

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Kyle Aniol

Day/Date: Monday, September 22ndNumber of Clinical Hours Today: **8**Number of patients seen: **6**Care Setting: **In-Patient Wound**Preceptor: **Colleen Baisden**Clinical Focus: **Wound Care****Reflection: Describe your patient encounters, types of patients seen, and any additional activities.**

Today was spent rounding the hospital for patients with wound related consults. Patient A was a 60 y/o male being seen for routine wound care. The patient has 10 wounds that the team has been monitoring and providing care for. Patient B was a 63 y/o male being seen for evaluation. The patient was found down on the ground at home for an unknown amount of time. A full body skin assessment was done along with the Scout scanner (body temperature). An unstageable wound on the coccyx and a skin tear on the right elbow were identified and wound care orders were written for nursing staff. Patient C was a 66 y/o female with a chronic wound r/t an old surgical site dehiscence. The wound is located directly under the right breast and occurred from a clamshell incision. Patient D was a 73 y/o female consulted to the wound care team for a newly occurred leg wound. The patient hit her leg on the foot pedal of a wheelchair and was triaged in the ER. They sutured the leg (8 sutures) and bleeding is minimal. No additional orders were needed for her wound management. Patient E was an 82 y/o male being evaluated for a possible injury to the penis from an unknown cause. On assessment, the injury does not appear to be a pressure injury from a device or tube. Nursing orders were placed on how to take care of the injury. Patient F was a 68 y/o female being seen for routine care of her stage 4 pressure injury to the coccyx.

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. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that was **done** during the visit.

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

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Chart Review, Assessment, Encounter

Age/Sex: 60 y/o male

PMH: Patient has a history of ESRD on dialysis, hypertension, gastroparesis, atrioventricular heart block s/p PPM, interstitial lung disease, rheumatoid arthritis, and scleroderma.

CC: Interstitial lung disease s/p double lung transplant

Social Hx: Patient is a former smoker for 10 years, does not currently use ETOH or illicit drugs, does not have support system at home for help with care.

Family/Surgical Hx: Breast cancer, amblyopia, and asthma

Permanent pacemaker implantation, arteriovenous fistula, and double lung transplant with wedge resections of RUL, RML, and LUL.

Medications: Tobramycin 300 mg nebulizer (BID), Vancomycin 125 mg (BID), Phosphorous 250 mg tabs (q8h), Caftazidime-Avibactam 1.25 g in D5W 100 mL (q8h), Cyclosporine 100 mg (BID), Prednisone 5 mg (daily), Pantoprazole 40 mg (daily @ 6 am), Buspirone 10 mg (TID).

Assessment/Encounter: Patient is being seen for routine management of mixed chronic and acute wounds. On assessment, patient makes eye contact but unable to follow commands, no acute distress, Braden score is 12, incontinent to stool with FMS in place, anuric, and requires max assistance for turns in bed. Generalized skin is normal in color, turgor, and texture. Perineum has incontinence-associated dermatitis.

Wounds:

Right Foot- medial inner foot and 5th toe unstageable pressure injury

- Dry eschar with intact, non-blanching skin surrounding

Right Heel- unstageable pressure injury

- Black eschar separated from 12-4 o'clock, 4 cm diameter circle

Left lateral calf- unstageable pressure injury

- Yellow slough at base, purple hue around wound, moderate drainage

Right Ischium- unstageable pressure injury

- Yellow slough at base, necrotic tissue from 2-8 o'clock

Left Ischium- stage 4 pressure injury

- Slough at wound edges, minimal drainage, decrease in measurements

Coccyx- stage 4 pressure injury

- Same as left ischium, skin below wound macerated

Medial Back- unstageable pressure injury

- Necrotic tissue surrounds wound, no drainage

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.

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WOC Plan of Care (include specific products)

Continue turning patient q2 to off-load coccyx and ischium
Maintain heel protectors while in bed
Ensure that all tubes and lines are positioned away from the patient's skin, FMS should not go under the legs
Use foam padding or silicone for any areas of skin that have a device or tube resting against them
Wound Care: all dressings should be changed daily unless specified for more often
Toes and Foot- cleanse with wound cleanser/NS, place 3M Cavilon No Sting Film Barrier on and around wounds, leave open to air
Heel- Pour betadine on an ABD pad and place on the heel, put foot in a padded heel boot. Boot should stay on while in bed.
Calf- cleanse with wound cleanser/NS, apply Sween moisturizing body cream, leave open to air
Ischium- cleanse with wound cleanser/NS, place 3M Cavilon No Sting Film Barrier around the area, apply Hydrogel to base of wound and cover with a foam adhesive. **BID**
Coccyx- cleanse with wound cleanser/NS, place 3M Cavilon No Sting Film Barrier around the area, pack the wound with moistened Kerlix (soak in NS), cover with a foam adhesive. **BID**
Perineum- apply Desitin **BID** and use a split gauze around the FMS tube.

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

The care provided was great, but this patient has a lot of wounds, and the nursing orders are not easy to follow. After care was provided, I would have found the nurse to explain what was done and ensure they do not have any questions on the wound care and preventative measures they are responsible for.

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?**

The goal for today is to properly stage new pressure injuries and accurately measure old wounds to compare. This goal was met as we were able to see two new pressure injuries along with many wounds that showed positive signs of healing.

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

My goal for tomorrow is to properly identify the wound care products that are being used and the reasoning behind using them. My first day I was introduced to some new products, so I'd like to show an understanding of those products.

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For instructor use only. Do not remove or edit:

CRITICAL ELEMENTS	Completed	Missing
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	✓	

Reviewed by: _____ Date: _____

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