Cleveland Clinic

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

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Daily Journal Entry with Plan of Care & Chart Note

Student Name: Nancy Benchley Day/Date: 3/25/2024

Number of Clinical Hours Today: 8

Care Setting: Hospital X Ambulatory Care ____ Home Care ____ Other ___

Preceptor: Jennifer Mullins

Clinical Focus: Wound X Ostomy ____ Continence ____

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. 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 no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters & types of patients seen.

Today I saw 9 patients with my preceptor and the nurse practitioner. The wound care nurse and the nurse practitioner work as a team and see patients together. We saw a patient with a diabetic foot ulcer that were callused over. When the nurse practitioner removed some of the callus the wound began to bleed and Mesalt gauze was placed with rolled gauze as secondary dressing. He also has peripheral venous disease with hemosiderin staining. Aquaphor was ordered for bilateral legs, offloading with pillows, and podiatrist consult ordered. Another patient had one anterior and one posterior intact blisters to right lower leg. She was nauseated at time of consultation so she declined allowing us to turn her to inspect backside for any issues. She had cellulitis to bilateral legs and was on a Hill Rom bariatric specialty bed. Orders were put in prn for Adaptic non adhering dressing and alginate dressing if the blisters broke open. Aquaphor was ordered for bilateral legs. A patient had a wound on her left shin from cutting it on her fence 3 weeks ago. Hydrofera blue was ordered to be changed q3 days. Another patient had a stage 4 pressure injury on her coccyx. Vashe wet to dry gauze was ordered to be changed BID. A patient had moisture and friction wounds to bilateral buttocks. A zinc cream was ordered with Allevyn foam dressing as well as specialty boots to protect her heels and q 2 turns. She was referred to a dermatologist for possible skin cancer on head. We saw two stage 2 pressure injuries. The one patient was combative and wound not allow us to place a dressing. The other patient with a stage 2 pressure injury was ordered Mesalt and Allevyn dressing to change daily. A waffle cushion for her chair and specialty boots were also ordered. The last patient we saw was an unstageable pressure injury due to slough. It had moderate green exudate. Vashe was ordered BID with Allevyn as secondary dressing. Vashe was ordered to provide mild debriding and antibiotic properties. Allevyn foam dressing was place to sacrum of all patients seen to prevent pressure injuries, protect against friction and shearing injuries, and protect current pressure injuries. We discussed the prevalence of hospital acquired pressure injuries. There are 2 staff nurses on each unit who is part of the skin committee and those nurse report to the wound care nurses on a specific day how many hospital acquired pressure injuries are currently on the unit. This is used to assess the prevalence of hospital acquired pressure injuries for the hospital. Discussed wound care products and different case scenarios that the wound care nurses have evaluated.

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. 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. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

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Chart note:

This is an initial visit for this current hospitalization. She was seen by the wound care team back in January for that past hospitalization. She is an 80-year-old female with a history of HTN, CHF, ESRD, and CVA. She presents to the hospital for altered mental status and was hypoxic in the ED and lethargic. She was seen by the wound care team for a stage 4 pressure injury on coccyx. She was nonverbal. Pedal pulses were palpable and no edema noted to bilateral legs. She had a healed pressure injury to her left heel and an unstageable pressure injury to right heel with dry, yellow eschar. She had a stage 4 pressure injury to her coccyx measuring 6cm x 6.5 cm x 3cm. The wound bed had red granulation tissue. Undermining was present with 3 cm circumferential. There was scant drainage with serosanguineous exudate. The wound was cleaned with wound cleaner. Vashe moistened gauze ordered BID. The pressure injury on the right heel measured 4cm x 1.5cm. It was intact with dry yellow eschar. It was left open to air.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products used)

*Cleanse wound with normal saline. Gently pack Vashe moistened gauze into wound bed. Cover with gauze. Apply Allevyn foam. Change BID or as needed if soiled or non-adherent.
*q 2 hour turns
*Heel suspension boots ordered for bilateral heels
*Low air loss surface and redistribution surface

Describe your thoughts related to the care provided. What would you have done differently?

The patient had a stage 4 pressure injury on her coccyx. I would have ordered a foam wedge to assist with pressure injury prevention and recommend a dietician consult.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals

What was your goal for the day?
To learn about the flow of the wound care nurse's day, the type of dressings that are used, and the type of patients they get consulted on. We saw 9 patients so I was able to see what type of patients get wound consults ordered.

What is/are your learning goal(s) for tomorrow? **(Share learning goal with preceptor)**
Continue to see various types of wound care patients. See a more complex case. Continue to learn about different dressings that are used within the hospital.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
* Identifies why the patient is being seen		

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*Describes the encounter including assessment, interactions, any actions, education provided and responses		
*Includes pertinent PMH, HPI, current medications and ~~pertinent~~ labs		
*Identifies specific products utilized/recommended for use		
*Identifies overall recommendations/plan		
Plan of Care Development:		
*POC is focused and holistic		
*WOC nursing concerns and medical conditions, co-morbidities are incorporated		
*Statements direct care of the patient in the absence of the WOC nurse		
*Directives are written as nursing orders		
Thoughts Related to Visit:		
*Critical thinking utilized to reflect on patient encounter		
*Identifies alternatives/what would have done differently		
Learning goal identified		

Reviewed by: _____ Date: _____

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