

**Virtual Journal Entry with Plan of Care & Chart Note**

 Student Name: LYDIA AGYEKUM

 Day/Date: 4/15/25

 Setting: Hospital • Ambulatory Care  Home Health Care • Other: \_\_\_\_\_

**WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.**

<b>Chart Review/History</b>	<p><u>Age/sex</u>: 70-year-old male</p> <p><u>PMH</u>: Type II Diabetes, lower extremity neuropathy, peripheral vascular disease, and s/p left 5th toe amputation due to osteomyelitis 3 weeks ago. Presented to ED 1 week ago for left 4<sup>th</sup> toe wound. Ed instructed to continue wound care. Placed on Clindamycin, ED x-ray left foot showed possible osteomyelitis. Left leg arterial doppler pre-surgery indicated ABI .92 &amp; TCPO<sub>2</sub> 13 mmHg.</p> <p><u>CC</u>: First wound clinic visit for wound on tip of left 4th toe. States toe was clipped causing a small wound by podiatrist 2 weeks ago. Wound worsening</p> <p><u>Meds</u>: Insulin, Clindamycin x 10 days</p> <p><u>Social hx</u>: Lives with wife. Smoked 1 PPD until 10 years ago, no alcohol consumption</p> <p><u>Labs</u>: HgA1c from ED visit was 7.8%</p> <p><u>Plan</u>: CSWD, Aquacel AG, gauze, conforming bandage. Wife to change dressing every other day. RTC weekly. Fit w ProCare squared toe post op shoe for added protection.</p>
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**Assessment/encounter:**

LOC: awake, alert, oriented x3

VS: 98<sup>8</sup> 284 22

Initial interview: Wife performs wound care of OTC triple antibiotic ointment & band-aid daily. Patient states the antibiotic has not helped & wound has continued to worsen. Tried soaking foot in Epsom salt for 15 minutes but wound did not improve. Says toenail on left 4<sup>th</sup> toe has almost fallen off.

Diagnostics: left ABI .91, right ABI .95

Pulse right: Doppled pulses present on right leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable

Pulse left: Doppled pulses present on left leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable but weak

Monofilament test R foot: All points positive

Monofilament test L foot: All points positive

**Wound assessment:Wound 1**

Location: left 4<sup>th</sup> toe

Wound type: trauma from accidental cut

Extent of tissue loss: full thickness

Size & shape: 0.3 cm x 0.3 cm x 0.25 cm probe to bone

Wound bed tissue: tip macerated with non-adherent necrotic tissue covering 100% of wound bed

Exudate amount, odor, consistency: Small amount of serosanguineous drainage, no odor.

Undermining/tunneling: none

Edges: not attached

Periwound skin: Macerated around wound

Pain: throbbing 5/10

Temperature: LLE warm to touch; erythema of left foot from base of 4<sup>th</sup> toe up anterior foot x 3

cm x 2 cm wide and posteriorly 2 cm in length x 2 cm wide. Parameters marked from ED visit.

RLE cool to touch

Edema: left foot edematous

**Wound 2**

Location: 5<sup>th</sup> toe amputation site

Wound type: surgical

Extent of tissue loss: N/A

Size & shape: Incision site 1.2 cm

Wound bed tissue: N/A

Exudate amount, odor, consistency: none

Undermining/tunneling: none

Edges: approximated with sutures

Periwound skin: intact, mild erythema, no maceration

Pain: none at incision site

Photos: None

Education: Identify & note in chart notes

Suggested consults: ID consult for next clinic visit

Using critical evaluation of the provided encounter data, identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.

**1. Identify what could have been done or done differently regarding assessment data collected, treatment recommendations, consults, referrals, tests, and education.**

Referral; request for vascular surgeon for vascular evaluation and treatment.

Education; patient and family educated on diabetic shoe comply with medication regimen, daily inspection of foot, foot hygiene keeping toes dry, fitting shoes, glycemic control by maintaining a healthy diet and doing tolerated physical exercise.

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend?*)

**2. WOC Plan of Care (include specific products used)**

Left 4<sup>th</sup> foot

Clean wound with vashe solution with each dressing change.

pack wound bed with hydrogel impregnated gauze(dermaguaze)

secure with gauze roll.

Keep in between toes dry.

Change dressing daily.

Elevate left foot above heart level for 30 minutes, several times daily.

Total contact cast

5<sup>th</sup> toe amputation site

Clean incisional site with wound cleanser with each dressing change.

Cover site with transparent film dressing

Write a chart note giving careful consideration to the chart review information, 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 used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

**3. Chart note:**

Initial visit, patient seen at the ED a week ago with wound at the 4<sup>th</sup> left toe, seen today as wound not healing.

Patient is alert, oriented and responsive, a known diabetic with the 5th left toe amputation. Comorbidities, positive monofilament test to bilateral feet, weak pulse at left leg. Left 4<sup>th</sup> and 5<sup>th</sup> toes wound evaluated as follows.

**Wound assessment**

wound type; traumatic wound

Wound location; left 4<sup>th</sup> toe

Wound bed; non adherent necrotic tissue

Extent of tissue loss; full thickness

Size; 0.3 cm x 0.3 cm x 0.25 cm probe to bone

Exudate amount, odor and consistency; Small amount of serosanguineous drainage, no odor

Periwound; macerated

Left foot is edematous.

The left 5<sup>th</sup> toe is amputated, the site has stitches with approximated edges with sutures, an indication of healing, the peri wound is intact, mild erythema with no maceration.

Wound washed with wound vashe solution for accurate assessment and evaluation, measurement taken as charted above, vashe solution for cleansing, wound bed packed with hydrogel impregnated gauze for moist environment and possible autolytic debridement (after vascular surgeon evaluation).

Barriers to healing; body habits, comorbid conditions, compliance with care regimen.

Follow up, a week after the initial assessment

**You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?**

**4. What was your goal for choosing this case?**

To manage diabetic foot effectively

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**For instructor use only. Do not remove or edit**

CRITICAL ELEMENTS	Completed	Missing
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## R. B. Turnbull Jr. MD WOC Nursing Education Program

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	✓	
• Completes Braden Scale for inpatient encounter	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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	✓	