Cleveland Clinic

R. B. Turnbull Jr. MD WOC Nursing Education Program

Virtual Journal Entry with Plan of Care & Chart Note

Student Name:_ Roxanne Britt Day/Date:_ 4/25/25

Setting: Hospital ý 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.

Chart Review/History

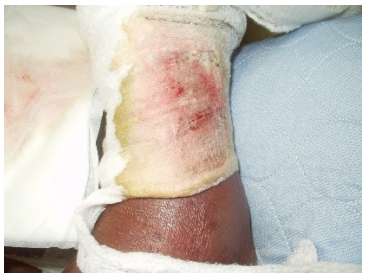
Age/sex:52-year-old female
PMH: morbid obesity, CHF, COPD, PE and lower extremity venous disease with ulcers.
CC: Presented to the ER with bilateral lower extremity edema, cellulitis and ulcers. BLE are erythematous and warm, confirmed cellulitis. Short of breath for past week & uses 4L oxygen
Meds: Currently taking Bumex 2mg BID. Has been taking Tylenol for pain but states it is not helping.
Social hx: Lives alone

Braden score

Sensory Perception	4
Moisture	4
Activity	3
Mobility	3
Nutrition	2
Friction/Shear	3
Total	19

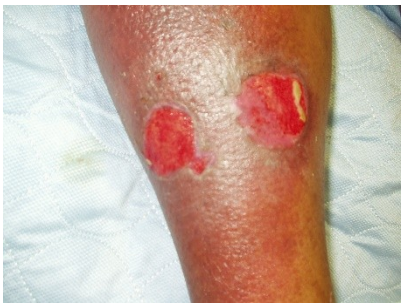
Plan: IV Vancomycin. Morphine for pain. Lasix for CHF. Potassium is low at 2.7. IV potassium ordered. Troponins were normal. COVID neg. Ultrasound r/o DVT's.

Photo: RLE on admission to ED. ABD dressing inplace



Assessment/encounter:
LOC: Alert, awake, & oriented.
Initial interview: Stated both legs have been swollen for a month and are extremely painful to touch. Independently wraps legs daily with ACE bandages, ankle to above wounds. Currently has been suffering with pain and was afraid to come to the hospital because she does not like hospitals, but legs are now weeping, copious amounts of clear drainage. States has not been wearing oxygen.
Wound Assessment
Location: RLE
Size & shape: Round, lateral is 1.2 x 1.3 x 0.1 cm & medial is 1.4 x 1.4 x 0.1 cm
Wound bed tissue: red tissue with small amount yellow tissue on medial wound
Exudate amount, odor, consistency: Large amount serous drainage, thin, no odor
Undermining/tunneling: None
Edges: flat & attached
Periwound skin: Erythematous, but no induration, fluctuance, maceration or denudement.
Pain: 4/10 but >10 on movement
Temperature: BLE warm to touch
Edema: Present bilateral extremities with RLE

measuring 40 cm at the calf with reference point of 12 cm from popliteal fossa, 23 cm at ankle with reference point 2 cm above malleolus, and 20 cm plantar foot. LLE measures 43cm at the calf with reference point of 12 cm from popliteal fossa, 25 cm at ankle with reference point 2 cm above malleolus, and 20 cm plantar foot.
Pulse right: Doppled on right leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable
Pulse left: Doppled on left leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable
Monofilament test R foot: All points positive
Monofilament test L foot: All points positive



Education: discuss below
Patient education will focus on small steps for treatment and leading to prevention of future catastrophic illness and not to snowball blame her for current condition. Rapport should be established, and social services may be needed to ascertain why she was not complaint with oxygen therapy (most likely LEVD and HF treatments too) and afraid to seek medical care.

-Smoking cessation education if applicable.

-COPD education that oxygen therapy will aid in adequate tissue perfusion to help wounds heal and prevent new ulcer formation which will reduce pain. Also, SOB is in association with the acute HF with lung disease and when treated and using prescribed O2 she should be much more comfortable without any dyspnea or feeling of impending doom because she cannot breathe. Compliance for any other medications if applicable to aid in ease of breathing if she was prescribed or if needed.

-CHF education and vascular will focus on the cause of the fluids weeping from legs and need for diuretics now with may treatment compliance needed per Cardiology.

-Nutrition education will focus on healthy diet and adequate protein with points that focus on why and what with perks of getting healthy and not shutting her down with obesity only speech. We will tie in that treating

swelling will help delivery of nutrients to wound site and aid in healing but slip in that obesity compiled to current illness.

LEVD- Connection will be made gently of untreated edema leading to ulcer formation and cellulitis. Compression, elevation, and activity plans will be coming when patient's acute infection is treated and HF stable. Elevation of legs for now while in bed resting but along with encouraging mobility and walking when she can since she scores 3 on Braden scale for relief of edema. Outpatient goal of compression will be 30-40mmHg when it is no longer contraindicated.

Another education point will be that the ACE wraps are not sufficient and we will prescribed sufficient compression and work with her on what kind is tolerated when her condition is stable to initiate compression therapy and again emphasis on this is the gold standard treatment for the edema and ulcers along with prevention to help her feel better and not be in this pain.

Suggested consults: discuss below
Consult will be placed with Cardiology to ensure treatment of acute HF and follow up.

Ascertain if pulmonology consult needed for COPD treatment if respiratory status is not stable.

Any appropriate vascular consultation and required therapy initiated by medical staff if US positive for DVT.

Nutrition consult may also be warranted depending on patients' needs of education with protein intake since her Braden score is "probably inadequate," potassium intake, and obesity.

Depending upon her mobility status when stable, physical therapy consult may be warranted for improvement of all of her health conditions.

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.

I would want to ensure medical staff had ruled out PE with her presentation in ED and past history. Where any other labs done? Follow up potassium level since that was very low. Was she taking any home diuretic without KCL? This would be another critical patient education point if this were the cause of the hypokalemia.

If pulsed were doppled could ABI's have been obtained at the same time depending on patient comfort level? It is not contraindicated to obtain ABIs with cellulitis infection and would have directed if revascularization needed.

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)

Obtain ABIs- please pre-medicate patient if needed 30 minutes prior for comfort.
Please premedicate 30 minutes prior to dressing changes for pain if needed.
Cleanse wounds with warmed to body temperature NS or wound wash and gauze.
Apply skin prep to peri wound skin.
Apply Alleyn AG foam dressing to wounds.
Dressing Change every 3 days and as needed per soiling or dislodgment.
Notify wound care if any signs of infection develop or any questions.
Wound care will assess after first week to evaluate if appropriate to change frequency of dressing per wear time and patient condition.
Ensure diet intake of 1.25-1.5g/kg/d protein unless contraindicated for hx of CKD along with adequate fluid and multivitamin.
Skin inspection daily with ADLs.
Elevate legs above heart level when resting in bed or for 30 minutes 4 times a day.
Encourage ambulation to bathroom and in halls as tolerated.
Ensure medical orders for cellulitis treatment in place and being administered.
Follow up on any wound culture per medical order
Ensure compliance with oxygen therapy per medical orders.

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:

Patient is sitting up and alert, awake, and orientated. Patient premedicated for wound assessment and dressing change per medical orders.

Wound assessment location: right lower extremity
Size and shape: round lateral is 1.2 x 1.3 x 0.1 cm and medial is 1.4 x 1.4 x 0.1 cm
Wound bed tissue: red with small amount of yellow tissue on medial wound
Exudate amount odor consistency: Large amount of serous drainage, thin, no odor
Undermining/tunneling: none
Edges: Flat and attached
Periwound skin: erythematous but no induration fluctuance, maceration, or denudement.
Pain: 4/10 but 10 on movement
Temperature: BLE extremely warm to touch
Edema: Present by lateral extremities with right lower extremity measuring 40 cm at the calf with reference point of 12 cm from popliteal fossa, 23 cm at ankle with reference point 2 cm above malleolus and 20 cm

plantar foot.

Left lower extremity measures 43 cm at the calf with reference point of 12 cm from popliteal fossa, 25 cm at ankle with reference point 2 cm above malleolus, and 20 cm plantar foot.

Pulses right: Doppled on right leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable.
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Pulses left: Doppled on left leg: popliteal, dorsalis pedis, posterior tibial. Pulses palpable.
Monophiliment test right foot: All points positive
Monofilament test left foot: All points positive

Wounds dressed and patient tolerated procedure well. She was left resting in bed after with HOB at 30 degrees, O2 in place at 4L vis NC, and lower legs raised just above heart level with heels floated via pillows. She had fluids @ BS, call light within reach, and stated she was comfortable.

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?

I chose this case because LEVD is one on the most common presenting wounds and especially in the presents of this particular case studies' co-morbid conditions this will be as an internist put it, my potential "bread and butter." I want to learn anything more you may have to offer while grading this case study that the text or lectures did not cover.

I read an extra UTD article on compression therapy for this journal.

Serious question, would *wound care made incredibly easy* be a wise purchase or at this point the Cleveland Clinic program covered much more in depth what your book covered? I do want to be competent, and I liken this course to saying I wanted to go to cooking school but only know a few ingredients well enough. I have also reached out to other clinics for more clinical time and will hold my breath for more shadow hours.

Thank you!

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	ü	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	ü	
• Completes Braden Scale for inpatient encounter	ü	
• Includes pertinent PMH, HPI, current medications and labs	ü	
• Identifies specific products utilized/recommended for use	ü	
• Identifies overall recommendations/plan	ü	
Plan of Care Development:		

• POC is focused and holistic	ü	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	ü	
• Braden subscales addressed (if pertinent)	ü	
• Statements direct care of the patient in the absence of the WOC nurse	ü	
• Directives are written as nursing orders	ü	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	ü	
• Identifies alternatives/what would have done differently	ü	
Learning goal identified	ü	