

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

Student Name: Jason Gray Day/Date: Monday 7/14/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital  Ambulatory Care  Home Care  Other 

Preceptor: Jennifer Mullins

Clinical Focus: Wound  Ostomy  Continence **Reflection: Describe your patient encounters & types of patients seen.**

I had the privilege of rounding with Jennifer Mullins, WOCN and APRN

We saw eleven patients with wound types including: burns, trauma, stage 2 and 3 pressure injuries, and skin tears. One of the things I appreciated during each encounter was the overall assessment and prevention of pressure injury for each patient. Though I have a good theoretical foundation of wound care based on my readings, I lack direct hands-on wound care experience; this was a feature of today being able to participate. Additionally, though I have a good foundation of dressing types/classes, I lack specific information of brands of products. We were able to review a number of these today which will be very helpful for the rest of the week and in clinical practice moving forward.

One patient I found particularly interesting is receiving outpatient wound care with skin substitute applications. She described having multiple infections since inception of grafting and appears to be very well versed with conducting her own care, identifying issues, and intervening quickly.

**Chart note:****Focused History**

- Patient is a 60-year-old male with no significant medical history.

**Chief Complaint**

- Left scalp, elbow, and leg wounds

**History of Present Illness**

- Patient was brought to the emergency department following a single-vehicle accident after losing control of his motorcycle and falling/skidding onto his left side. Patient reports he was not wearing a helmet and did hit his head, though he did not lose consciousness. Patient reports complaints of pain at right chest and X-ray workup demonstrated two fractured ribs. The wound care team was consulted to see this patient for a left-sided head laceration, left shoulder wound, left elbow wound, into left lower extremity wounds.

**Evaluations**

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**Lab Work-Up:**

- Potassium = 3.2
- Glucose = 202
- White blood cell = 15.4
- Platelet count = 455

**Diagnostic Imaging:**

- CT chest - Subtle acute non-displaced fractures of the left 4th and 5th ribs anteriorly. Small left apical and left anterior basilar in the thorax. 4mm right upper lobe nodule. 5mm left lower lobe nodule. Otherwise, CT within normal limits.

**Home Medications:**

- Patient does not take any home medications

**Hospital Medications:**

- pantoprazole 40 milligrams PO daily
- enoxaparin 14 milligram subcutaneous Q 12 hours
- ondansetron 4 milligram PO Q 6 hours PRN for nausea
- ondansetron 4 milligrams IV Q 6 hours PRN for nausea
- acetaminophen 1000 milligrams PO Q 6 hours
- oxycodone IR 5-10 milligram PO Q 4 hours PRN for pain
- morphine 2 milligram IV Q4 hours PRN for pain
- gabapentin 300 milligram PO Q 8 hours
- lidocaine 4% patch transdermal Q day at 2100
- methocarbamol 750 milligram PO TID
- ipratropium-albuterol 3 mL nebulizer solution inhaled Q4 hours while awake
- mupirocin 2% ointment topical Q 12 hours

**Physical Assessment**

- General: alert and oriented, no apparent distress, pleasant, and cooperative.
- Respiratory: even excursion, unlabored
- Cardiovascular: bilateral dorsal pedal pulses palpable
- Extremities: heels intact
- Integumentary: coccyx intact. Several wounds (see below)
  - Left lateral knee – L 4 x W 2.2 x D 0.1 cm (Surface Area = 8.8 cm<sup>2</sup>)
    - Red wound base, dry, no exudate noted, irregular shape
  - Left lower extremity lateral pretibial – L 16 x W 6.5 x D 0.1 cm (Surface Area = 104 cm<sup>2</sup>)
    - Red wound base, intact/pink periwound, no drainage, no odor
  - Left upper extremity posterior – L 3.5 x W 3 x D 0.1 cm (Surface Area = 10.5 cm<sup>2</sup>)
    - Red wound base, intact/pink periwound, no drainage, no odor
  - Left scalp – L 4 x W 0.1 cm (Surface Area = 0.4 cm<sup>2</sup>)
    - Intact/pink periwound, wound approximated with sutures - dried blood impedes ability to assess further, scant serosanguinous drainage, no odor

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- Left shoulder – L 9 x W 13 x D 0.1 cm (Surface Area = 117 cm<sup>2</sup>)
  - Red wound base, intact/pink periwound, scant serosanguinous drainage, no odor
- Left calf – L 8 x W 7 x D 0.1 cm (Surface Area = 56 cm<sup>2</sup>)
  - Red wound base, intact/pink periwound, scant serosanguinous drainage, no odor

**Interactions**

- Review of Systems: patient reports pain 3/10 left side of chest – reproducible at location of 4<sup>th</sup> and 5<sup>th</sup> rib fractures. Patient denies fever, nausea, vomiting, and shortness of breath.
- Patient was educated about nutrition and need for increasing protein to heal.
  - Verbalized understanding
- Patient was educated about risk for infection having traumatic dragging wounds.
  - Verbalized understanding

**Interventions**

- Each wound was undressed, cleaned with no-rinse wound cleaner, and redressed with xeroform. Allevyn was used as the cover for patient’s shoulder wound; all other extremity wounds were wrapped with gauze. Scalp wound was left open to air with the addition of mupirocin 2% ointment

**Identify any specific products used or recommended for use:**

- Xeroform
- Allevyn
- Gauze wrap
- Mupirocin 2% ointment

**Braden Risk Assessment Tool**

Sensory Perception	4
Moisture	3
Activity	3
Mobility	4
Nutrition	4
Friction/Shear	3
Total	21

**WOC Plan of Care (include specific products)**

**Left knee, left lower extremity, left arm:**

- Daily and PRN if soiled:
  - Remove gauze wrap and Xeroform
  - Clean with no-rinse wound cleanser (Sea Clens)
  - Apply Xeroform cut to fit 1 – 2 cm beyond wound border
  - Wrap with gauze roll (Kerlex) and secure with tape

**Left shoulder:**

- Peel back and remove Allevyn and Xeroform

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- Clean with no-rinse wound cleanser
- Apply Xeroform cut to fit 1 – 2 cm beyond cluster wound borders
- Apply Allevyn to cover and protect.

**Scalp:**

- Clean twice daily with no-rinse wound cleanser
- Apply thin layer of Mupirocin 2% ointment TID

**Preventative:**

- Apply Allevyn Coccyx dressing; peel back with dressing changes; clean with no-rinse wound cleanser; replace every three days or PRN for soiling
- Offload heels with pillows while in bed

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

It is a little difficult to say what I would do differently based on what I observed today. The teamwork is well-executed, and these colleagues know each other so well they are able to anticipate both their and the patient's needs.

We could have investigated a little more closely the scalp laceration documented as repaired in the Emergency Department.

**Goals**
**What was your goal for the day?**

- I wanted to be oriented to the process and workflow at Akron General to be able to be more participative throughout the week.
- The team approach for wound care works beautifully and I was able to fit easily into the workflow and jump in to both help and assess – I considered this goal met

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

- I want to learn more products, specifically, rather than class/type.

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

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

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• 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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