

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Tara Doud Day/Date: 06/09/2025Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Helen ShubsdaClinical Focus: Wound Ostomy Continence

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.

We saw 4 patients each with varying types and placement of wounds. We saw 3 coccyx wounds and wounds on different parts of the body. One of the wounds needed plastics to be consulted because they had soft, black eschar on the coccyx wound. Another coccyx wound needed hydrogel to be softened so that plastics can debride the wound.

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:

72-year-old female patient is being seen with an admitting diagnosis of decompensated heart failure. Upon assessment today, the wound on her coccyx was larger than it was last pictured. Wound base is yellow/black, peri-wound area is blanchable erythema. We were unable to assess pain at this time because the patient is unable to speak. Perineum has IAD, skin has blanchable erythema and is excoriated. Patient is incontinent of stool. The patient will need to follow up with the outpatient wound care provider on discharge. We treated the wound by removing the old dressing, cleansing with NS, gently drying, applying no sting barrier (ConvaTec) to peri-wound, then applying hydrogel. The patient has a past medical history of a. fib, diabetes mellitus, heart failure, hyperlipidemia, hypertension,

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hypothyroidism, nonischemic cardiomyopathy, and stroke. This patient is currently taking the following medications: protonix, Synthroid, warfarin, vitamin B, zinc sulfate, mexitil, and insulin. Lipitor, Lasix, Jardiance, Aldactone, and Imodium. Abnormal lab values are as follows: WBCs 11.65, RBC 3.11, hGb 9.1, hematocrit: 31, MCHC 29.4, protein 5.7, albumin 2.6, calcium 2.8, alkaline phosphate 125, BUN 52. Patient's barrier to healing medications, nutrition, lack of patient self-positioning

Braden Risk Assessment tool

Sensory Perception	1
Moisture	1
Activity	1
Mobility	1
Nutrition	2
Friction/Shear	1
Total	7

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)

For the coccyx:

1. Cleanse the wound with normal saline, gently dry
2. Apply no-sting skin barrier (ConvaTec) to peri-wound
3. Apply hydrogel be more specific? To the wound bed & sides of wound?
4. Apply Urgotul contact layer
5. Cover with ABD pad
6. Change daily and as needed

Prevention:

1. Tru-View heel protectors to bilateral lower extremities, to off-load heels while in bed.
2. Turn and position patient every 2 hours left/right? No back lying?
3. Maintain low air mattress

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

Because the wound is presented with necrotic tissue, I might suggest conservative sharp wound debridement after the autolytic debridement from the hydrogel takes place. This is something the NP and I discussed, but I realized it wasn't in her notes. In terms of where hydrogel should be placed, I would specify that it would need to be placed directly onto the wound bed.

For pressure ulcer prevention, I would discuss the need for proper nutrition, gently positioning (always having a lift sheet underneath the patient before properly positioning) to prevent friction and shear, turning and positioning from left side to right side with more than just a single pillow to offload pressure from the coccyx, and frequent linen changes along, cleansing with a pH balanced cleanser, and then applying barrier creams to help treat IAD.

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I would also discuss an interdisciplinary approach. I did not see a lot of multidisciplinary action while with the NP. It seemed as though the wound care world and medical management were very separate.

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?

Gaining a refresher on book knowledge from course work. Since we did not see all the wound dressing, I would say that it was an inadequate coverage of what I learned in the textbook. But I still learned a lot! 😊

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

To learn how to select appropriate dressings based on wound characteristics.

For instructor use only. Do not remove or edit:

CRITICAL ELEMENTS	Completed	Missing
Medical record notes reflect 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	✓	

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

Reviewed by: Patricia A. Slachta Date: 6/13/25

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