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: _Bernadette Fulweiler__ Day/Date: __3/26/24__

Number of Clinical Hours Today: _8___

Care Setting: Hospital _x_ Ambulatory Care _____ Home Care _____ Other ___

Preceptor: ___Nicki Blasiole____

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.

Types of wounds seen: scrotal abscess, diabetic foot ulcer (2), dry gangrenous toes, abdominal fold candidiasis, inguinal and gluteal crease incontinence (IAD) associated dermatitis, stage 2 coccygeal pressure injury, stage I heel pressure injury, mechanical MARSI (medical adhesive related skin injury), Left foot Charcot deformity with diabetic foot ulceration.

We saw a total of 8 patients, 4 of which were new consults and 4 of which were existing follow ups. The new patient exams included thorough head to toe assessments. The visits were all wound focused with the exception of the Charcot deformity/diabetic ulceration. The scrotal abscess was cleansed with normal saline, measured, and packed with iodoform. The dry gangrenous toes were assessed at the bedside and re-dressed with dry conforming stretch gauze bandage (Kling), as the vascular surgical team is waiting for the toes to demarcate. The abdominal fold candidiasis was cleansed with pH balanced wipes, dried thoroughly, and treated with an anti-fungal powder (Nystatin powder). The IAD was treated with pH balanced cleansing wipes and covered with Triad paste as the skin was broken and macerated. The diabetic foot ulcers were measured, cleansed with normal saline, and dressed with sodium chloride impregnated gauze with a second layer of dry gauze and a conforming stretch gauze bandage (Kling) wrap. The stage 2 coccyx pressure injury was measured, cleansed with saline, and covered with sacral foam border dressing (Allyvan). The stage I heel pressure injury was cleansed with saline, covered with a foam border dressing (Allyvan). The MARSI, which was a mechanical injury caused by adhesive tape, was cleansed with normal saline and covered with a foam border dressing (Allyvan). I will focus on the left foot Charcot deformity/diabetic ulceration below.

RD is a 73 year old male with Charcot foot deformity with ulceration. We spent 20 minutes with this patient, performing a focused wound assessment, dressing his diabetic ulceration with normal saline impregnated gauze/Kling wrap, and providing patient education regarding diabetic foot care.

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.

Chart note:

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RD is a 73 year old male with a diabetic pressure ulcer to the right medial plantar foot and chronic Charcot deformity to the right foot. He was admitted to the hospital on 3/25/24 due to generalized weakness and hyperglycemia. His history is significant for DM2, CAD, HLD, HTN, depression, and chronic Charcot foot deformity with ulceration. Surgical history includes bilateral total knee replacements, rotator cuff repair, left foot debridement, and ORIF left ankle fracture. Significant labs include creatinine 1.63, glucose 331, albumin 3.5, urine glucose 4+, urine protein 3+, and HbA1c 9.3. X-ray of the right foot obtained and was negative for osteomyelitis. Medications reviewed. Patient states that he is non-compliant with monitoring blood sugar and taking medications as prescribed. Patient states that his right foot ulcer started about 3 months prior after he bought a pair of shoes that did not accommodate his Charcot deformity. The ulceration is painful and frequently drains as per patient.

Patient assessed at 10:30 AM on 3/26/24 by the WOC team. The old dressing was taken down, and the right medial plantar foot ulcer was cleansed with normal saline soaked gauze. There was a small amount of yellow exudate on the existing dressing. The wound measured 0.5 cm x 0.6 cm, x 0.6 cm. The full-thickness wound bed was pale pink with 20 % slough present. The peri-wound had thick callus formation. Onychogryphosis present to nails on bilateral lower extremities. We applied normal saline impregnated gauze to the wound bed, applied an additional layer of dry gauze, and covered the ulceration with a Kling wrap. We then applied a TruVue heel offloading boot to bilateral lower extremities. We discussed with the patient and floor nurse that this should be changed and assessed daily. We discussed in detail with RD the need for outpatient follow up, including the ambulatory wound care clinic, podiatry, and endocrinology. We educated the patient regarding the need for appropriate custom footwear, which can be managed outpatient by a podiatrist and a pedorthist. We also discussed the high risk for further ulceration and even amputation in diabetic patients with untreated Charcot foot deformities and chronic ulceration. We emphasized that after discharge, RD should follow up with his endocrinologist in order to control his blood sugar and reduce his HA1C. Finally, we discussed the importance of a balanced diabetic diet to aid in regulating blood sugar and promoting wound healing.

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)

- Remove old dressing and cleanse right medial plantar foot ulcer with normal saline soaked gauze.
- Cut small square of normal saline impregnated gauze (Mesalt) and apply to wound bed.
- Cover with small gauze pad, and apply stretch conforming gauze (Kling) wrap loosely to right foot. Secure stretch conforming gauze (Kling) with medical tape.
- Change dressing and assess foot daily. WOC team to assess weekly and as needed for any new concerns. Call WOC team with any questions.
- Continue TruVue heel offloading boots to prevent pressure injury.
- Consult placed for outpatient wound care clinic.
- Consult placed for podiatry to evaluate and treat Charcot deformity and onychogryphosis.
- Nutrition consult placed for diabetic diet management.

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

The goal of treating diabetic foot ulcers is to establish moisture balance and effectively wick exudate if present. Mesalt, which is a sodium chloride impregnated dressing, is appropriate for heavily draining wounds. RD's wound had a small amount of yellow drainage, and the wound had slough present. A dressing choice with a lower absorptive capacity may be more appropriate as to not dry out the wound. A foam dressing can absorb small to moderate amounts of drainage, and can come in "light" formulations for wounds with less drainage. In addition, foam provides a moist environment and can promote autolytic debridement of RD's slough.

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

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What was your goal for the day?

My goal for tomorrow would be to identify product and dressing change recommendations for dry diabetic foot ulcers. While the patient seen today had a mildly exudative wound, I was able to assess and treat a diabetic foot wound in the presence of a Charcot deformity, which was a fantastic learning experience. We did also see a diabetic foot ulcer that was not draining, and I was able to understand how many diabetic patient experience thick callus formation for the periwound region. While we utilized Mesalt and Kling for this patient, in hindsight a hydrocolloid may be a more effective choice for a dry diabetic foot ulcer.

What is/are your learning goal(s) for tomorrow? **(Share learning goal with preceptor)**
Understand the role of the WOC nurse in wound care nursing staff education throughout the hospital.

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