Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Courtney Segovia Day/Date: 10/13/25

Number of Clinical Hours Today: 8 Number of patients seen 5

Care Setting: Hospital X Ambulatory Care ____ Home Care ____ Other ___

Preceptor: Jennifer Brinkman

Clinical Focus: Wound X Ostomy ____ Continence ____

Reflection: Describe your patient encounters, types of patients seen, and any additional activities.

Today, we saw a total of five hospitalized patients. The majority of the patients we saw (4/5) were initial consults or follow-ups for pressure injuries in the Neurological ICU and Neurological Stepdown Unit. However, we did see one very interesting consult for a RLE wound. This wound presented differently than the other wounds we assessed. I will further describe this patient encounter below. Upon completing patient encounters, my preceptor and I returned to the office to complete charting, place orders, and coordinate with other medical providers.

Chart note: This is a 63 year old female with a past medical history of LLE pyoderma gangrenosum (dx by punch biopsy 2023), Type 2 DM, GERD, HTN, HLD, osteopenia, Ulcerative Colitis, and Latent TB. Patient presented with abdominal pain and rectal bleeding concerning for UC flare.

Primary team consulted Wound Care Team for evaluation of RLE ulcer. Patient states that the wound developed 1.5 - 2 weeks ago. At home, she had been treating the wound with Mupirocin BID. Patient reports a lot of drainage from wound that would pool in her socks. Patient reports that the wound is very painful, 8/10 pain. The patient is continent of stool and urine but reports stool urgency and diarrhea due to UC.

Braden Risk Assessment Tool

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

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Medication List:
-empagliflozin (JARDIANCE) 10 mg tablet PO: take one tablet by mouth once daily
-glimepiride (AMARYL) 4 mg tablet PO: take 1 tablet by mouth once daily
-insulin glaring (LANTUS SOLOSTAR U-100 INSULIN) 100 unit/mL: Inject 42 units subcutaneously at bedtime

Labs:
-WBC 8.19 k/uL
-Glucose 79 mg/dL
-HBA1C 7.1
-Hgb 10.8 g/dL

There is a wound over the medial aspect of the R shin measuring 4 cm x 2.5 cm x 0.3 cm. The wound bed is red, black, and tan. The wound margins are violaceous. There is scant serosanguinous drainage. The wound is exquisitely painful. The periwound is clean, dry, and intact.

Wound cleansed with normal saline then patted dry. Applied Urgotul as contact layer to prevent traumatic dressing removal. Then covered with abdominal pad to absorb drainage and secured with one roll of Kerlix.

Educated patient that the presentation of the wound is concerning for PG recurrence. However, dermatology consult will be required to make diagnosis. Patient verbalized understanding.

WOC Plan of Care (include specific products)

Right lower leg wound: Gently remove old dressing. Cleanse wound with normal saline and pat dry. Apply Urgotul over wound (including margins) then cover with abdominal pad. Secure with Kerlex wrap. Change daily and PRN for soiling or strike through drainage.

-Dermatology consult to evaluate RLE for pyoderma gangrenosum

Prevention:
-Apply Critic-aid Clear to perianal area BID and PRN
-Offload heels with a pillow to suspend completely off bed surface
-Offload patients coccyx/ischium with turning wedge, change sides every 2 hours

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

Patient is fully mobile at baseline but mobility has been limited by the painful ulcer. This is reflected in the pertinent mobility category of the Braden score. I potentially would have asked the provider for an order for topical lidocaine or morphine gel to apply to the wound since we are not using another topical that would interfere with these. If the patient's mobility were improved, she would be at decreased risk of further skin breakdown. I agree with the dressing recommendations. I would also request a nutrition consult because her

diabetes has been poorly controlled on three oral agents and LANTUS as evidenced by her HBA1C of 7.1. Poorly controlled DM will impact her skin health and 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 learning goal for the day was to assess a wound type that I had not seen before. Thankfully, I was lucky to have been able to see this consult for possible PG.

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

My clinical goal for tomorrow is to make dressing recommendations to my preceptor for her to correct or confirm.

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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	✓	

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• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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