

Virtual Journal Entry with Plan of Care & Chart Note

Student Name: Miranda Prawdzik Day/Date: 11/13/24

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.

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| 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.

- Something I may have done during my assessment is obtain photos of the new wound site and the left lower extremity to aid in documentation of wound healing progression.
- As there is concern for infection, I may have considered obtaining a wound culture or blood culture to rule out severe infection, or to determine correct antibiotic treatment.
- A full set of lab work could have also been obtained (cbc, bmp, mag, phos, etc.).
- Besides an ID consult, I would also wish to consult the endocrinology team, vascular surgery team, podiatry, and orthopedic surgery.
- I would have maybe assessed the patient for more social concerns, for example how willing and able the wife is able to assist with wound care and how much the patient is able to participate. The wife is currently doing wound care, but is she able to learn the new dressing and demonstrate understanding?
- I may have considered consulting for an updated xray or mri to determine the extend of the osteomyelitis as last scan was over a week ago.

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)

- Cleanse wound and change dressings every other day.
 - Wash wound to left 4th toe with warm water and pH balanced, non-scented wound cleanser, gently pat dry.
 - Cut Aquacel AG hydrofiber sheet to size of wound and place overtop of wound bed.
 - Secure in place with dry gauze roll and utilize a conforming bandage (like Ace Bandage) to further secure and add compression to the limb.
 - Place dry gauze dressing over top of 5th toe amputation site and secure with the conforming bandage dressing.
 - Initiate alternative dressing (see below chart note, MediHoney) to 4th toe site with signs of soft tissue infection and wound worsening.
- Obtain full set of blood work (BMP, CBC, Mag, Phos, Liver panel, total protein, blood cultures)
- Obtain new imaging of left foot prior to next follow-up (xray and mri)
- Obtain wound culture with next dressing change.
- Assess wound with each dressing change for signs of infection or worsening
 - Increased redness, swelling, increased pain, increased drainage, warmth/heat, strong odor/malodorous
- Assess pulses to the lower extremities daily using palpation to the dorsalis pedis.
- Notify provider if there is a loss of palpable pulse to the affected limb, or signs of decreased perfusion
 - Cool to the touch, color change/dusky, pale skin
- Consult orthopedic surgery team/podiatry team for osteomyelitis management as well as fitting for protective post-op shoes.
- Initiate use of protective foot wear while up and moving/ambulating.
- Initiate use of conforming bandage or compression garments daily to the lower extremities to aid with circulation deficiency.

- Place compression garments in the morning, before getting out of bed.
- Consult infectious disease team for infection management and antibiotic recommendations.
- Consult endocrinology team for diabetes management, insulin needs, and education.
- Consult dietary for nutritional support for wound healing and for continued diabetes management.
- Consult vascular surgery team for PVD management, treatment recommendations, and assessing needs for revascularizing surgery.
- Consult surgical team for removal of sutures to the left 5th toe.

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:

The patient is a 70-year-old male with a past medical history of type 2 DM, lower extremity diabetic neuropathy, peripheral vascular disease, and osteomyelitis of the left foot. The patient has a surgical history of recent left fifth toe amputation related to osteomyelitis. No other pertinent surgical history.

The patient presents to the outpatient wound clinic for initial visit related to new wound on left 4th toe. The patient states the wound occurred after being “clipped” during an appointment with podiatry two weeks prior. One week ago, the patient presented to the emergency department for wound care purposes, where an x-ray of the left foot was performed, showing possible osteomyelitis. The patient was then placed on oral clindamycin and left lower extremity arterial doppler performed. The patient was referred to the WOC team for continued worsening of wound to left 4th toe.

Physical Assessment:

- Patient presents to the outpatient wound clinic for initial visit of left 4th toe wound, following referral from ED visit.
- Patient is awake, alert and oriented, and follows commands upon assessment.
- Patient’s wife present at time of visit.
- The patient reports 5/10, throbbing pain at the wound site.
- Review of systems deferred.
- Physical and vascular assessment of bilateral lower extremities performed.
 - ABI and monofilament testing performed at time of visit. (see below for results)
- All pulses in the lower extremities doppled. Pulses in the RLE palpable, +2, WNL. Pulses to the LLE palpable, but weak, +1.
- LLE warm to the touch, RLE cool to the touch. LLE edematous, non-pitting.
- Open wound to left 4th toe, intact and sutured surgical site of the left 5th toe. (see below for further description)
- Maceration noted in the peri wound skin of the 4th toe wound. All other lower extremity skin intact, no evidence of skin breakdown or erythema.
- Patient reports wife has been performing home wound care since wound occurrence. Patient reports

dressing consisted of over-the-counter triple antibiotic ointment and bandage application, changed daily.

- Patient also reports having done Epsom salt soaks of the affected foot as well.

Wound 1

- Location- left 4th toe
- Wound type- physical trauma from accidental cut
- Tissue loss- full thickness
- Measurements- 0.3cm x 0.3cm x 0.25cm
- Probing down to bone
- Appearance- macerated toe tip with non-adherent, necrotic black tissue covering 100% of wound bed
- No evidence of undermining or tunneling
- Exudate amount and characteristics- small/minimal serosanguineous drainage, no odor
- Bandage dressing in place on assessment
- Edges- not attached
- Peri wound skin- macerated skin, moderate erythema, non-pitting edema to the foot
 - Erythema present from the base of 4th toe up anterior foot 3cm x 2cm wide and posteriorly 2cm in length x 2cm wide
- Pain- 5/10, throbbing

Wound 2

- Location- left 5th toe amputation site
- Wound type- surgical incision
- Tissue loss- NA
- Measurements- 1.2cm incision length
- Appearance- incision site intact, sutures in place, open to air
- No evidence of undermining or tunneling
- Exudate amount and characteristics- none
- Edges- well approximated, with sutures
- Peri wound skin- intact, no maceration or breakdown noted, mild erythema
- Pain- none, 0/10

Social History:

- Former 1ppd cigarette smoker, smoking cessation of 10 years.
- No reported alcohol or drug use.
- Lives at home with wife, wife assisting in current wound care regimen.

Current Medications:

- Insulin (unknown dosage)
- Clindamycin (unknown dosage), 10-day course

Most Recent Lab Work/Testing/Vitals:

- Current set of vitals from wound clinic visit
 - Temperature 98.8F, HR 84, RR 22
- HgA1C 7.8%
- No other lab work obtained during this visit

- Imaging performed during ED visit, x-ray showing signs of osteomyelitis in the left foot
- Left ABI 0.91, Right ABI 0.95
- Monofilament testing results-
 - Right foot all points positive
 - Left foot all points positive

Reviewed WOC Patient Education:

- Diabetic neuropathy, high risk for wound development
- Signs of wound infection and when to contact the provider
- How to perform dressing changes, how to cleanse the wound
- Diabetes management and education
- PVD management and education

Recommendations:

Dressing= Aquacel AG hydrofiber sheet, secured with gauze roll dressing and conforming ace bandage to the left 4th toe. Dry gauze dressing to the left 5th toe amputation site.

***Alternative dressing= MediHoney applied to the 4th toe wound site, with gauze square dressing applied ovetop and conforming bandage.

Change wound dressings every other day.

Refer to ID and podiatry teams for infection management and medication regimen.

Initiate use of protective/orthopedic shoes for feet support and injury reduction.

Follow up with WOC team for wound management and assessment.

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?

I chose this case as I feel that I have little experience treating those with diabetes or PVD, and wounds/ulcers related to PVD or diabetes. In the few cases I have cared for a patient with severe PVD or uncontrolled DM that sustained a wound (in my situation, a burn wound) to a lower extremity, the wound had poor healing and ended in amputation. Choosing this case allowed me to further review lower extremity ulcers and wound complications related to comorbid conditions.

Reviewed by: _____ Date: _____

| CRITICAL ELEMENTS | Completed | Missing |
|--|-----------|---------|
| Medical record note reflects that of a specialist: | | |
| <ul style="list-style-type: none"> <li data-bbox="203 382 760 417">• Identifies why the patient is being seen | | |
| <ul style="list-style-type: none"> <li data-bbox="203 422 1170 491">• Describes the encounter including assessment, interactions, any actions, education provided and responses | | |
| <ul style="list-style-type: none"> <li data-bbox="203 495 1008 531">• Includes pertinent PMH, HPI, current medications and labs | | |
| <ul style="list-style-type: none"> <li data-bbox="203 535 987 571">• Identifies specific products utilized/recommended for use | | |
| <ul style="list-style-type: none"> <li data-bbox="203 575 769 611">• Identifies overall recommendations/plan | | |
| Plan of Care Development: | | |
| <ul style="list-style-type: none"> <li data-bbox="203 655 607 690">• POC is focused and holistic | | |
| <ul style="list-style-type: none"> <li data-bbox="203 695 1105 764">• WOC nursing concerns and medical conditions, co-morbidities are incorporated | | |
| <ul style="list-style-type: none"> <li data-bbox="203 768 1138 804">• Statements direct care of the patient in the absence of the WOC nurse | | |
| <ul style="list-style-type: none"> <li data-bbox="203 808 753 844">• Directives are written as nursing orders | | |
| Thoughts Related to Visit: | | |
| <ul style="list-style-type: none"> <li data-bbox="203 888 959 924">• Critical thinking utilized to reflect on patient encounter | | |
| <ul style="list-style-type: none"> <li data-bbox="203 928 967 963">• Identifies alternatives/what would have done differently | | |
| Learning goal identified | | |