

Virtual Journal Entry with Plan of Care & Chart Note

 Student Name: Chloe DeJonge

 Day/Date: July 18, 2024

 Setting: Hospital • Ambulatory Care Home Health Care • Other: _____

WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	<p><u>Age/sex</u>: 70-year-old male</p> <p><u>PMH</u>: Type II Diabetes, lower extremity neuropathy, peripheral vascular disease, and s/p left 5th toe amputation due to osteomyelitis 3 weeks ago. Presented to ED 1 week ago for left 4th toe wound. Ed instructed to continue wound care. Placed on Clindamycin, ED x-ray left foot showed possible osteomyelitis. Left leg arterial doppler pre-surgery indicated ABI .92 & TCPO₂ 13 mmHg.</p> <p><u>CC</u>: First wound clinic visit for wound on tip of left 4th toe. States toe was clipped causing a small wound by podiatrist 2 weeks ago. Wound worsening</p> <p><u>Meds</u>: Insulin, Clindamycin x 10 days</p> <p><u>Social hx</u>: Lives with wife. Smoked 1 PPD until 10 years ago, no alcohol consumption</p> <p><u>Labs</u>: HgA1c from ED visit was 7.8%</p> <p><u>Plan</u>: CSWD, Aquacel AG, gauze, conforming bandage. Wife to change dressing every other day. RTC weekly. Fit w ProCare squared toe post op shoe for added protection.</p>
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Assessment/encounter:

LOC: awake, alert, oriented x3

VS: 98⁸ 284 22

Initial interview: Wife performs wound care of OTC triple antibiotic ointment & band-aid daily. Patient states the antibiotic has not helped & wound has continued to worsen. Tried soaking foot in Epsom salt for 15 minutes but wound did not improve. Says toenail on left 4th toe has almost fallen off.

Diagnostics: left ABI .91, right ABI .95

Pulse right: Doppled pulses present on right leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable

Pulse left: Doppled pulses present on left leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable but weak

Monofilament test R foot: All points positive

Monofilament test L foot: All points positive

Wound assessment:Wound 1

Location: left 4th toe

Wound type: trauma from accidental cut

Extent of tissue loss: full thickness

Size & shape: 0.3 cm x 0.3 cm x 0.25 cm probe to bone

Wound bed tissue: tip macerated with non-adherent necrotic tissue covering 100% of wound bed

Exudate amount, odor, consistency: Small amount of serosanguineous drainage, no odor.

Undermining/tunneling: none

Edges: not attached

Periwound skin: Macerated around wound

Pain: throbbing 5/10

Temperature: LLE warm to touch; erythema of left foot from base of 4th toe up anterior foot x 3

cm x 2 cm wide and posteriorly 2 cm in length x 2 cm wide. Parameters marked from ED visit.

RLE cool to touch

Edema: left foot edematous

Wound 2

Location: 5th toe amputation site

Wound type: surgical

Extent of tissue loss: N/A

Size & shape: Incision site 1.2 cm

Wound bed tissue: N/A

Exudate amount, odor, consistency: none

Undermining/tunneling: none

Edges: approximated with sutures

Periwound skin: intact, mild erythema, no maceration

Pain: none at incision site

Photos: None

Education: Identify & note in chart notes

Suggested consults: ID consult for next clinic visit

Using critical evaluation of the provided encounter data, identify what **could have been done or done differently** regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

1. Identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

- Patient could have been admitted to hospital from emergency department as x-ray noted possibility for osteomyelitis and wound probes to bone (an MRI would confirm). Patient could be started on IV antibiotics per recommendations of infectious disease team if they do not desire another toe amputation. These stronger antibiotics would also treat erythema extending from base of left 4th toe up anterior foot – concern for cellulitis.
- Left and right leg ABIs suggest mild vascular disease... do not necessarily warrant vascular surgery consult although TCPO2 is abnormally low and should be taken into consideration by wound provider.
- Diabetic educator referral should be placed for A1C of 7.8% by wound provider.
- Explain to patient and significant other that left 4th toe peri-wound is most likely macerated from the Epsom salt soaks and this should not be performed moving forward. Patient will most likely undergo sharp debridement at the outpatient clinic by wound provider to remove the non-adherent necrotic tissue – risks and benefits should be explained before consent is signed. Based on wound bed underneath, another treatment will be ordered.
- Education and documentation should be performed on importance of completing current 10-day antibiotic regimen.
- Take culture if ordered by provider. Osteomyelitis suspected but not confirmed. WBC count unavailable and patient does not appear to have fever (I think temp says 98).

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend?*)

2. WOC Plan of Care (include specific products used)

Considering sharp debridement has not been performed yet, here are my recommendations for non-adherent necrotic tissue of the left 4th toe and closed surgical incision from left 5th toe amputation site:

- Cleanse with normal saline.
- Apply Santyl ointment to left 4th toe wound at thickness of a nickel.
- Cut Hydrofera Blue Ready Transfer to size of left 4th toe wound bed and place over Santyl (Hydrofera Blue has a 0% inhibition to Santyl).
- Secure left 4th toe dressing and protect left 5th toe amputation site with dry gauze, conform wrap, and tape.
- Change dressing daily and as needed.

Patient should only be heel weight-bearing on the left foot at this time! Provide off-loading shoe.

Collaborate with physicians to determine need for infectious disease consult, diabetic educator referral, and potentially vascular consult (for abnormally low TCPO2).

Patient should monitor and record blood sugars and treat as ordered by physician.

Make follow-up appointments with wound care and encourage patient to attend.

Write a chart note giving careful consideration to the chart review information, 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 used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

Initial visit for traumatic left 4th toe wound for 1 week with history of type 2 diabetes mellitus s/p left 5th toe amputation 3 weeks ago. Drainage small serosanguineous with no odor. Patient’s A1C is 7.8%. Left 4th toe wound probes to bone with 100% non-adherent necrotic tissue and peri-wound maceration with erythema tracking up anterior foot. CT suggested osteomyelitis; provider to consider ordering MRI for osteomyelitis confirmation. Bilateral popliteal, dorsalis pedis, and posterior tibial pulses palpable. Collaborate with providers to consider diabetic educator for aid in improving A1C. Wound clinic provided offloading shoe. Provider to evaluate need for vascular consult as patient has mild vascular disease but markedly low TCPO2. Patient has 5/10 pain not requiring medication at this time, distraction technique being utilized. Patient on Clindamycin x 10 days, importance of completing antibiotic regimen discussed.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

My goal for choosing this case was to advance my thinking as a specialist with a common wound type. With my work, it’s easy to apply a treatment plan... diving further into test results, consult recommendations, and comorbidities is what takes me from a nurse performing wound care to a certified wound nurse. I believe I was successful in taking that step with the work performed on this case study.

Reviewed by: _____ Date: _____

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		

<ul style="list-style-type: none"> Identifies overall recommendations/plan 		
Plan of Care Development:		
<ul style="list-style-type: none"> POC is focused and holistic 		
<ul style="list-style-type: none"> WOC nursing concerns and medical conditions, co-morbidities are incorporated 		
<ul style="list-style-type: none"> Statements direct care of the patient in the absence of the WOC nurse 		
<ul style="list-style-type: none"> Directives are written as nursing orders 		
Thoughts Related to Visit:		
<ul style="list-style-type: none"> Critical thinking utilized to reflect on patient encounter 		
<ul style="list-style-type: none"> Identifies alternatives/what would have done differently 		
Learning goal identified		