



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Rita Fritz Day/Date: 07/17/24

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Blasiolo

Clinical Focus: Wound 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, we rounded with NP, WOCN Nicki (my preceptor) and a Pam, PRN RN. One of the other WOCNs had to call off d/t jury duty and the teams needed to be split. It is clear that Nicki is the leader of this team, no matter the mix. They all work very well together. For example, at the end of yesterday, two of them rushed to a med surg unit to help a newer WOC nurse care for a fresh post-op ostomy pt whose stoma was actively bleeding. One called the surgeon while the others helped by applying "white snow". Pt #1 –Older male who had fallen and was on floor x 24 hrs before being found. He is seen one week after his initial eval for DTIs that are improving with offloading and an improving stage 3 PI w/ slough; Pt #2 – an 84 yo male with h/o throat cancer and tracheostomy, with recurring UTIs r/t Foley catheter. Family brought him to ED for foley removal where a work up for weakness, weight loss and leg swelling revealed abnormal labs. He was for abrasions, xerosis to feet, a small DTI to his buttock, and a fleshy small mass on post neck that needs by primary team; Pt #3. Evaluation of a traumatic wound to leg in a 67 yo female who fell during syncopal event and sustained arm fracture and laceration/ bruise to RLE. Wound Care team asked to evaluate wound for care; Pt #4. An 84 yo male transferred to SICU yesterday d/t Rapid Response being called likely d/t respiratory arrest found to have a new DTI to left ischial area; Pt #5 - 76 yo female with extensive Multiple Sclerosis, neurogenic bladder, recurrent urosepsis and chronic PIs; Pt #6 - A 76 yo male in MICU with chemo related vascular skin injuries. This visit was extensive with a very tense wife and son sitting in room (they requested) while the patient criticized them whenever they spoke. Then family is waiting to meet with Palliative Medicine today. Pall Med is over an hour late for this appointment. The patient was pre-medicated with IV Dilaudid. His wounds were mostly eschar and very painful. Vascular medicine is following him along with multiple other specialties. The Wound care team moved smoothly and cautiously to assess and treat the wounds, while maintaining his privacy and distracting the family and patient with less serious topics to decrease tension in the room.

An observation from today is that it will be difficult to assess and care for some of these inpatients without another set of hands to record wound assessment details, help to reposition the patient gather and prepare supplies. And some of this care is quite time consuming. A team really helps. The bedside nurses in the ICUs are more available to assist as compared to the med-surg nurses. As Nicki said, beyond the wound care we provide, we also help the nursing staff by performing the wound care, talking with patients and families and by educating the nursing staff. This team of wound caregivers seems to be welcomed on each of the units. Nurses who have the time seem happy to talk with the team and help if needed.

Another observation is that the availability of supplies is not varied or plentiful. The Wound team is careful to vary the units from which they refill their supplies and write orders for supplies or equipment in the patient's electronic record and that the staff on various units check to assure that the ordered supplies are available.

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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:

RL is a 66 yo female seen for initial visit today in the CVICU for evaluation and treatment of a traumatic wound to her RLE that is suspected to be infected. She had a syncopal episode with a fall on July 4th and was evaluated in a local ED. She had skin tears to her right forearm and right leg with right elbow pain and a right periorbital hematoma. Her right leg traumatic wound was sutured. She then followed up with Orthopedics and her PCP as an outpatient. The PCP removed her stitches and started her on doxycycline which caused diarrhea. She went in for an outpatient TEE and was not feeling well. She was found to have complete heart block and will be undergoing placement of a permanent pacemaker tomorrow. She has mild pain to the wound to her right lateral lower leg and has had a persistent leukocytosis.

PMH/PSH is significant for CAD, DJD (She uses a lift chair at home for convenience), HTN, Hashimoto's disease, H/O gastric bypass surgery 2010, Iron deficiency anemia, Asthma, Mitral Valve stenosis with 1-2+ mitral regurgitation, paroxysmal atrial fibrillation on Eliquis, Prediabetes, Pulmonary HTN, Splenomegaly w/ splenic artery aneurysm.

Medications reviewed: Eliquis (last dose 7/16 am), Voltaren gel, Tikosyn bid, doxycycline bid, Lasix

Allergies reviewed

Objective:

Vital signs reviewed. Has been afebrile since admission.

Pt seen lying in bed. She is A&Ox3, talkative, pleasant and in no distress. Appears well developed and well nourished.

She is wearing a long rt arm splint / cast.

Her cardiac monitoring displays complete heart block with HR in 30s.

She has a dry irregularly shaped wound/ laceration to the rt lateral mid lower leg. The wound is dry, reddish purple in color, and measures 3 x 0.4 x 0.2 cm with the open depth only within an area of the wound that is 0.2 x 0.2 x 0.2 cm. There is minimal elevation of the wound, no warmth or drainage and minimal tenderness. There is no erythema or induration to the periwound area. There is a trace of edema to her RLE.

A/P:

Traumatic wound to lateral RLE w/o evidence of infection, improving.

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)

Local wound care applied after gentle cleansing, application of single layer Xeroform gauze and a foam dressing. Patient was instructed on changing dressing and importance of monitoring for signs of infection or wound complications daily, such as opening of wound, increased pain, redness, swelling, drainage, fever, malaise or other new or worse problems. She is advised to follow up with her PCP post discharge. She verbalized an understanding of these instructions.

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

Infectious Disease physician was seeing patient when the wound team arrived. Nicki collaborated with this physician and both concluded that there was no reason to suspect an acute infection of the right leg wound. Local care was given to the RLE wound which appeared to be healing well. Nicki instructed the patient on local care at home and what to monitor for. I would not have done anything different. This was straightforward.

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 for the day was to see more complicated patients. This goal was met. We saw a few patients who are more complicated. One of these had very complicated wounds amongst a very complicated psychological and pathological clinical picture. Most of these patients are complicated, but the wound care team does an excellent job of staying wound focused. The team is well established within the hospital system and the various primary and consultant providers are aware of their work and scope. Having a well-established routine and team seems to help with keeping focused on the wound.

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

I want to continue participating in the hands-on assessment of wounds. And an ongoing goal is to explore the documentation in the EMAR further, but this is difficult since I don't have access. This is something I can bring back to my CCF unit, to improve skin and wound documentation. Specifically, I want to see how the wound care nurse adapts the AVATAR when the wound type was incorrectly identified by the admitting RN. I will definitely attempt to accomplish this goal by the end of Friday.

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	✓	

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• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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