Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: ___Stacy Ann Bruce_____ Day/Date: ___1/13/2025_____

Number of Clinical Hours Today: _8___

Care Setting: Hospital __x__ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: _Jennifer Brinkman

Clinical Focus: Wound _x__ 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.

Today, I worked alongside my preceptor in the inpatient wound care team, where we saw a total of seven patients. The cases varied in severity and complexity, including moisture-associated skin damage (MASD) / irritant contact dermatitis, as well as pressure injuries, burns, and other acute and chronic wounds. Each patient presented unique challenges, requiring tailored care plans. We addressed issues related to wound debridement**,** dressing changes, and infection prevention. I had the opportunity to observe and assist with various wound care techniques, which enhanced my understanding of different wound types and management strategies.

Patients seen- Pressure injuries, peripheral artery disease(compression wrap), burns, deep tissue pressure injuries (DTPI), MASD, puncture, bites

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:

A 49-year-old male admitted with a diagnosis of shock, managed by the primary team. The patient has a history of Type 2 diabetes mellitus, hypertension, and acid reflux. His past surgical history includes hernia repair with mesh in 2005. The patient is non-verbal and has a tractotomy. He was identified by confirming his name and date of birth on his ID band. The patient consented to have his wounds assessed today by the inpatient wound care team. Wound Assessment:
The patient has multiple wounds across different sites, including a stage 3 pressure injury to the coccyx, wounds on the left upper ear**,** upper lip**,** left plantar foot and bilateral heel fissures**.**

- Left plantar foot wound (etiology unknown**)**: The wound is red, tan, and purple with intact tissue**.** The

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size measures 3.5 cm x 3.5 cm x 0 cm. The edges are intact, and the surrounding tissue is intact as well. There is no significant depth noted at this time.

- Bilateral heel skin fissures: These are linear and black in appearance. It is currently unable to determine depth. The surrounding skin is dry with areas of callus formation.
- Coccyx wound: The stage 3 pressure injury is extending to the right buttock. The tissue blanches with pressure and is pink and intact. This wound appears to be healing. Wound measures 4 cm x 3 cm x 0.5 cm . Wound clean with water, pat dry a thin layer of duoderm hydroactive gel, cover with allevyn adhesive foam dressing was applied
- Left medial forearm wound: The wound is healed, with the skin appearing pink and intact.
- Left ear wound: The wound is healed**,** dry, and intact**.**
- Upper lip wound: The device-related pressure injury is unstageable**.** The wound is red with yellow slough in the base, the edges are intact but irregular. The wound measures 1.5 cm x 0.5 cm**.**

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)

- Apply Sween 24 to left Platar foot ad bilateral heels fissures.
- Mid Upper Lip continue bacitracin per MD order. Avoid further pressure on the area, and consider the use of a soft foam dressing as needed
- Tru Vue heel protectors to bilateral lower extremities to offload heels while in bed
- Maintain comfort glide patients repositioning system with turning edges to offload patient coccyx/ischium every 2 hours
- Coccyx wound**:** clean skin with water or foam cleanse, dry thoughtly apply thin layer of duoderm hydroactive gel, cover with allevyn adhesive foam dressing . Ensure proper turning and repositioning to relieve pressure on the affected area. Consider the use of a pressure-relieving cushion or mattress.
- Reassess all wounds daily for changes in size, color, drainage, or signs of infection (e.g., redness, warmth, increased exudate)
- Ensure the patient’s nutrition is optimized to support wound healing. Work with the dietician to adjust the patient's diet if necessary.
- Please re-consult wound care department if irritant contact dermatitis worsen
- Reassess all wounds daily to monitor for signs of infection (redness, warmth, drainage) or changes in the wound status.

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

In reflecting on the care provided, I feel that the wound care plan was comprehensive and well-rounded. The use of Sween 24 cream for fissures and hydrocolloid gel for the coccyx pressure injury is appropriate, as these products are effective in providing moisture balance and preventing further breakdown. Additionally,

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the application of Tru Vue heel protectors and repositioning every 2 hours is a solid strategy for preventing further pressure injury and promoting healing. While I had more complex cases I use this patient because a wound consult was put in the floor nurse when patient transferred from ICU and floor nurses documented that the patient has several wounds however when inpatient team visited patient the wounds where mostly in a healed or healing states and interventions where already in place. My preceptor took the opportunity to provide teaching to the unit nurse.

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 enhance my skills in wound assessment and management, focusing specifically on pressure injuries, ulcers and chronic wounds. I aimed to develop a thorough understanding of how to assess multiple types of wounds, select the appropriate products for healing, and establish an effective care plan to address the patient's unique needs. Additionally, I wanted to practice clear documentation and ensure that the care plan was both holistic and patient-centered, addressing not just the wound care but also any underlying conditions like diabetes that could impact the healing process. Lastly, I sought to improve my ability to communicate and collaborate effectively with the broader care team to ensure coordinated care for the patient.

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

Moisture-Associated Skin Damage (MASD) assessment and management

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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