurrent to history of cervical cancer with radiation therapy. She has been receiving lymphedema treatment regularly since. In June, the treatment specialist noted that patient had an open area to the bottom of the right heel. States she had been feeling a “broken glass” sensation to the area prior to that. She was sent to the ER and started on IV antibiotics. Currently getting IV ceftriaxone, daptomycin, and metronidazole as outpatient with assistance from home health. Her daughter is administering these through a 2 lumen PICC line in the right upper arm. She is tolerating these well and feels her overall condition has improved with decrease in pain, weeping, and odor. She will transition to oral Keflex on 7/27/23, managed by Infectious Disease. She does have home health services provided on M, W, F each week to assist with dressing changes, but has not had compression since mid-June when the infection was discovered. Has never had a lymphedema pump. She does have a Draco shoe for the right foot but is putting an ABD pad in her left shoe to decrease pressure and rubbing. She has not had other off-loading interventions in the past. No current or past history of smoking or alcohol use. Does not have diagnosed sleep apnea, or use oxygen for any reason. She is not diabetic. She does report doing the dishes and housework and admits that she does not stay off her feet much during the day. She elevates her legs in the recliner for a couple of hours each day but sounds like she is getting a new recliner because the one she has does not fully recline. She reports her family is overall unsupportive and is frustrated with not being able to do all her own cares and chores. She states that she is not suicidal, but she admits today that everything is getting very overwhelming and hard to cope with.

Denies any fevers, chills, redness, or purulence.

Recent labs show A1C of 5.0%, Albumin 3.3, WBC 5.5, Hgb 10. Vitals today in normal limits.

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Wound appearance:
Hyperpigmentation with xerosis circumferentially to bilateral lower extremities with serous weeping and peeling. In skin fold above heel and posterior ankle, wet and macerated. Unable to assess for fissures secondary to pain. Lateral heel fat pad with sharp fold and callus.

Right heel: Full-thickness ulceration to muscle. Predominantly red smooth tissue with wound base. There is evidence of fresh DTI at 5-6:00 in the wound presenting with fresh bleeding. Direct periwound skin is hypopigmented from 1:00 to 5:00. Normal pigmentation remaining wound edge. Overall this is a very boggy foot. Erythema which does not extend nor is exquisitely warm.

Left heel notes purple tissue congruent with DTI. No ulceration noted at this time. Did palpate the tissue and was unable to ascertain a temperature difference between the area of DTI and surrounding tissue.

Wound care orders:

Wound care to right heel-
Soap and water wash, rinse and pat dry.
Vashe compress for 10 minutes.
Hydrofera Blue cut to fit wound bed, moisten with drops of saline.
Bilateral-
Vaseline to bilateral lower legs to intact skin.
Two layers of Drawtex, secure with rolled gauze and tape.
Double layer medium edema wear to bilateral lower legs.
Darco with peg assist to bilateral feet.
Change three times weekly by home health RN.

Patient education:

Offloading of both heels will improve healing and reduce further breakdown. Wear Draco boots on bilateral feet when up, use only toe touch weight bearing on the right, and utilize walker for ambulation. Shift weight in chair and change position in bed often to prevent pressure injury to other areas.

Increase protein intake to 1.2 grams per pound of body weight, equal to 100 grams daily. This can be done with protein shakes. Look for those that are lower in carbohydrates and sugars.

Compression is important to manage lymphedema and decrease weeping of the skin. Order for home PT to complete lymphedema therapy and wound cares 3x weekly. This will decrease transportation barrier and limit time spent on feet.

Deep tissue injury to left heel was noted and brought to Linda's attention. Discussed etiology and prevention of further skin breakdown. Also stressed importance of not ignoring changes in sensation, color, temperature, increased pain or drainage to her lower extremities.

Elevation of the lower extremities above the level of the heart for an hour twice daily to reduce swelling. Provided suggestions on achieving this with current recliner not being able to lean that far back. She will use pillows and other soft supports.

We will transition her lymphedema care to outpatient as to better accommodate her on

schedule. This plan is made after she presented to clinic so called her and she was agreeable. Did collaborate with her current lymphedema therapists who are agreeable to this plan of care.

Advised her that we will try to work with her to help gain tools so that she will not be so overwhelmed and will be able to manage this disease process. She was originally recommended to go to skilled nursing facility. She is reluctant to do this as she used to work in a skilled nursing facility and she feels like she will just be dumped there. Advised her that they can help her provide regular wound care and provide assistance with her swelling symptoms. This could be the best thing for her feelings of overwhelm this at this time. She again states she this is not something she is interested in and she wants to try and do this at home.

Signs and symptoms of infection to report including heat, redness, warmth, purulent drainage, fever or chills. ER precautions for after hours change in condition.

Follow up: 7/24/2023

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns. ***NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc***	**Statements should be directive and holistic relating to the problem/concern.**	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**

This patient has inadequate support systems in place for assistance with ADL's, chores, finances, and emotional support. It was discussed that skilled nursing placement for a short while would help to alleviate some of these concerns while she is healing. Patient was not agreeable at this time to that plan. Patient mood and increased stress level will impede healing. Unwillingness to stay off feet will impede healing and continue to add additional trauma to the wound. Call placed to PT/OT that perform lymphedema care and wound care in the home. Recommendations for companies that can assist with chore providers and other ADL's.

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	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** Vashe:wound wash with hypochlorous acid, which inhibits microbial growth from contamination in the fluid Hydrofera Blue:non-adhesive foam product with gentian violet and methylene blue, which are bacteriostatic. Effective against MRSA and VRE. Foam is highly absorptive. Must be used with a secondary dressing. Need to protect periwound from maceration. Could use Acticoat 7, as this is also antimicrobial and absorptive. Also requires secondary dressing. Change both every 3 days.

different category or classification. In other words, what could be used if the product was not available?	Vaseline:skin protectant.Many other products could be used depending on needs, but Aloe Vesta would be okay for this patient as well. Drawtex:rolled and can be wrapped to draw exudate away from the wound and weeping legs. Gauze would also be acceptable. Darco boot:removal of pegs for specific offloading

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 the day? Were you able to meet your learning goal for today? Why or why not?	My goal was to get to know the staff and patients and learn the flow of the visit from beginning to end, including who was responsible for gathering what information. This helped me with getting right into charting and will serve me when thinking about the flow in my own clinic eventually. I met this goal.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	My goal will be to learn more about each product, how and when it is used, and to apply the ordered treatments if able.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	The main thoughts I have about this patient scenario is that it is very familiar. Wound patients with chronic comorbidities causing delayed wound healing are under so much stress! Patients are so reluctant to give up control of certain responsibilities so they can heal more quickly and get back to those things and a better quality of life.
Reflection: Describe other patient encounters, types of patients seen.	Several diabetic foot ulcers with osteomyelitis, healed abdominal surgical dehisced wound, venous stasis ulcers.

Reviewed by: _____ Date: _____

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