



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Scott _____ Day/Date: 8/8/2024 _____

Number of Clinical Hours Today: 12

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Jessica Schille

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.

77 year old female, with a history of dementia, coronary artery disease, heart failure, peripheral vascular disease, obesity, and hypertension. Patient was admitted from a nursing home, for altered mental status and fever. The patient was found to have a urinary tract infection. The WOC nurse consult is for a pressure injury to the sacrum and bilateral heels, present on admission, none have been staged. The patient is in bilateral wrist restraints due to pulling on tubing.

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:

The WOC nurse requested the primary nurse assist her with turning the patient for her to assess the wounds. The patient is alert and confused, is not combative. Patient reports pain "in my hinny" and that it feels like "rocks" Patient is on a low air loss mattress. The WOC nurse found a pressure injury stage 1 to each heel, in addition to peeling and flaking skin. The patient has a fissure to the left heel. The WOC nurse educated the patient and the primary nurse on the importance of offloading the heels to prevent skin breakdown. Next the WOC nurse untied the restraint, and the primary nurse assessed the skin underneath. The skin was intact, no erythema noted. The primary nurse assisted the WOC nurse to turn the patient. The patient did not have a pressure injury to the sacrum. She did have incontinence associated dermatitis to the gluteal cleft, and perianal, which was very tender to the patient. The WOC nurse cleansed with bath wipes and applied Cavilon Advanced Skin Protectant. She educated the primary nurse that it was not a pressure injury and was related to moisture damaging the skin. She made a point to instruct the nurse that it is important to allow the Cavilon time to dry completely before allowing skin to skin contact to prevent it from sticking together. The WOC nurse felt underneath the patient and was able to easily feel the bed frame. The low air loss mattress was not working properly and the "rocks" the patient was complaining about the hard metal bed frame. The WOC nurse told the primary nurse and the patient that she would call materials management and get a new bed. She used pillows to reposition the patient off of her sacrum. They also used pillows to float the patient's heels off the bed. The patient reports that it felt better.

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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)

The WOC nurse used Cavilon Advanced Skin Protectant to create a barrier against moisture for the patient, to be reapplied every other day. She ordered a new bed to replace the malfunctioning one. The WOC nurse said that the low air loss mattress was a good choice for moisture management. She also wrote a nursing order to reposition with pillows the patient every 2 hours and to provide toileting. She wrote an order to float the patients heels and to apply lotion to feet, avoiding between the toes, daily and prn.

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

The WOC nurse did a great job providing education to the primary nurse on incontinence associated dermatitis and how to distinguish between it and a pressure injury. She listened to the patient's concerns. I thought that was important because the patient was confused, and it would have been easy to talk about the patient and not to her. Although the patient was confused. She was trying to tell us that something was hurting her. The WOC nurse included her in the conversation and education she gave the primary nurse, even if the patient would not remember. The WOC nurse was direct and clearly explained to the nurse that the patient did not have a pressure injury. The primary nurse understanding the etiology of the wound is important because it directly dictates the plan of care. The WOC nurse demonstrated that she has many roles including not only educating patients/family but bedside nurses as well.

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 complicated wound. The patient's wound was not complicated. However, the patient's confusion made it more difficult to communicate needs and concerns. Additionally, the primary nurse's knowledge gap mis-identified the wound could have lead to the wound not receiving the appropriate treatment. I had an opportunity to see the wider scope of the WOC nurse of in action.

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

I am hoping to see a complicated wound that requires a multidisciplinary team such a general surgeon, or cardiologist requiring vascular intervention.

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	✓	

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<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	✓	

Reviewed by: _____ Date: _____

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