



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Jane Frances Nassaka Day/Date: 02/06/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Helen Shubsda

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.

On this day, I saw seven patients with my preceptor, each presenting with different types of wounds, mostly related to pressure injuries. One patient had a leaking G-tube, with split gauze placed between the skin and the external stabilizer. The skin was affected by irritant contact dermatitis, causing significant pain. To address this, the skin was gently cleaned with normal saline, patted dry, and stomahesive powder was applied. A No Sting skin barrier film was then used, allowed to air-dry, and a layer of split gauze was applied, with each step carefully explained to the patient. We started the day later than usual because my preceptor had to attend a management meeting, which I, as a student, was not permitted to attend. The types of patients seen included pressure injuries (mostly sacral), severe IAD, a leaking G-tube, a leaking jejunostomy tube, a patient with left leg calciphylaxis, and a patient with multiple wounds.

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 63-year-old male patient presented to the ED on 1/18/2025 with dyspnea. His medical history includes ESRD on nightly peritoneal dialysis, CAD, CHF, calciphylaxis (currently receiving sodium thiosulfate infusions since this week), sarcoidosis, NSTEMI, hypertension, hyperlipidemia, and chronic shortness of breath, especially on exertion. His past surgical history includes a left heart catheterization. The patient is a

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former smoker who quit 10 years ago, denies alcohol use, and is allergic to nuts, causing an itchy reaction.

Upon introduction by my preceptor, the patient was alert and oriented to self, situation, place, and time. At the time of assessment, he denied shortness of breath, rated pain as 0/10, and had no nausea. His vital signs were within normal limits, and he was saturating at 95% on room air. Photos were taken with the patient's permission, and his medication and lab results were reviewed.

On examination of the wound, it had a brown base with an intact peri-wound area. The wound was irregular in shape, measuring 5 cm in length, 6 cm in width, and 0.2 cm in depth. Scant sanguineous drainage was noted, with no odor. The wound was cleaned with normal saline, patted dry, and treated with Medihoney alginate, which was covered with a foam dressing.

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)

- Clean the wound with normal saline, gently dry, and apply Medihoney alginate, cover with Allevyn foam dressing.
- Change dressing every other day and as needed for strike-through.
- Encourage the patient to turn and offload pressure from the coccyx and ischium every 2 hours.
- Recommend side-to-side positioning, avoiding lying on the back as much as possible.
- Continue dialysis and sodium thiosulphate per physician's orders.
- Follow dietitian recommendations on nutrition and phosphate restrictions.
- Provide emotional support to both the patient and family.
- Manage pain with medication as per physician's orders.
- Contact the WOC nurse for any questions or concerns regarding care.

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

The care provided to the patient appears to be well-rounded and addresses both immediate wound care and ongoing management of the patient's complex medical conditions. The wound care approach, including the use of Medihoney alginate and foam dressing, seems appropriate for the wound's characteristics, with regular dressing changes scheduled to ensure proper healing. Encouraging the patient to offload pressure and avoid

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prolonged lying on his back is an important part of preventing further injury. The decision to continue with dialysis and sodium thiosulphate per the Physician's orders also seems in line with the patient's current treatment plan.

However, there are areas where the care could be improved. Specifically, the team should consider transitioning the patient to hemodialysis, as sodium thiosulphate is typically administered toward the end of hemodialysis, which may enhance its efficacy. Additionally, while the patient was educated on the importance of anticoagulation with heparin, there seems to be a gap in understanding regarding the heparin drip and its titration based on blood draws. This seemed to frustrate the patient, and more comprehensive teaching is necessary to ensure he fully understands the purpose and importance of this process in his care. Although the patient was agreeable to the explanation, further clarification and reassurance would help alleviate any concerns or confusion. This could improve both his compliance and comfort with the treatment plan.

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 gain more exposure to wound management, and I was able to achieve this, thanks to the guidance and support of my preceptor. I was able to observe and participate in wound care procedures, which helped me build confidence and knowledge in this area.

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

My learning goals for tomorrow are to focus on identifying different wound, ostomy and continence products. I've shared this goal with my preceptor to ensure I can receive guidance and feedback as I learn more about these products and their appropriate applications in patient care. This will help me gain a deeper understanding, enhancing my ability to provide effective treatment for patients.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> Identifies why the patient is being seen 	✓	
<ul style="list-style-type: none"> Describes the encounter including assessment, interactions, any actions, education provided and responses 	✓	
<ul style="list-style-type: none"> 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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