



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

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

Student Name: Vishal Mittal Day/Date: 12/04/24

Number of Clinical Hours Today: 8

Care Setting: Hospital ☒ Ambulatory Care ☐ Home Care ☐ Other ☐

Preceptor: Ericka Yates CWOCN

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.

We treated five patients during today's clinical rotation with my preceptor today. My rotation is in wound care, therefore all cases focus on wound care. The first case we saw together was a new patient consult for a healing stage 3 pressure injury, the patient has had the wound for the past 9 months and is known to the wound care consult team (WCCT) from the previous admissions. The second case was also a new patient consult for this admission but the patient is known to the WCCT, this was the case of DTI to the coccyx vs MASD. After a thorough assessment, the sacral wound was related to DTI with skin breakdown with purple discoloration to the surrounding skin. Another case was the case of a DTI that evolved to be unstable and after a thorough assessment patient was found to have a new DTI related to the Foley catheter to the left inner thigh stage II. The last case we saw was also a new consult but a frequent flyer patient known to the WCCT, the consult was for the stage IV wound to the sacrum, we performed a dressing change with Aquacel and covered it with Allevyn foam dressing. Another case we saw was the case of unstageable to the sacrum with a small area of yellow slough with a red wound bed. We took pictures of the wounds for documentation purposes.

Types of patients: Healing Pressure Injury (PI) Stage III, PI Stage IV, DTI, Unstable PI, Device-related DTI

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 a new patient consult for a 69-year-old female with a history of DM2, HTN, Paroxysmal atrial fibrillation, acute respiratory failure, COVID, Monoclonal antibody, Uterine cancer s/p chemo./Rad: eczema, Raynaud's and Idiopathic pulmonary fibrosis s/p Double lung transplant on immunosuppressant. The patient's surgical history includes a Double lung transplant and ablation. The patient follows up with plastic surgery

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outpatient for the wound and was last seen yesterday 12/3/24. The wound care nurse was consulted on this admission for the pressure injury to the sacrum, but the patient is known to the wound care consult team from previous admissions.

The patient was admitted with a diagnosis of acute respiratory failure with hypoxia, pt. was up and awake in bed with the head of the bed up, agreeable to the wound assessment and dressing change. Allevyn dressing was removed from the medial sacrum, and found to have a small yellow drainage on the dressing, no odor was noted. The wound was cleansed with wound cleanser and pat dry. The patient's pressure injury was a healing Stage III to the sacrum, full thickness. Periwound skin is yellow/white with scarring and moist. Pressure injury measured 1.5cmx0.8cmx0.6cm, with the wound bed pink, pt. denied pain. The wound has improved since the last assessment and decreased in size but remains full thickness. Hypochlorous acid wet-to-dry packing was done with plain packing strips, covered with secondary Allevyn dressing. The patient tolerated the procedure and explained the dressing should be changed twice a day and to comply with dressing changes to promote wound healing. Pt. verbalized understanding, and agreeable to a follow-up for reevaluation.

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)

- Remove old dressing from the wounds. Clean the wound with wound cleanser and pat dry. Gently loosely pack the wound with a Hypochlorous acid-moistened ½ inch packing strip and cover it with a secondary dressing Allevyn foam dressing. Change dressing twice a day and as needed.
- Obtain midline comfort glide sheet and turning wedges to offload the patient's coccyx/ischium every 2 hours. Encourage the patient to turn and reposition every two hours.
- Nutrition consult advised for optimized wound healing

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

My thoughts regarding the pressure injury is that the staff is applying the Allevyn dressing to the sacrum and not addressing the depth of the wound. I believe the wound needs to be packed, and I agree with the WOCN nursing plan. The patient had this wound for the past 9 months, chronic wounds have bioburden. The patient has DM2, to add to that pt. had chemo./Rad. in the same vicinity for uterine cancer, and to add to that the patient is on an immunosuppressant for double lung transplant. What I would do differently is I would pack the wound loosely with Aquacel silver or calcium alginate with silver to break the biofilm and protect the wound from possible infection.

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 the day was to shadow my WOCN preceptor, be hands-on with her in providing wound care, ask questions, and soak up the information as much as possible.

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

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I hope to apply or change an NPWT wound therapy.

I hope to see more complicated wounds and how the WOCN nurse develops the plan of 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:                                                                                   |           |         |
| • 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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