



R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Daily Journal Entry with Plan of Care & Chart Note

Student Name: H Alexis Seris Espinal _____ Day/Date:
6/10/25_____

Number of Clinical Hours Today: 8_____

Care Setting: Hospital _____ Ambulatory Care _____ Home Care _____ Other _____

Preceptor: Colleen Baisden_____

Clinical Focus: Wound _____ Ostomy _____ Contenance _____

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 a total of 7 patients were seen. The first Pt had minor skin tears to the RUE and LLE as well as MASD to the buttock. There were two Pts that had a diabetic foot ulcer with stable eschar and a small abrasion to the upper extremities. Another patient that was seen had a chronic LLE wound r/t past osteomyelitis infection. The next patient had blistering to their abdomen r/t and distention and edema. The last two patients had PI's to their coccyx area. One had a stage 4 full thickness wound in which recently has been debrided in the OR. The other was a healing stage 3 PI that began as a DTI and was POA.

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 beginning with a brief, focused history and history of present illness, including why you are seeing the patient. Then, describe the visit including any physical assessment, interactions, interventions, and evaluations. Complete a Braden Scale assessment if this was an inpatient encounter. Identify any specific products used or recommended for use. Remember, this note reflects all that you *did* at your visit, the plan of care reflects your direction/orders *after* the encounter to be performed in your absence.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	3
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Moisture	3
Activity	1
Mobility	2
Nutrition	2
Friction/Shear	1
Total	12

Focused Follow-Up Assessment:

In to see a patient for a follow-up on POA PI to the coccyx. Pt admitted for severe mitral valve stenosis. PMH of COPD, PAD, stroke, A-Fib, mitral valve disorder, and history of a gunshot wound to the head. Explained reason for visit and Pt unable to agree to be seen. Pt is alert and oriented to self, able to follow commands. Pt lying in a 40-degree position. A safety sitter/CNA was present and assisted with repositioning Pt. Pt tube feedings via NG tube paused for repositioning.

Coccyx/ extending to bilateral buttock POA PI healing stage 3: round, full thickness, punched out appearance, 10% pink/red budding, 90% yellow/white with pink, intact scarring to surrounding tissues. Scant amount of serosanguineous exudate was noted. Measured area as 2cm x 2.5cm x 0.3cm in size. Cleansed with NS. Applied 2mm nickel thick amount of hydrogel to silicone-bordered foam dressing. Applied silicone foam dressing to area.

Left groin line site, L AKA surgical site, and perineum irritant contact dermatitis not assessed during this visit.

Pt INC of bowel, brief CDI at this time. Foley in place at this time secured by leg securement dressing. Pt repositioned to left lying position at 40-degrees by this RN, Colleen Baisden APRN, CNP, and CNA. Pt tube feedings resumed. Bed in low and locked position.

Time spent with patient 35 minutes with Colleen Baisden APRN, CNP present.

H. Alexis Seris Espinal BSN, RN WOC nursing student

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)

1. Coccyx/ extending to bilateral buttock POA PI healing stage 3: Cleanse with NS. Apply 2mm nickel thick amount of hydrogel to silicone bordered foam dressing. Apply silicone foam dressing to area.

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- Change Q every other day or as needed for soilage.
2. Continue previous wound care orders from the prior visit for perineum, L groin and L AKA amp sites
 3. Continue turning and repositioning to maintain offloading of the coccyx/ischium Q 2 hours with use of turning wedges.
 4. Continue to offload R heel with heel lift boot
 5. Continue to offload L AKA site with pillow support.
 6. Obtain bed with bed pump to provide loss air when Pt transferred out of ICU to general medicine unit.
 7. Nutrition Consult to optimize wound healing

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 today was to assess wounds and make appropriate product recommendations. This goal was met as the patient in the chart note above was staged and discussed the products/selection of dressings.

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

The dressing of choice here was a hydrogel followed by a silicone-bordered foam dressing. I choose this dressing to provide moisture to the wound bed and fill in this full-thickness wound bed. The position of the wound allowed us to place the silicone-bordered foam dressing as a secondary dressing. Due to location and size, it is further away from the anus and should not become soiled.

If this wound was closer to the anal region, we could have used a hydrophilic dressing paste. The paste would protect the area from moisture, protect the wound from contamination of stool, and moisture moisture-balanced environment to promote wound healing.

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

Tomorrow I would like to identify different skin lesions and fistula management if with there is an opportunity.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	✓	
• Describes the encounter including assessment,	✓	

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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	✓	

Reviewed by: _____ Date: _____

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