

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Courtney Grams, RN, BSN Day/Date: Day 2: 9-10-24

Number of Clinical Hours Today: 8.5

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Julianne Cordes, RN, BSN, WOC

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.

1. 38 yr old male (W. A.)-Left heel fracture. Trauma wound to posterior left heel and left lateral ankle laceration. Wound sites assessed and irrigated with saline. Bone exposed in wound base. NPWT placed with collagen, white and black foam layers to the left heel wound. Collogen and Aquacell placed over ankle laceration.
2. 74 yr old female (L. S.)-Right dorsal foot wound with bone and tendon exposed. 1st and 2nd metatarsal osteomyelitis present. Wound was unpacked and irrigated with saline. NPWT was placed with 1 white and 2 black foam layers in wound bed and adaptic layer placed of sutures.
3. 82 yr old male (R. L.)-Braden Scale 12. Head to toe skin assessment preformed, no skin issues noted. Preventative mepilex applied to bilateral heels and coccyx/sacral area.

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:

74 yr old Female (L.S.)-Initial encounter post operatively following I&D and debridement of right foot cellulitis with necrotizing fasciitis. 1st and 2nd metatarsal osteomyelitis present. Patient has a history of PAD with bilateral femoral bypasses, diabetes, and is a current smoker. Patient denied need for pain medication prior to beginning removal of wound dressing/packing. Wound was unpacked and irrigated with saline. Wound bed measured 2.5 cm x 1.5 cm x 1.9 cm with exposed tendon at 10 o'clock and exposed bone in the wound base. Undermining noted at 4 o'clock measuring 1 cm. Sutures present at 12 o'clock and 6 o'clock. Skin barrier wipes were applied to peri wound skin, patient experienced mild discomfort with application. Adaptic non-adherent dressing applied over sutures. 1 white foam placed over exposed tendon and bone. 2 black foams placed over top of white foam, track pad applied and draping placed over top. Pt tolerated well.

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.

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WOC Plan of Care (include specific products used)

- Float bilateral heels using pillows. Rational: Helps prevent pressure injury to heels while patient is less mobile due to non-weight bearing status of right foot.
- Initiate Negative Pressure Wound Therapy (Activa brand). Rational: To promote formation of granulation tissue, increase blood flow to wound site, and remove excess fluid/infection from wound bed.
- Maintain good seal on NWPT dressing, change dressing (Adaptic over sutures, 1 white foam, 2 black foams applied to wound bed with draping covering the wound) every 7 days and PRN as needed. Rational: To maintain constant negative pressure level, to prevent risk of infection risk, and promote healing.
- Contact Ortho and WOC if purulent drainage or foul odor noted with dressing changes.
- Consult Dietary/Dietitian to ensure patient is receiving diabetic diet with protein shakes added. Rational: Help maintain blood glucose below 200 and promote healing via increased protein intake.

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

I feel the care provided to this patient was appropriate and treated/addressed the reason the WOC nurse was consulted. Pt was agreeable to and verbalized understanding of the plan of care. The only thing I would do differently was premedicate the patient and use no-sting skin barrier wipes instead of barrier wipes that have alcohol in them.

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?

To better understand product selection related to wound management. I feel this goal met as my preceptor demonstrated as well as explained how wound dressing products are selected based on the wound characteristics such as exposed bone or tendon being present or not.

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

My learning goal for tomorrow is to explore billing components and insurance authorization processes for wound care.

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:		

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• 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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