Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

/Student Name: **Elisa Weil** Day/Date: 7/8/24

Number of Clinical Hours Today: 10

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

Preceptor: Janie Renaud

Clinical Focus: Wound x Ostomy x Continence x

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.

I saw 8 patients today with my preceptor. Two of the patients were for new ileostomies, one patient for site marking, two patients presented with moisture related skin breakdown, and the remaining patients were wound related. We began our day with the ostomy patients. One of which had a colostomy that was reversed, and an end ileostomy was created. This patient was familiar with the routine of appliance care, so focus was placed on education regarding fluid and electrolyte balance. The other patient had a new loop ileostomy. Hands on education was provided to the patient and spouse. Education focused on pouch changes, as well as diet modifications.

We site marked a 49 year old male for possible ileostomy. Two sites were identified in the lower right and left quadrants. Initial education on pouching systems and maintenance was done. The patient was supplied with practice appliances, a practice stoma and written materials.

The first MASD patient we saw was admitted for ascites and was given 40mg of Lasix daily. The patient was found in bed with an incontinent episode of stool and urine. The patient had two open to the bilateral buttocks. Duoderm was applied to the open areas to protect from urine and feces. The second MASD patient presented with breakdown from friction and shearing. The patient was obese and had difficulty turning and moving. Triad cream was applied to this patient as well as several foam bordered dressings to protect the open areas. This patient also presented with cellulitis to the left lower extremity. The patient refused the dressing changes of xeroform, kerlix, and ace bandage which were recommended by vascular surgery. The patient did agree to xeroform with an ABD pad over the wound.

We saw a patient in the ICU for evaluation of his sacrum. The patient presented with a DTI, however with the complexity of the patient's medical status, and the history of patient being on vasopressors, my preceptor chose to re-assess in a few days to note for changes.

An 80 year old male patient was admitted for a closed hip fracture. The patient presented with a DTI to the right heel, as well as an area of slow to blanch erythema to the right buttock. Skin prep was applied to both areas and they were covered with a bordered foam dressing. The patient was educated on the importance of offloading and green offloading boots were applied.

The last patient we saw presented with a skin tear to the sacrum from a fall that occurred 3 weeks ago. The area was blanchable. A sacral foam border was applied.

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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:

Initial visit this encounter for 66 year old female presenting with moisture related breakdown to bilateral buttocks. Patient is known to wound care team from previous admission. Patient presented to the ED on 7/5/24 at the request of primary care physician for abdominal distention and pleural effusions. Patient has a history of autoimmune hepatitis complicated by varices, recurrent ascites, portal vein thrombosis, and Diabetes Mellitus Type 2. The patient is currently on the liver transplant list. Current medications include 40mg of Lasix daily as well as Lactulose, which may contribute to increased frequency of incontinence/. Patient is currently on neutropenic precautions (WBC 1.95, RBC 2.16, platelets 47). Patient is lethargic and resistant to position change. Upon assessment, patient is found to have female purewick, not properly placed, causing leakage of urine, as well as an episode of incontinence of stool. The patient was cleaned with barrier wipes. Duoderm was applied to the areas of breakdown on bilateral buttocks. Patient was offloaded. Orders placed for pressure injury prevention including Q2 turns and repositioning and offloading. The patient was too lethargic for education at this time.

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)

- Hourly rounding to check for episodes of incontinence, clean skin immediately
- Q2 hour turns recommended, offloading with pillows or wedges.
- Every 3 days or more often as needed, clean open area on buttocks, pat dry. Apply skin prep to area and allow to dry completely. Cover with duoderm cut to ½" bigger than the wound bed.
- Patient education regarding moisture management and pressure injury prevention

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

In my facility, we use zinc oxide products on patients like the incontinent patient above rather than a fixed dressing to prevent the trapping of feces or urine underneath the dressing. We also use zinc oxide or sacral foam on an area, never both.

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?

With multiple patients on the schedule for the team, I was excited to be able to do site marking today.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)

NPWT dressings

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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 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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