Daily Journal Entry with Plan of Care & Chart Note

Student Name: _Roxanne Britt_____ Day/Date: __3/26/25_____

Number of Clinical Hours Today: _8___

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

Preceptor: ____K. Nicki Blasiole_____

Clinical Focus: Wound __x__ Ostomy ____ Continence ____

Inpatient hospital wound rounds 3/26/25: All patients have orders in place for turning and rotation schedule every two unless otherwise specified for pressure redistribution.

All beds at Akron General/Cleveland Clinic Hospital are low air loss and have weight redistribution properties for pressure redistribution and pressure injury prevention.

83 y/o female with type three skin tear and stage 2 PI that will be focus case study.

47 y/o female in ICU with DTI to coccyx. Blanchable deep maroon intact tissue noted. Zinc oxide applied and Allevyn foam dressing for prophylaxis. Heel boots also applied for offloading.

58 y/o female stage 4 PI to coccyx on med-surg unit follow up. She is known to wound care staff. Stage 4 PI washed and packed with vashe applied to gauze and secured with secondary silicone foam dressing. DTI to spine with silicone foam dressing. EHOB TruVue heel boots in place for offloading.

63 y/o male with hx of R BKA 3/24/25 due to osteomyelitis of DFU. L foot DFU Wagner 3. Wound cleansed with NS and dressed with mesalt dressing and secured with kelix gauze wrap

and paper tape to gauze. Good sensation appreciated at L great toe. Offloading encouraged of L heel while in bed with pillow.

86 y/o female with MASD to buttocks and stage 2 PI to coccyx. Allevyn sacral foam dsg applied to coccyx. MASD improving with UI management with periwick system.

88 y/o male with venous ulceration L lateral lower leg. Wound cleaned with NS and debridement of slough able to be completed with gauze. Xeroform dressing applied and secured with Allevyn foam dsg.

81 y/o female with L elbow with superficial open wound possible friction/sheer injury and L dorsal hand with skin tear type 2. Wound cleansed with wound wash and xeroform dsg applied and secured with secondary kling gauze dsg and secured with paper tape to gauze. EHOB TruVue heel boots in place for offloading.

73 y/o female with stage 4 PI to coccyx. Wound cleansed and loose gauze packing applied with vashe wash and secured with large sacral Allevyn silicone foam dressing. R ankle healing stage 2 PI. Xeroform and secured with secondary silicone foam dressing. EHOB TruVue heel boots in place for offloading.

68y/o female BLE wounds and stage 2 PI to coccyx. Wounds cleansed with wound wash and gauze. Allevyn foam dsg applied to coccyx. Abd fold with moisture and candida but skin intact. Miconazole powder ordered. EHOB TruVue heel boots in place for offloading.

Case Study:

Age/Sex: 83 year old female

PMH:
Right-sided heart failure
Anxiety,
A-Fib
long-term anticoagulant use
cataract
CHF-NYHA class III acute diastolic
Chronic lymphoid leukemia

CKD
DJD of hands bilaterally
Depressive disorder
GERD
Glaucoma
Hyperlipidemia
Hypertensive disorder
Low back pain
Lumbar spondylitis
LVH
OA of R knee
Tachycardia
Vestibulitis

PSH:
Arthroscopy R knee
Cholecystectomy
Correction of bunion
Left sided heart catheterization- percutaneous
Stress echocardiogram

CC: Admitted for fall and sustained R forearm skin tear from hitting dresser upon falling. She was found to have pneumonia upon admission as well. A&O X 1 and unable to say how long she has been ill at time of admit.

Medications:
Metolazone 2.5mg PO 2 x a week
Zoloft 100mg PO daily
Percocet 5/325mg PO BID
Levothyroxine 100mcg PO daily
Aldactone 25mg PO daily
Zocor 10mg PO nightly
Diltiazem CD 120mg PO daily
Toprol XL 100mg PO daily
Mucinex 600mg PO BID
DuoNeb 3mL solution per nebulizer QID
Salonpas patch tts daily
Voltaren 1% gel topical AAA TID
Tylenol 1000mg q 8hrs prn

Zosyn 3.375mg IV piggyback in dextrose 50mL q8hr

Social history- not reported in EMR

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	3
Activity	2
Mobility	3
Nutrition	2
Friction/Shear	2
Total	16

Plan: Continue to provide wound care and will follow up if still inpatient next week or provide transitional wound care management orders upon discharge.

Assessment /encounter:
Alert and orientated X 2 female, hard of hearing and elderly appearing, lying in hospital bed.
Respiratory: no SOB noted
Cardiovascular: faint DP and PT pedal pulses appreciated
Extremities: Heels intact bilaterally
Integumentary: Stage 2 PI to coccyx
Type 3 skin tear to R lower forearm, anterior aspect noted

Wound Assessment:

Location: Sacrum
Wound type: Stage 2 pressure injury
Extent of tissue loss: Stage 2- Superficial skin loss
Size and shape: 1cm x 1 cm x 0.1cm Round
Exudate/amount: None
Odor: None
Peri-wound skin: pink, dry, and intact
Site assessment: Clean and dry

Location: Right lower anterior forearm
Wound type: Skin tear
Extent of tissue loss: Type 3
Size and shape: 8cm x 4.5cm x 0.3cm Irregular with flap of tissue present on part of wound bed

Wound bed tissue: Red 40% Burgundy 60%
Exudate/amount: Small amount of sanguinous
Consistency: Thin
Odor: None
Undermining/tunneling: None
Edges: Flush with peri-wound skin

Peri-wound skin: with edema and ecchymotic
Site assessment: Fragile and painful

Photos taken for EMR today

WOC Plan of Care:

Sacrum: Cleanse wounds with each dressing change using NS and gauze. Apply an Allevyn sacral dressing to sacrum/coccyx every 3 days and as needed for soiling or non-adhesion. Peel back a corner to assess skin each shift daily.

Right forearm skin tear: Cleanse wounds with each dressing change using NS and gauze. Apply Xeroform gauze to wound bed and secure with kerlix and paper tape to gauze only. Please note on tape direction of skin tear. Change daily and PRN soiling.

Pressure injury prevention turn and reposition Q2 hours offload heels with boots or pillows. Allyvyn foam dressing to coccyx and other bony prominence as needed.

Chart Note:
3/26/25
112/82-97.9-97-18- Po2 98% on 2L O2 via NC Ht 5 1 Wt 135lbs

83-year-old A&O x 2 pleasant female lying in bed, HOH, and elderly appearing. She reports she is feeling better this am but when asked she reports her arm is sore but tolerable. Some tenderness to touch noted upon assessment. She is using tylenol PRN and standing percocet orders. Radiology report from 3/22/25 Appreciated of impression; No fracture or dislocation seen. No acute osseous abnormality. Labs from 3/25/25 of WBC 31.01 and Albumin 3.4 noted along with sputum culture showing few S. aureus and moderate gram positive cocci present in regard to wound healing potential. Will continue to ensure Zosyn administered and follow up labs ordered. Continue with current wound treatment plans and serial measurements to monitor healing. Will monitor nutrition/fluid intake and supplement protein shakes BID in-between meals. Ensure repositioning Q 2 hours as ordered and pillows/wedges for sacral offloading.

In reflection of what could have been done differently on my last clinical day, Lydia said it! Knowing now how beneficial this clinical rotation was, we should have stayed for the five days. The hands-on learning with the expert WOC nurses was worth the travel and we should have spent another two days with them. Again, I found it difficult not having access to the EMR or more time on the units to talk with the CNA staff. It feels like I barely saw any CNA support, but I understand staffing these days. An RN was pulled from the mother and baby unit to be a post op patient sitter for a patient we visited but I saw untouched food trays and a urinary catheter bag with very little urine and so very dark in color.

Above and beyond patient care and ideal wound healing conditions, this affected my subjective Braden scale scores and we discussed this in the office. I wish the state of health care in general was different, so there is much that I wish I could have done differently on that note for better holistic patient care.

My goal in choosing this case was I had not chosen a skin tear yet and this was a significant type 3 skin tear. The hospitalist had asked my preceptor for her opinion about if the flap and if it could be approximated. I had already asked if it was best to allow it to remain in place and allow for autolysis. The flap was folded but probably acting as a cover for a significant hematoma, so the WOC plan of care was indeed the best plan for treatment.