



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

### Daily Journal Entry with Chart Note & Plan of Care

Student Name: KaTrina Weston Day/Date: 10/21/25

Number of Clinical Hours Today: 8 Number of patients seen 15

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor: Heather Frischkorn, APRN-CNP

Clinical 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, and any additional activities.

We saw 15 patients today, all were wound focused. It was definitely different being in the Outpatient Wound Care Clinic compared to yesterday being Inpatient Wound Care for the hospital. While most were Venous Leg Ulcers, we also saw Pressure Injuries, Diabetic Foot Ulcers, Traumatic Injury, Skin Tears, and Surgical Wounds. I was able to assist with HBO assessments (before and after diving procedures). I was able to assist on obtaining an ABI/TBI on a new patient that we saw today. Multiple patients had compression wraps, including unna boots, 2 layer compression wraps, and circaid/juzo wraps that I was able to assist with applying. One of the patients that we saw today had DFUs to bilateral feet. We discussed potentially utilizing CAMPs on him however, one of his ulcers measured less than 1 sq cm which is the Medicare LCD requirement. The other ulcer was greater than 1 sq cm and had been present for more than 30 days so she began working him up to move to CAMPs. One of the patients has a history of hypergranulation tissue that the provider has been utilizing silver nitrate for chemical cauterization. She utilized silver nitrate along with hydrofera blue to help keep the hypergranulation tissue down and promote wound healing.

Types of patients: Pressure Injury, Venous Leg Ulcer, Traumatic Injury, Skin Tear, Diabetic Foot Ulcer, and Surgical 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. 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:**

This is a 64 year old male being seen at the Outpatient Wound Care Clinic for graft follow up of a Venous Leg Ulcer (VLU) to his right calf. The patient has a history of anxiety with depression, complete heart block status post pacemaker placement, and type 2 diabetes mellitus. Additional medical history includes hyperlipidemia and a prior history of colonic polyps. The patient has also experienced episodes of syncope and collapse, which have since been resolved following pacemaker implantation. The patient has a history of abscess drainage for a cyst on the buttocks, pacemaker insertion, appendectomy, and open reduction internal fixation (ORIF) of the right ankle. Additionally, the patient has undergone multiple tooth extractions and currently wears dentures. He is currently an everyday smoker but has cut back on the amount he smokes. Medications reviewed. He lives at home and uses a cane/wheelchair to assist with ambulation. His most recent A1C was 6.9 in July 2025. Physical Exam was completed with evidence of venous insufficiency with lack of hair growth, hemosiderin staining, localized edema with left side worse than right. Pedal pulses present and stronger in the right leg versus the left leg. VLU to right posterior calf measures 2.9x2.5x0.1 which is smaller than last week. There is moderate serosanguineous drainage to wound bed. This is a full thickness wound that currently has 70% granulation tissue, 20% epithelized tissue, and 10% slough. Slough was debrided with a 5 mm curette by provider without issues. Moleculite camera was utilized during assessment. There was no bacterial load (red/blush) or pseudomonas (cyan) present at this time. Provider applied Epifix (CAMPs) 2x2 to wound bed then applied steri-strips covered by wound veil and steri-strips, then cover with calcium alginate, abd, roll gauze, and two layer compression wrap (Coflex XL). Change weekly unless there is breakthrough drainage and then he is to call the wound clinic for a nurse visit. Educated on elevating legs (toes above nose), to continue increasing protein intake, and maintain glycemic control. Discussed that he should remove compression wrap if the following occurs: Wrap rolls down more than 1 inch, Wrap becomes wet on the outside (rain, showering, spills, etc), Wrap becomes overly saturated from the inside, Toes becomes purple, cold, numb (different from normal appearance). He has a circaid/juzo wrap that he will transition to once the ulcer is resolved.

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)**

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1. Dressing is not to be changed until next Wound Clinic Appointment on 10/28/25.
2. Work on elevating legs (toes above nose) 30 minutes a time, 3 times a day.
3. Continue increasing protein intake 90-100 grams a day.
4. Continue checking FSBS as ordered by PCP. Maintain a tight glycemic control.
5. Explained that he should remove compression wrap and call wound clinic if the following occurs:
  - a. Wrap rolls down more than 1 inch
  - b. Wrap becomes wet on the outside (rain, showering, spills, etc)
  - c. Wrap becomes overly saturated from the inside
  - d. Toes becomes purple, cold, numb (different from normal appearance).
6. Call for changes in wound, wound dressing concerns

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

After discussing everything with Nurse Practitioner Frishkorn, it was clear that everything we did for the patient—including the use of CAMPs—made complete sense. I really liked her technique of applying wound veil and Steri-Strips to create a border over the ulcer. This way, if the two-layer compression were to come off, the Steri-Strips would serve as a clear stopping point, protecting the underlying CAMPs from being disturbed. Overall, there was nothing I would change regarding her treatment approach or the plan of care we implemented today.

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?**

See how the CWCN operates in a Wound Care Clinic.

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

Continue to learn about the different ways a CWCN operates in various settings.

**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-	✓	

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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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