Cleveland Clinic

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: _1/23/2025_____

Number of Clinical Hours Today: __8__

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

Preceptor: ___Helen Shubsda_____

Clinical Focus: Wound ____ Ostomy ____ Continence __X__

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 patients within the inpatient population. Two of these patients were weekly follow-ups. One patient was in the ICU and had a stage 3 pressure injury on the sacrum. The wound appeared similar to the previous visit's photo. The patient has multiple comorbidities that affect the wound's ability to heal. Another patient was seen for a fasciotomy wound that was pretty much completely healed. Another patient was seen for an initial visit for incontinence associated dermatitis. I was also given the opportunity to view a demo of new wave technology therapy beds that will replace the hospital's current wound therrapy mattresses for patient's with multiple wound sites.

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 a 68 year old female for incontinence associated dermatitis. The patient has a past medical history of hypertension, type 2 diabetes, and kidney failure with hemodialysis. The patient had a bilateral above the knee amputations performed in June of 2024. Since then, the patient has had recurrent osteomyelitis infections requiring hospitalization. The patient's infection is currently being managed with IV antibiotics with an irrigation and debridement possibility in the future. This has been complicated by the patient obtaining a C. diff infection likely due to broad spectrum antibiotic treatment. Upon arrival the patient is alert and oriented. Discussed with patient their normal bowel movements and behaviors. The patient resides in a long term care facility and is typically continent of both urine and stool. The patient is able to use both a bedpan and bedside commode with assistance from staff. The patient states that frequent and liquid bowel movements have become an issue and her perianal area has become quite sore due to this. The patient states that she has been having about 7 liquid bowel movements per day. The patient expressed that she feels that she has quite burdensome for the bedside staff and caregivers. Provided reassurance for the patient and began an assessment. The perianal area is red and weepy with partial thickness skin loss adjacent to the anus. Erythema present that extends to sacrum, buttock, and perineum. Satellite lesions indicative of fungal involvement noted on the sacrum and buttocks. There was foam sacral dressing put in place as a preventative measure. The patient has 3 layers of absorbent pads underneath them with a TAP system

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underneath. Removed foam dressing, Cleansed the area with a no-rinse pH balanced cleanser - Colopalst Bedside Care Foam. Applied a thin layer of Coloplast Baza Moisture Barrier Antifungal Cream and removed excess absorbent pads beneath the patient.

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)

Cleanse the area with Coloplast no-rinse, pH balanced skin cleanser foam following every bowel movement or incontinent episode. Apply a thin layer of Coloplast Baza Moisture Barrier Antifungal Cream twice daily. This cream is meant to remain in place and protect skin from the liquid stool for multiple bowels movements. Recommend placing patient on a low-air loss mattress to prevent pressure injuries and wick moisture from the skin. Maintain TAP system with only one absorbent pad placed beneath the patient. Excess linen or pads trap moisture and contribute to skin fungal infection. Refrain from placing a sacral dressing for preventative measures to limit moisture from being trapped beneath it. Turn the patient at minimum every two hours with proactive toileting. Referral to Orthopedics for osteomyelitis bone involvement and possible irrigation and debridement. Refer to Infectious Disease for osteomyelitis and C Diff infection management. Refer to endocrine for diabetes management for maintenance of glucose levels to optimize healing. Referral to nephrology for kidney failure management. Patient currently goes for hemodialysis treatment Monday, Wednesday, and Friday. Refer to PT/OT for activity.

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

It is very important to protect the skin from the patient's frequent liquid stools. I would have considered the use of a fecal management device with the patient being non-ambulatory, however this patient was not incontinent of stool but rather with episodes of immense urgency due to the C Diff Infection that bedside staff just could not attend to quickly enough.

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?

Provide care related to the continence specialty.

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

Provide continence care to a patient within the critical care setting.

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	✓	

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• 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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