



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

### Daily Journal Entry with Plan of Care & Chart Note

Student Name: \_\_\_\_\_ Day/Date: \_\_\_\_\_

Number of Clinical Hours Today: \_\_\_\_\_

Care Setting: Hospital \_\_\_\_\_ Ambulatory Care \_\_\_\_\_ Home Care \_\_\_\_\_ Other \_\_\_\_\_

Preceptor: \_\_\_\_\_

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.

My preceptor and I saw four wound patients today. The first one had a left arm type two skin tear from IV insertion. Wound was cleaned with NS and pat-dry. Photo and measurements taken. Oil emulsion applied to wound, and wrapped with kerlix. Then secured with paper tape. Dressing was dated, timed and initialed. The same patient also had pressure injury (PI) stage 3 to the coccyx. It was cleaned as well, aquacel applied and covered with sacral allevyn.

My second patient had a Left thigh lymphedema with some open spots and lots of serous drainage. Wound cleaned with NS, photo and measurement taken. Oil emulsion applied directly to wound, followed by aquacel, covered with ABD and secured with paper tape.

The third patient had a PI stage 2 to the sacral area with minimal to no drainage. The wound was cleaned with NS and hydrogel applied, and covered with allevyn.

The fourth patient was seen for right leg type three skin tear due to tape removal while he was in the OR. Wound cleaned, and was treated with oil emulsion, aquacel, covered with ABD and wrapped with kerlix. Then secured paper tape (not touching the skin).

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:

This was an initial for a 71 y/o M patient who was admitted to the hospital due to other health conditions including chest pain and a blockage in the artery. History of DVT, HTN, and DM. Lab results showed low platelet count of 110 k/UL, low total protein of 5 g/dl, and low albumin of 2.9g/dl. Patient sustained a type 3 right leg skin tear caused by a tape removal while in the OR. He was seen this morning in his room, sitting up in the chair. He stated that wound dressing was changed earlier in the morning but he was okay with the WOC nurse undressing the wound, and performing assessment while he was sitting up in the chair. Old dressing removed, wound assessed, cleaned with NS, photo taken and wound size measured. It measured 16cm long, 2.5cm wide, and 0.2cm deep. Moderate amount of serosanguineous drainage, edges attached to wound bed, no peri-wound erythema. Oil emulsion was

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applied to the wound to prevent the dressings from sticking to wound, followed by aquacel, ADD, wrapped with kerlix and secured with a paper tape (not touching the skin). Edema noted to right leg. Patient educated on elevating leg on the pillow when laid down in bed. Other points of education that we discussed was increased protein intake and blood sugar control. Patient verbalized understanding. Dressing changed was tolerated well, no c/o pain.

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)**

Clean wound with wound normal saline, gently pat-dry. Cover with oil emulsion, place aquacel on top, cover with ABD dressing, wrap with kerlix and secure with a paper tape (not to touch the skin). Change dressing daily and as needed. No further visit planned by WOC nurse at this time. Please re-consult wound care, if the need arise.

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

The primary nurse did the right thing. The only thing I will do differently is to consult a nutritionist for protein supplement and to reinforced education to the staff on skin tear prevention.

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 today was to observe the work flow and to learned how to document.

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

My goal for tomorrow is to learn how to write a good plan of care based on the individual condition and wound type.

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	✓	

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• 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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