

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: 8 Care Setting: ___ Hospital ___X_ Ambulatory Care ___ Home Care ___ Other:

Number of patients seen today: _____ **Preceptor:** Jennifer Onorato, FNP-BC, CWNCN

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.

Chief Complaint	Right lower extremity wound
HPI:	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. Patient lives with husband and is currently the primary care giver and he is retired nurse.
Allergies	<u>NKDA</u>
PMH:	<u>Asthma controlled, Bradycardia, Hypothyroidism, Depression, HTN</u>
Surgical HX:	<u>Pacemaker placement, Right TKA, Cholecystectomy, Cornea Transplant.</u>
Family HX:	<u>Unknown</u>
Medications:	<u>Levothyroxine 125mcg PO daily, Escitalopram 10mg daily, Losartan 50mg PO daily, Albuterol PRN</u>
VS:	Height: 62”, Weight: 200lbs, BP: 162/100, HR: 86, RR: 18, O2sat: 98%, Temp: 97.9F
WOC-specific assessment	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.

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WOC Recommendations	Keep affected area clean, dry, and intact. Avoid further injury Change dressing as indicated Follow in wound clinic as ordered Watch signs and symptoms of infection like increase of pain, redness, warmth, and drainage of pus
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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)
Plan: Right Lower Leg open wound	<ul style="list-style-type: none"> . Lidocaine topical 5% apply to wound prior debridement. . Clean wound with Wound cleanser . Selective debridement with scissors, scalpel, and forceps. . Hydrofera Bleu dressing. .Apply liquid Barrier Film to periwound . Cover with Foam Dressing . Dressings: Change the dressing 3 times 	<p>Topical lidocaine used as pain management.</p> <p>Debridement performed in order to remove the necrotic tissue/eschar which can help a better visualization of the wound bed, reduces the chance of infection, at the same time allow the wound healing process to continue.</p> <p>It provides a moist wound environment, as it addresses swelling in the wound by providing negative pressure, pulling exudate from the wound environment Use to protect the Peri wound</p> <p>Patient’s husband instructed</p>

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<p>Discharge plan</p>	<p>weekly. Clean the wound with wound cleanser Barrier peri wound, apply Hydrofera blue Cut the dressing to fit with scissors to fit the wound bed. Prior applying dressing to the wound moisten the dressing with sterile water or sterile saline please remember to squeeze the excess liquids then apply dressing to wound. Use the liquid barrier film to protect the peri wound. Cover site with adhesive foam dressing as indicated. 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. Next appointment in 2 weeks or sooner if needed</p> <p>Encourage intake of protein.</p> <p>Encourage intake of dietary supplements of Ensure</p>	<p>about the dressing change. Teach-back and understanding demonstrated</p> <p>Wound care supply provided to patient for wound care dressing change. . Teachback followed</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>
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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?	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 Wound cleanser provider to patient or patient could use saline solution for dressing change. Alternative to Hydrofera blue is Silver Collagen. 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 like pressure ulcers, abdominal surgical wound dehiscent, Lower extremity Venous Ulcer disease. I took the time to practice my wound measurement and assess the peri wound.
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Reviewed by: ___Mike Klements 1/17/24 received___ Date: __1/18/24

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Hi Rachel, see my notes in green throughout this journal- they are meant to be supportive (not critical) and help you build future submissions. Make sure your second column above reflects all specific directives given by you, the specialist, to a patient and/or caregivers. Your note covers what you did at your visit.

Try to apply all feedback to future assignments. Consider all writing from a legal review perspective. We want to be as specific as possible and leave no room for interpretation in our notes as well as our plans/directions.

Rationale should reflect why directives are given.

Consider scope of practice when delegating/giving directive, this should be focused directive from the specialist. The AP role is separate than that of the specialist. Both should be reflected here if that is the role you are in.

See my comments regarding dressings – make sure your interventions are evidence based.

Reach out with any further questions. Looking forward to the next submissions!

-Mike

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