Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Jennifer Lemert__ Day/Date: 9/21/2023

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

Number of patients seen today: __10___ Preceptor: __Kimberly Mauck_____

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.**
Lower Extremity wound	CC: Patient presents to wound care clinic to see Dr. Attinger-Plastic surgery, for follow up right venous stasis ulcer. History or present illness: She is a 78-year-old female, established patient with chronic venous stasis, venous stasis ulcers, lymphedema, hypertension, and arthritis. Before establishing care with Georgetown wound clinic, she had venous stasis ulcers for "years." In the last year, her left leg ulcer has healed and the right is getting smaller. She is seen every 4 weeks for wound check and debridement as needed. She has had numerous secondary infections. She is also seen in lymphedema clinic and has a compression garment on her left leg. She does use her lymphedema pump, but not as often as she should. She is pleased with the improvement in her ulcer. Her wound care is washing her legs with wound cleanser, applying A&D ointment to periwound skin, hydrofera blue to her venous stasis ulcer, and lastly 4-layer compression wrap on her right leg. Her wound care and compression wrap is placed twice a week. PMH: venous insufficiency, lymphedema, arthritis, hypertension, hyperlipidemia Medications: Antihypertensive, Statin, Tylenol Allergies: Bactrim, Ciprofloxacin, Doxycycline, Penicillin, Sulfa Social history: she is a non-smoker and does not drink alcohol

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…,

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

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.

Physical Exam:
General: pleasant and cooperative
Neuro: has general sensation to legs. Moves both legs well and equally, uses can for balance, can transfer self.
Resp: even and unlabored

Bilateral lower extremities:
Left leg is in Velcro lymphedema compression garment
Right leg reveals an anterior-lateral distal lower leg venous stasis ulcer proximal to the malleolus, it measures 4cm x 3.5cm and is 0.1mm deep. It is 50% epithelialized with 3 areas of hyper granulation tissue. The wound requires minimal simple debridement and hyper granulation tissue is cauterized with silver nitrate.

Pulses are checked by doppler in the right foot only: DP is triphasic and strong, PT and Peroneal are biphasic and moderate. She has no pitting edema.

Assessment: healing right venous stasis ulcer with appropriate wound care and compression.

Plan: Continue current care. Follow up with Dr. Attinger in 4 weeks. Continue with Lymphedema clinic

I assisted with compression wrap replacement on right lower extremity

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. Venous Stasis	**Statements should be directive and holistic relating to the problem/concern.** Weekly 4-layer Profore Compression Wraps, to right legs. A&D ointment is applied to protect her intact skin, along with hydrofera blue over her stasis ulcer. Then, her compression wraps are applied above her ankles so that she can wear her podiatric shoes.	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.** Compression bandages are typically applied form the Metatarsal joints proximally to just below the knee. Hers are modified for her podiatric shoes. Compression is the most effective way to prevent venous stasis ulcer. She elevates her legs as much as possible and is seen in lymphedema clinic weekly. Her edema is much improved despite the modification in her wraps. An alternative product for her skin could be white petroleum jelly lightly applied after washing with baby shampoo and water and drying

		skin. If her wounds were heavily draining, Desitin could be used on the periwound skin exposed to drainage.
Venous Stasis Ulcer	Hydrofera blue is the best product for her venous stasis ulcer as is allows dressing changes every 7 days and is antimicrobial. This is important for her as she is allergic to numerous antibiotics.	Foam dressing provides an absorptive and protective layer to promote a moisture balance for best wound healing while and epithelialization. Other foam dressings are OK, but may not be as long lasting, and hydrofera blue is antimicrobial. Since her ulcers were chronic for so long, doing dressings that work with her lifestyle and schedule seems to be most conducive to healing.
Lymphedema	Her lymphedema is not being managed in clinic today, she has lymphedema clinic next week.	

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. <u>Alternatives should be from a different category or classification</u>. 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. Alternative products for this patient other then that above would be 3 layer or other brand multi-component compression wraps would be n Unna boot. This would provide less protection but would perhaps be more comfortable. It would need to be changes twice a week if using a plain foam over ulcer. There are not options for effectively getting venous stasis ulcers to heal without compression. For her wound, since it is epithelializing, it could be treated with white petroleum and plain foam dressing under her compression.

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?	Complete a day shadowing the plastic surgeon and WOC nurse in the outpatient wound care clinic. I plan to seek out opportunities to observe one patient interaction and then begin to participate in the outpatient visits for the purposes of identifying and filling in knowledge gaps regarding basic wound care in an outpatient wound care setting. Specifically, today I was able to practice measuring wounds, assessing for infection, or other complications. Most patients were healing well, on one patient's stasis ulcer, she had a skin bridge that was great evidence of healing. Two patients had evidence of infection and cultures were taken. Many of the patients who were post amputation had diabetes. One patient with Diabetes had an open sore on the tip of his great toe. Bone was exposed. It was debrided minimally; the bone was taken for culture using a Rongeur. This was interesting to me because the patient had no sensation so he could not feel anything we were doing. I plan to use him for a case study tomorrow as I am following Dr. Attinger during surgery. One interesting case was

(Save the document by <u>clinical date & preceptor last name</u> before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **<u>48 hours</u>** following the clinical experience day.

	regarding a patient who had an acutely infected, draining gouty tophi of the great toe. On exam it was clearly an acute on chronic problem. The patient had thought that it was a callus that had been present for years. This patient bikes several miles a day and was in his 80's. He did not have a neuropathic foot and grimaced while we drained and slightly debrided the tophi to be able to get an appropriate culture. He was able to see podiatry and rheumatology as urgent consults immediately after he saw Dr. Attinger: …the benefits of a center of excellence for lower extremity amputation.
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	Shadow Dr. Attinger in surgery. Do case study on diabetic toe that is being debrided after and acute infection with bone exposure was recognized. If done with surgery before end of day, will return to outpatient wound clinic to try to see more compression wraps and possible a total contact cast. Review competency check list with Kimberly Mauck. We are about 60% through wound and ostomy competencies, but I do need to irrigate and intubate stomas, catheterize a urinary diversion, participate in a total contact cast, hopefully we will see some fistula.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	The case today was great! I assisted and was fortunate to see best practice by an incredible plastic surgeon who specializes in LE amputations. He asked me to read angiograms with him. I can identify the major arteries now. I can see collateral vessels easily and better understand considerations of vascular supply for amputations and flaps. I would have liked to go with a patient to the vascular clinic for ABI or TBI, I will try to work that in early next week. I can actually hear the difference between monophasic, biphasic and triphasic pulses by doppler. That was cool!
Reflection: Describe other patient encounters, types of patients seen.	As above, discussed under goals.

Reviewed by: _____ Date: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.