



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ___Rachel Pierre-Chery___ Day/Date: 12/05/2023

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

Number of patients seen today: _____ Preceptor: _____

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>Chief Complaint: Right lower extremity wound</p> <p>64 y/o female patient is here reporting the complaint of an RLE open wound. The patient stated that she was walking up the steps to the camper trailer when she tripped and hit her leg on the bottom lip of the door to the trailer. She stated that the incident took place about three months ago, and she has been following the wound care recommendations from her PCP, but the wound is not healing. She stated that she was referred to the wound clinic to evaluate, treat, and manage the slow-healing wound.</p> <p>Allergies: NKDA</p> <p>PMH: Asthma controlled, Bradycardia, Hypothyroidism, Depression, HTN</p> <p>Surgical HX: Pacemaker placement, Right TKA, Cholecystectomy, Cornea Transplant.</p> <p>Family HX: Unknown</p> <p>Medications: Levothyroxine 125mcg PO daily, Escitalopram 10mg daily, Losartan 50mg PO daily, Albuterol PRN</p> <p>VS: Height: 62”, Weight: 200lbs, BP: 162/100, HR: 86, RR: 18, O2sat: 98%, Temp: 97.9F</p> <p>Wound#1: The right lower leg is a chronic Eschar-covered trauma wound and has received the status of not healing. Initial wound encounter measurements are 2.17cm wight, with an area of 2.61sq cm. No tunneling has been noted. No sinus tract has been noted. No undermining has been noted. There was no drainage noted. Wound bed has 76-100% eschar. The wound is initial. The peri-wound skin texture is normal. The peri-wound skin moisture is normal. The peri-wound color is normal.</p> <p>Post debridement: Clean granulation tissue to the wound bed. Moderate amount of serosanguinous exudate. Wound edges are not attached and a jagged appearance. Periwound skin normal for ethnicity. No signs of infection present.</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.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Right Lower Leg open wound	<ul style="list-style-type: none"> . Consent sign for wound for debridement Possible surgical, selective, nonselective or chemical . Debridement goal, duration, frequency, anticipated endpoint: q1 x3 weeks, remove nonviable tissue, anticipate closure in 16 weeks. . Lidocaine topical 5% apply to wound prior debridement. . Clean wound with Wound cleanser . Selective debridement with scissors, scalpel, and forceps . Silver collagen, .Hydrofera bleu, gauze, 	<p>Patient has to sign the consent form prior starting the treatment. Only one consent is signed for the duration of the treatment giving permission to providers and nurses to treat accordingly.</p> <p>Topical Lidocaine apply to wound prior debridement as pain management.</p> <p>Due to Eschar covering the wound bed</p> <p>to provide moisture to the wound site. It provides a moist wound environment, as it addresses swelling in the wound by providing negative pressure, pulling exudate from the wound environment</p>

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<p>Discharge plan</p>	<p>Dressings: Change the dressing 3 times weekly. Watch the wound with wound cleanser Barrier peri wound, apply silver collagen to the wound bed, cover with Hydrofera blue and adhesive foam dressing</p> <p>Discuss signs and symptoms of infection. Patient stated understanding and agreement. If the patient has any concerns such as wound odor, increased drainage, fever, or chills, the patient is to call the wound clinic sooner than the given appointment.</p> <p>Protein with every meal</p> <p>Husband patient to perform dressing change 3X weekly with Hydrofera blue, barrier</p> <p>Schedule appointment 4 weeks for wound evaluation or prior if needed</p>	<p>The patient is instructed about the signs and symptoms of infection and know when to notify the provider</p> <p>Protein intake is necessary for normal body function and to help heal skin breakdown. Dietician can identify patient's specific need and make recommendations to enhance healing.</p> <p>Patient's husband instructed about the dressing change. Teach-back and understanding demonstrated</p> <p>Wound care supply provided to patient for wound care dressing change. Teaching provided to husband on dressing change. Teachback followed.</p>
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<p>Identify each WOC product in use/identified</p>	<p>Foam dressings are indicated for small amounts of drainage and can stay in place for several days. Using for this wound is expensive. An alternative ,could be a trans</p>
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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?	Wound cleanser provider to patient or patient could use saline solution for dressing change. No other alternative to the silver collagen and Hydrofera blue. The idea of their use to look for moisture in affordable way.
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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 for today was to start with wound measurement, assess the wound, and stage the wound. It is a very busy outpatient clinic. Since it was my first day, I kept my focus on the basics. In addition, I tried to familiarize myself with all the common products. with pressure injuries and learn how to stage them.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My goal is to have a better understanding of wound assessment and the products.

Reflection: Describe other patient encounters, types of patients seen. Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	It is a very busy clinic, and we had the chance to see many other patients with different types of wounds. I took the time to practice my wound measurement and assess the periwound.
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Reviewed by: _____ Date: _____

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