Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Janet Barylski_____ Day/Date: Wednesday, 7.19.23

Number of Clinical Hours Today: ____ Care Setting: _8_ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __6___ Preceptor: __Helen Shubsda_____

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.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** Patient is a 65 yo male with an admitting diagnosis of bladder cancer. Patient has a history of smoking 1.5 packs of cigarettes per day. He quit smoking in 2017 and currently 'vapes' smokeless tobacco "constantly." **Reason for the WOC nurse consult:** Patient has an unstageable pressure injury to his coccyx that spreads to bilat buttocks with a hx of bowel incontinence of liquid stools. Pressure injury first appeared 6/28/23 and has since gotten worse. The wound base has yellow slough and black tissue. Small area of peri-wound skin is red blanchable erythema. **PMH :** lytic bone lesion to femur, intractable pain, malignant neoplasm of bladder, DMII, CAD, hypercholesteremia, HTN, angioplasty 2006 with (3) stents placed, R hand surgery, knee surgery, CABG x4 vessels 2017, cystourethroscopy laser excision large bladder tumor(s) 2017 **HPI :** He is seen at bedside per request of PA who wants wound team opinion on pressure injury. **Labs :** none available **Medications :** aluminum-magnesium-hydroxide-simethicone, cholecalciferol, dextrose, glucagon, pantoprazole DR, lidocaine 4% patch, ondansetron, bisacodyl, furosemide, insulin lispro, baclofen, polyethylene glycol, senna, metoprolol tartrate, docusate sodium, heparin, zinc oxide cream, povidone iodine, dexamethasone, diclofenac 1%, oxycodone IR, buprenorphine SL, scitalopram, hydroxyzine, fentanyl, insulin NPH

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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.

Purpose of visit: assess unstageable pressure injury to coccyx.

Care outcomes: Wound cleansed, assessed, and redressed.

Next scheduled visit: weekly

Assessment:
Location: coccyx extending into bilateral buttocks
Wound bed: black, sloughing, yellow, red
Measurements: L=7cm x W=8.5cm x D=0.3cm
Wound edges: irregular
Peri-wound skin: blanchable erythema
Drainage: none
Current management: Allevyn advanced foam dressing
Current change schedule: Every 3-4 days

Recommendations:
Skin care: use sterile water and gauze after each incontinence episodes. Do not use purple wipes.
Wound care: apply Desitin (zinc-oxide) cream and ABD pad to perianal area, bilateral buttocks, and coccyx BID and PRN. Do not apply Allevyn foam dressing. When patient is up to chair, place ABD bad to offload wound.

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.** Gather supplies: Gauze Sterile water Desitin ABD pad Wound care: 1) Cleanse area with gauze moistened with	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** 1) Do not use purple wipes to cleanse wound. The purple wipes contain surfactant which breaks down the tensile of the skin making it more permeable to the

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Knowledge deficit related to wound care	sterile water. - Do not use cleansing wipes in purple package 2) Apply Desitin (zinc-oxide). 3) Use ABD pad to offload wound. - Do not use the Allevyn foam dressing	liquid stood 2) Zinc-oxide smooths skin and forms a protective barrier from contaminants. 3) An ABD will provide some cushion to the wound when the patient is sitting. The Allevyn foam dressing is holding moisture to the skin and it can also trap excrement underneath. It is intended to be a 1-2x per week. With the incontinence, you want more frequent assessments of the wound.

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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** -Gauze – loosely woven gauze can stick to the wound bed. Choose the tighter woven gauze. -Sterile water will not hurt his skin. It will irrigate it. For this patient, I would not use anything else. Even the normal saline is not as gentle as the sterile water. -Desitin can be drying to the skin and if not used in the right type of wound bed will dry the skin. -ABD pad use of the ABD pad is deliberate here. The wound has to be checked on frequently. It has had noticeable increase in breakdown over the last 8 days. If I had no ABD pad, I would use nothing with he Desitin. The ABD pad could wrinkle and we don't want wrinkles.

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?	Yes, I was able to go over products selection for different wound circumstances.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	To learn more about why certain dressings were selected for certain wounds.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	The patient was not receptive to instruction regarding what to cleanse the wound with. The patient was not receptive to repositioning or offloading between bed and chair. There was no connection with him and no way to instruct him.

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Reflection: Describe other patient encounters, types of patients seen.	- Male – Allevyn phrophylactically to elbows and lumbar area with duo derm hydrogel on pad. -Male – atypical sacral wound POA; use Allevynn with duoderm hydrogel. -Female cancer to her scalp. Vashe moist to dry dressing applied. -Male – DTI to right heel – float heels. Heels were boggy with no injury present. -Female – Chest wound – was lung plant recipient. Pack with alginate.

Reviewed by: _____ Date: _____

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