Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ____Kylie Starnes_____ Day/Date: _10/21/2025_____

Number of Clinical Hours Today: ____ Number of patients seen_**7**___

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

Preceptor: __Nicki Blaisole, APRN_____

Clinical Focus: Wound __x__ 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, and any additional activities.

I saw six patients today with my preceptor. All visits were inpatient, one was a new patient and the rest were follow up from last week. One of the patients was a post-surgical patient with two large dehisced incisions on bilateral medial thighs. We applied a wound vac dressing to each thigh and used a Y port to connect the tubing. This dressing was a challenge due to location of the wounds, body habitus and the dressing was not sticking well to the patient, we switched from cavilon skin barrier to skin prep which helped some. Something interesting I noticed was that they placed adaptic over the intact sutures with foam covering the adaptic rather than just placing the foam into the dehisced areas.

We saw several pressure injuries, a stage 2, which we applied zinc barrier cream and a bordered foam dressing for protection. We saw two stage 3 ulcers that we used medihoney and bordered foam dressing on both. We were scheduled to see a patient with a stage 4 but the nurse had already done his dressing change for the day.

One patient that we saw had 10 wounds, he was found in bed about 9 days ago after he had a stroke. It was unknown how long he was in bed before being found. Wounds vary between unstageable pressure injuries and DTIs. We dressed wounds with xeroform and bordered foam dressings.

The last patient that we saw was a venous leg ulcer, it had good granulation tissue so the xeroform, gauze and kerlix was continued.

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

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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.

Chart note:

This is an initial visit for a 85-year-old female admitted to med surg floor, she is currently admitted for hypoxia and shortness of breath. Patient has a past medical history of type 2 diabetes, hypertension, atrial fibrillation, congestive heart failure, coronary artery disease, left breast cancer and hyperlipidemia. She has a surgical history consisting of mastectomy, hysterectomy, CABG, PCI. He denies ever smoking, alcohol use or illegal substances. Medications reviewed, currently on IV ceftriaxone and oral doxycycline. She is sitting up in bed, alert and oriented, she is agreeable to wound assessment and dressing change. She has 3 wounds. Wound 1: sacrum- unstageable pressure injury- moderate serosanguineous drainage noted. Wound was cleansed with wound cleanser. Periwound intact, pink. Wound dimensions: 3.0 x 2.5. Wound bed 100% adherent slough. Xeroform and a silicone bordered foam dressing applied. Wound 2: Upper back- DTI- scant serous drainage noted. Wound was cleansed with wound cleanser. Wound is deep purple in color. Wound dimensions: 1.1 x 1.8 Xeroform and silicone bordered foam dressing. Wound 3: Left lower extremity- DTI- small sanguineous drainage noted. Wound was cleansed with wound cleanser. Periwound intact, dry. Wound bed deep purple and bleeding in a small area. Wound dimensions: 15.0 x 1.5 x0 .1. Xeroform, gauze and kerlix applied to the wound. Venous ultrasound from 10/5/25 is negative for DVT and venous reflux. +2 DP pulses bilaterally. Patient tolerated wound care well, denies pain at this time.

Braden Risk Assessment Tool

Sensory Perception	3
Moisture	4
Activity	2
Mobility	2
Nutrition	2
Friction/Shear	2
Total	15

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)

Cleanse left lower extremity with wound cleanser, pat to dry.
Apply skin prep to periwound
Apply xeroform to wound bed
Apply gauze then secure with kerlix and tape.
Change daily and PRN when soiled.

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Cleanse upper back and sacral wounds with wound cleanser, pat to dry.
Apply medihoney to wound bed
Cover with silicone bordered foam dressing
Change daily and PRN when soiled.

Monitor blood sugar daily, treat as directed by PCP.
Turn and reposition patient every 2 hours
Offload heels and left lower leg with boots.
Referral for a dietician, increase protein intake.

Educate patient on

- The importance of offloading both sacrum and upper back every 2 hours.
- Signs of infection and when to notify healthcare provider.
- Importance of offloading left lower leg and heels with boots.
- Role of nutrition and protein intake for healing.

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

The hospital is limited on dressing choices while treating inpatient due to daily assessments and cost effectiveness. Other potential dressing options for her sacrum are santyl, hydroferra blue, or alginates with bordered foam dressing or a hydrocolloid. Alternatives for her back are xeroform and a bordered foam dressing or a hydrocolloid and only changing dressing 2-3x weekly. Skin prep can be used on her lower leg on unopened areas, hydrocolloid can be used over opened area. The biggest factor in improvement will be offloading wounds.

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?
Provide individualized wound care education to patients that promotes adherence and self-management. Yes I was able to talk with several patients and provide additional information.

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

My goals for tomorrow are to get more hands on experience with measuring and choosing dressings.

For instructor use only. Do <u>not</u> remove or edit:

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		

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• 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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