Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Susan Warner Day/Date: 10/13/2025

Number of Clinical Hours Today: 8 Number of patients seen 6

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

Preceptor: Andrea Heisey, RN, CWOCN

Clinical Focus: Wound ____ Ostomy X 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, and any additional activities.

1. 97-year-old male with stage 4 pressure injury to sacrum, multiple skin tears, colostomy, mucous fistula.
2. 49-year-old male with diabetic foot ulcer to the right foot, scheduled for BKA today, has new stage 2 pressure injury to left heel and calloused area to left third toe.
3. 41-year-old male with acute appendicitis with perforation, underwent exploratory laparotomy and appendectomy, incision was left slightly open during surgery, post-op assessment was done, and surgeon wanted to leave packing out of the open areas to heal by secondary intention (8-9 open areas within the incision between staples, the largest was 1x1x2.5cm). New silver foam with border dressing was applied over the incision.
4. 55-year-old male with multiple ulcers to the left foot and ankle- applied medihoney and foam dressings.
5. 82-year-old female with right ankle stasis ulcers- almost healed, but there are some dry crusted areas. Discontinued use of silvercel and began using xeroform and with dry secondary dressing.
6. 35-year-old female post op C-section. A program was initiated at this hospital for CWOCN to assess and provide education to every patient with a C-section, due to relatively high incidence of post-operative infections in C-section patients.

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

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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.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	2
Moisture	2
Activity	1
Mobility	1
Nutrition	2
Friction/Shear	2
Total	10- Very high risk for pressure injury

Patient is a 97-year-old male who resides in a skilled nursing facility. He was admitted to the hospital for treatment of pneumonia. Patient is confused, agitated, and combative. WOC nurse consult for recommendations for wound care and ostomy care.

Stage 4 pressure injury to sacrum with clean, granulating tissue in wound bed. Rolled wound edges. Moderate amount of serosanguinous drainage. No signs or symptoms of infection. Cleansed with Vashe, filled with Aquacel Ag, covered with foam border dressing.

Skin tear to left hand- removed bordered foam dressing. Approximated edges and two steri strips intact. No drainage noted. Left open to air.

New skin tear to right forearm which was sustained today from flailing his arms during a combative episode. Cleansed with vashe and applied bordered foam dressing.

Patient has a colostomy to LUQ and a mucous fistula to mid-abdomen at distal end of healed midline incision. Colostomy stoma is flush to skin and there is a circumferential area to the peristomal skin that is red and denuded. No satellite lesions. Removed colostomy appliance, cleansed with warm water, applied stoma powder and skin prep spray to peristomal skin, then applied 1-piece convex barrier wafer cut to fit around the stoma. Cleansed mucous fistula with Vashe and applied island dressing.

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)

Recommendations-

1. Stage 4 pressure injury to sacrum- Cleanse/irrigate the wound with Vashe. Lightly pack the wound with Aquacel Ag. Cover with bordered foam dressing. Change every other day and PRN. Offload pressure, continue to use pressure relieving mattress, reposition every 2 hours, protein supplements if appropriate. At skilled nursing facility where patient resides, NPWT is used which is changed 3 times a week by SNF staff. However, due to patient's current mental status, NPWT is on hold for now. Can consider resuming NPWT when patient is able to tolerate more extensive wound care treatment.

2. Skin tear to left hand- Can leave open to air as long as there is no drainage.

3. Skin tear to right forearm- Cleanse with Vashe, apply bordered foam dressing, change every other day and PRN if soiled or dislodged.

4. Colostomy to LUQ- Remove pouching system, cleanse stoma and the peristomal skin with warm water, apply stoma powder to denuded skin of peristomal area, brush off excess, spray with skin prep spray, then allow to air dry. Repeat once more if needed to prep the peristomal skin for pouching system to adhere. Use convex barrier pouching system, cut to fit around the stoma. Change 2-3 times a week and PRN for leaking or complications.

5. Mucous fistula to mid-abdomen at distal end of healed midline incision. Cleanse with Vashe and apply island dressing. Change daily and PRN if soiled or dislodged.

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

I think in hindsight, I would have used a smaller convex barrier. The stoma was very small, so a larger barrier does not promote protrusion as much as I would like. Alternatively, I could have used a barrier ring around the stoma prior to applying the convex barrier.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

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Goals

What was your goal for the day? Gain more independence with the consults and recommendations, continue practicing different wound care treatments and ostomy care. Yes, I was able to make some recommendations and discussed reasoning behind each decision with my preceptor.
What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor) Continue to gain experience with different wound/ostomy/continence patients and continue making recommendations while collaborating with preceptor.

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

Reviewed by: _____ Date: _____

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