

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

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Jen Ennyl E. Gomez Day/Date: Thursday - December 5, 2024Number of Clinical Hours Today: 8Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Amy FolkClinical Focus: Wound  Ostomy  Continence **Reflection: Describe your patient encounters & types of patients seen.**

Today, we encountered a total of three patients in collaboration with the plastic surgery team. Our primary focus during this clinical experience was wound care.

**Patient #1** A 72-year-old female lives at home with her daughter and was admitted on 12/2 due to an inability to tolerate oral intake and weakness. PMH: cerebral aneurysm s/p intracranial clipping, CVA with residual left hemiparesis, chronic sacral wound, DM type 2  
Type of Visit: Follow-up visit existing pressure injuries prior to admission (Stage 4 coccyx and unstageable on left lateral leg)

**Patient #2** The patient is an 80-year-old male who lives at home and was transferred from an outside hospital on 12/2 due to a referral to the hematology oncology team.  
PMH: DM type 2 on insulin, mood disorder, CAD s/p CABG and recently diagnosed esophageal adenocarcinoma  
Type of Visit: Follow-up for an existing right buttock abscess.

**Patient #3** He is a 33-year-old male who lives at home with his siblings and was sent to the emergency department on 12/1 due to fever, cloudy urine and was admitted for UTI.  
PMH: C5-C7 spinal cord injury from GSW resulting in paraplegia, osteomyelitis, autonomic dysreflexia, multiple decubitus ulcers, neurogenic bladder, severe protein malnutrition, anemia, and GERD.  
Type of Visit: Follow-up visit for existing multiple wounds and was recently seen by Plastic surgery for possible flap reconstruction

**Chart note:****Patient #3**

**LOC:** The patient is alert and oriented, comfortably resting on a low-air loss mattress. He has expressed willingness to proceed with the dressing change. Present in the room are the plastic surgeon and their associate.

**Assessment:**

POA Stage 4 ischium measuring 3.5x3.5x0.4 with undermining at 12 o' clock at 0.6cm, with sanguineous drainage, pink tissue with fibrous area noted.

POA Stage 4 Left ischium measuring 1.5x 1.5x0.4 with brown sanguineous drainage and palpable bone. Pink tissue with fibrous is also noted

POA right heel unstageable measuring 1x1 with soft black eschar.

**Medications:** Pt is getting IV Ceftazidime

**Nutrition:** Pt is on a cyclic TPN and with a regular diet

**WOC Plan of Care (include specific products used)****Bilateral Ischium:**

Pre-medicate patient 30 min before the dressing change.

Using adhesive wipes gently remove old dressing and cleanse w/ vashe or wound cleanser and gently pat dry periwound skin.

Apply 3M no sting Cavilon prep to periwound and allow to dry.

On left and right ischium, apply exufiber ag to the wound bed and cover with gentac.

Change daily or as needed for dressing integrity.

**Right heel:**

Cleanse with vashe or wound cleanser and gently pat dry.

Apply medihoney to wound bed and cover with foam.

Change daily or as needed for dressing integrity

**Treatment recommendations:**

1. Continue with low air loss mattress and turn patient Q 2 hours using wedges to support side lying.
2. HOB elevated at least less than 30 degrees unless contraindicated
3. Elevate heels off bed surface using pillows or bunny boots.
4. Skin prep heels BID.
5. Encourage oral nutrition and supplements unless contraindicated.

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

When addressing the dressing for the ischium, I recommend applying a layer of hydrocolloid over the exufiber AG. This combination will promote healthy granulation and support the process of epithelialization, ensuring optimal healing of the wound. The hydrocolloid acts as a protective barrier while maintaining a moist environment, which is essential for tissue regeneration.

**Goals**

Today, I achieved my goal by observing a variety of wounds and the different types of dressings applied to them. It was enlightening to see how each dressing was specifically chosen based on the wound's characteristics and healing requirements.

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

My primary goal for succeeding days is to engage in continuous hands-on experience that will allow me to apply theoretical knowledge in a practical setting. I aim to deepen my understanding of evidence-based practice by actively participating in patient care scenarios and collaborating with my preceptor. I hope to explore the latest research and best practices, enhance my critical thinking skills, and gain insights into how evidence can inform clinical decisions. Ultimately, I want to reinforce my competency in providing high-quality care based on solid evidence.

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: \_\_\_\_\_