



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Zachary Goodin Day/Date: 1/22/25

Number of Clinical Hours Today: 8

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.

Today, we seen a variety of patients in the inpatient setting. Two patients were consulted to be seen for acquired pressure injuries. One patient was within the ICU and was evaluated for a sacral pressure injury. The other patient was consulted for a left heel pressure injury. Both patients did not have wounds with a pressure etiology. One patient was a follow-up visit for various types of wounds. This was a particularly long visit due to the patient being morbidly obese with fungal wounds in multiple abdominal folds and the groin. Lastly, an initial visit for a pediatric patient was performed with concern for incontinence associated dermatitis.

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:

Initial visit for an 8 year old female with concern for sacrum and buttock wound related to incontinence. The patient was hospitalized and ultimately diagnosed with Crohn's Disease. Induction therapy was initiated to control the disease but the patient has been troubled by frequent episodes of incontinence and diarrhea. Upon arrival, the patient and mother are both present. Patient alert but could not keep eyes open. Discussed with mother the situation. The mother states that the patient would have about ten bowel movements a day of liquid stool with about 3-7 of those being incontinence episodes. The mother states that her daughter has been extremely weak, and this has compounded the incontinence issue with difficulty of getting to the bathroom. The mother also states that the skin has been progressively improving with bowel movement frequency decreasing over the past couple days with yesterday having 4. Mother has been treating with PINXAV ointment. Upon assessment, the perineum and sacrum region have a defined perimeter of erythema that extends onto the buttocks. The skin is intact and inflamed. The perineum was cleansed with Coloplast no-rinse Bedside Care Foam. Reapplied PINXAV ointment to perineum, perianal, sacral and buttock region. The skin irritation is Incontinence Associated Dermatitis.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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)

Continue to apply PINXAV ointment. Cleanse skin thoroughly following each bowel movement and incontinence episode with a no-rinse, pH balanced skin cleanser, such as Coloplast Bedside Care Foam Cleanser. Apply PINXAV liberally with nickel thickness to perineum, perianal, sacral and buttock region following each bowel movement or incontinent episode. If incontinence episodes increase or skin irritation begins to worsen, I would recommend a moisture barrier cream. such as a Coloplast Baza Protect Clear Moisture Barrier Cream. Refer to nutrition for dietary support and hydration management with frequent liquid bowel movements and recent Crohn's diagnosis. Refer to GI for management of Crohn's disease. PT/OT for activity and conditioning. Please consult if skin irritation worsens or incontinent episodes increase. WOC nursing will follow-up with patient in one week to assess progress and determine any further needs.

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

It would have been more appropriate for a moisture barrier cream had the bowel movement frequency and incontinence episodes still been at around 10 per day. However, with these incontinence episodes resolving and the mother stating that skin has been improving, the PINXAV ointment is appropriate to continue with. There is a concern for dehydration and malnutrition for the patient and especially being within a pediatric population. Nutrition support with GI management of Crohn's disease will hopefully recover this patient's energy.

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 focus on continence care.

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

Provide additional wound and continence 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	✓	

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.

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

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: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day.