

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____ Oluremi Fawole _____ Day/Date: 12/4/2023

Number of Clinical Hours Today: ____10 Care Setting: Teaching Hospital Hospital: Cleveland Clinic Weston, Florida ____
 Ambulatory Care ____ Home Care ____ Other: _____

Number of patients seen today: 6 Preceptor: Amparo Cano _____

Journal Focus: _Wound

Today's WOC specific assessment	Patient's assessment
<p>WOC consulted to assess the left medial malleolus diabetic ulcer</p>	<p>Patient G.D. is 76-year-old male who presented to the ER on 12/1 with c/o cellulitis, a fever of 101 with acute abdominal pain Pt has a history of multiple co-morbidities including hypertension, GERD, peripheral neuropathy, CAD, AAA, surgical history of CABG, colonic resection with colostomy 8/2021, right toe osteomyelitis and amputation 6/2011. Current labs confirm moderate Staphylococcus hemolyticus infection. Ankle Xray shows no radiographic evidence of osteomyelitis. Patient is alert and oriented, provided information about diabetic ulcer, "it happened 3 weeks ago without being aware of it." In the past, the patient had a right heel diabetic ulcer that required to go to a wound center for hyperbaric treatment.</p>

<p>Chart Note Patient is being seen due to a consultation to assess the left medial malleolus diabetic ulcer. The initial visit is for the holistic assessment and care of the diabetic ulcer with patient education, follow up visit for evaluation and monitoring the progress in wound healing and blood sugar management. The wound is a diabetic ulcer DU located on the left medial malleolus about 3 weeks old, wound center is a black eschar that measures 1.5cm *2cm, no depth, no open skin, no drainage, edges well attached, an area of peeling skin with surrounding mild erythema, no odor, no pain at touch and no area of fluctuations. The skin of the leg is pale, pulse present, no visible hair in the areas with slight swelling.</p>
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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>Impaired physical mobility due to peripheral neuropathy, pain, discomfort and the need for pressure offloading</p> <p>Risk for infection and leg amputation</p>	<p>Use protective shoes with insoles.</p> <p>Use diabetic socks on (circufiber diabetic socks) to reduce pressure on the affected areas and promote healing.</p> <p>Apply Betadine BID on the dry stable eschar to maintain eschar stability.</p> <p>Patient education</p>	<p>Use of protective shoes are needed in diabetics, especially with some degree of neuropathy; prevention of injuries to the feet is important. The use of diabetic socks reduces pressure on the leg, and it promotes healing of diabetic wounds. The use of Betadine aids in drying out the eschar on the pt's medial malleolus, aids the prevention of wound infection and healing is promoted. Proper foot care education and recognizing signs of infections prevent wounds on legs and feet of diabetics. Proper nutrition helps maintain a good Ha1c which in turn helps improve good circulation and an overall health of a diabetic.</p>

Products and product alternatives	<p>Betadine is the product used in treating the patient's wound.</p> <p>Betadine could cause burning, redness and irritation of skin, an alternative product is Chlorhexidine</p>
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Day to day goal	<p>Goal: Navigating the wound care unit for location of personnels, equipment, PPE and wound care gadgets.</p> <p>Goal met and exceeded for the first day, all the workers at the wound care unit were welcoming, open and willing to help with locating areas of the offices, utility rooms, restrooms, nutrition areas and the wound care nurses' carts were all pointed at, and education given where necessary.</p>
What are your learning goals for tomorrow?	<p>To familiarize myself with wound care products used in the hospital, also identifying the brand names and alternative products</p>

Thoughts on the mini case scenario	<p>From the patient's history of previous wound healing, it is evident that proper care of wound and protective measures put in [pace can help heal diabetic wound while preventing future occurrence of such wound.</p>
Reflection	<p>My overall observation is that some of the wound care patient has ostomy or continence issues to address, so, it might be difficult to just be a wound care nurse alone in some facilities, the knowledge of care of other openings like ostomy and urinary diversions will come handing for the wound care nurse.</p>

Reviewed by: _____ Date: _____

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