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: __3/26/2024_____

Number of Clinical Hours Today: __8___

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

Preceptor: _Jennifer Mullins_____

Clinical Focus: Wound __X__ Ostomy ____ Continence ____

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

Today we saw 9 patients. I saw a variety of cases with my preceptor today. Our first patient was a new admission with a fungal rash due to moisture and her benign familial pemphigus. She had rashes under both breasts and abdominal fold. She was ordered to cleanse with vashe, apply miconazole powder, adaptic non adherent dressing over the powder, and silver alginate dressing over that to absorb exudate. The next two patients were on the psychiatric unit. One had a scab on occipital area which bacitracin was ordered. The other had 2 unstageable pressure injuries on right ischium with slough and moderate exudate. She was ordered Mesalt gauze and allevyn, change daily. One patient had necrotizing fasciitis. He was post-op for closure of the wound. He also had an unstageable pressure injury on his coccyx. The pressure injury was cleaned with Vashe, mesalt dressing was applied followed by allevyn. We saw a follow-up for a fungating breast wound that was healed. A follow-up/discharge for a diabetic foot ulcer that was scabbed over. Iodine povidone was ordered daily. He also had charcot foot which he was previously wearing a brace for but was switched to specialty footwear. Ammonium lactate lotion, off loading heels with pillows, and absorbant pad under legs was ordered for a patient with lymphedema and cellulitis. One patient we saw was a follow-up for an allergic reaction to adhesive tape. The rash was healed however he was ordered lotramin for athletes foot. The last patient had a healed dehisced 2nd finger on right hand wound which lotion was applied to. He also had 2 unstageable pressure injuries on coccyx. The one wound was 100% covered with slough and bordered with brown necrotic tissue. There was heavy tan exudate on the bandage. My preceptor said she would like to use collagenase for debridement but it is unavailable at this hospital. Instead Silvadene cream was applied to a Mesalt gauze and covered with Allevyn foam dressing to aid in debridement. During our shift I practiced measuring wounds and wound assessments during rounds with the patients. We discussed pathways to becoming certified as a WOC nurse and questions about the test for the certification.

Chart note:

This is a new admission 65 year old female. She has a history of heart failure, hypothyroidism, diet-controlled diabetes, GERD,

anxiety/PTSD, asthma, OSA, HTN, irritable bowel syndrome, hyperlipidemia, and Hailey-Hailey syndrome. She presented to the ED due to worsening drainage and foul odor from skin rash under breasts and abdominal folds, weakness, and recurrent falls. She was seen by the wound care team for rash under breasts and abdominal folds. Foul odor noted upon approaching bedside. Dorsalis pedal pulses were normal bilaterally. 1+ edema to bilateral ankles. Alginate dressing was removed. Moderate yellow exudate noted on old dressing. Nystatin powder cleaned from wound area. The rash under the breasts and abdomen was painful, red, and areas of erosion noted. Adaptic dressing was applied followed by silver alginate dressing. Miconazole powder was ordered. Primary physician was contacted to discuss further treatment due to Hailey-Hailey syndrome.

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)

*Soak with Vashe solution to gauze for 5 minutes
*Apply dusting of Miconazole powder BID
*Apply one layer of Adaptic non adherent dressing
*Apply silver alginate dressing over the adaptic
*ABD pads as needed for drainage
*Allevyn foam dressing to coccyx area for pressure injury prevention

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

 I would have used Interdry Antimicrobial Silver dressing instead of the antifungal powder, adaptic, and alginate dressing. Interdry is a moisture wicking fabric that can be change q 5days or when soiled. This decreased frequency of dressing changes can help with pain reduction. The dressing reduces friction, wicks the moisture away from the skin, and reduces odor.

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?
My goal was to see a variety of wound care cases today, see a complex case, and learn more about the different types of dressings that are seen in the hospital. I saw a variety of cases today and learned about new dressings/treatments.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
See another complex case and continue to practice measurement and assessment skills

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		

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

*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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