Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ___Elizabeth Lyons_____ Day/Date: ___10/22/25_____

Number of Clinical Hours Today: _8___ Number of patients seen__6 + , skin failure meeting__

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

Preceptor: ___Erica Yates, 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.

Beginning of the day, sat in on a meeting with Abou Dabi about skin failure, standardizing criteria, how it should be documented and need to collaborate with providers. Also additional meeting later regarding creating dot phrases for skin failure according to specialty-wound care, provider, etc. Saw 67yo male for leg wound-see chart note for info. Then 39yo female for surgical wound to right foot (Podiatry follows as outpatient). 38yo with Gardner Syndrome (which I did not realize was FAP until now…), ostomy nurse already seeing for chemical irritant dermatitis of peristomal skin, we saw coccyx and right gluteal wounds, and R arm. Coccyx area was no longer open and appeared as a cleft. Right gluteal was brownish hyperpigmentation which blanched. R arm wound was strange-looking- dry, with white and black eschar/slough, pt reports it occurred in February when she was in the OR, when she woke up there was a red line leading from her hand to the wound, which at that time was red. Cleansed and treated with hydrogel to provide moisture and help debride, and covered with small silicone boarder foam. 52yo male hx of liver transplant x 2 in ICU, intubated, getting HD, with POA sacral wound; readmitted from LTACH. Previous admission, wound was deemed skin failure. Sacral wound red, moist with hypergranulation tissue, treated with moist dressing. Pt also had wounds to bilateral posterior lower legs from ankle up calf, both red wound beds, bleeding (had dry ABD pad dressing that was removed) and black eschar. Cleansed and placed urgotel with ABD pad and wrapped with kerlix. Podiatry following R & L TMA incisions-betadine…so betadine 3x4 placed over this area. Heels with eschar, some purple area and red, arterial wounds.

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	3
Moisture	4
Activity	3
Mobility	3
Nutrition	4
Friction/Shear	2
Total	19

67yo male admitted for left lower leg wound and possible infection. Wound care team has seen this patient with same wound in the past. Hx of Type 2 DM, CHF, DM, HLD, HTN, sleep apnea, lymphedema, peripheral artery disease, and venous insufficiency. Charcot feet. Surgical history of R great toe amputation. Hgb A1C 6.5. No ABI results noted.
In ER, CBC WNL, no leukocytosis noted, and pt has been afebrile. He relates that he was sent to ER by home health care due to large amount of malodorous drainage from LLE wound and concern for cellulitis.
Wound is located on left lower leg and is a full-thickness wound with a red, pink, and bleeding wound bed, with brown slough throughout wound and around edges. Pt endorses tenderness to LLE. Periwound is scarred and pink. Wound and periwound are warm and the same temperature as RLE.
Wound bed measures 14.5cm x 14.5cm x 0.3cm. Small amount of sanguinous drainage, no odor noted. Removed ABD pad which had been placed on wound and cleansed with wound cleanser spray and patted dry. Applied Urgotul contact layer to wound bed, covered with Aquacel, then ABD pad which was secured with kerlix wrap.
Pt receives home health services to change dressing 3x/week and a wound care APRN who directs care.
He relates that he does ambulate with rollator at home and demonstrates excellent bed mobility.
Discussed necessity of elevating legs with patient and he relates that he is able to elevate them much of the day and night, although during previous admission he related that he spends most of the day with his legs dependent. Reviewed need to keep legs elevated and possibility of wrapping, dependent on vascular studies. Pt verbalized understanding.

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)

Recommend ABI testing. If WNL, recommend lymphedema wrapping.
Cleanse LLE wound with NS daily and as needed if strike through drainage. Pat dry. Apply Urgotul contact layer to the wound, then apply Aquacel, cover with ABD pad and secure with Kerlix.
Offload heels while in bed.
Offload coccyx/ischium every 2 hours.
Nutrition consult for wound healing.
Diabetes educator consult.
Keep legs elevated as much as patient can tolerate.

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

I learned a lot again today. One thing that stands out is that HydroFera Ready does not help with hypergranulation tissue -only HydroFera Classic does! Once again, I can't think of anything I'd do differently. Although, I would let students know that this office in S building is impossible to find, even the red coat folks had no idea where it was. I walked back to my AIRBNB to get my preceptor's phone number (the only time I arrived WITHOUT my list of numbers! UGH!). Thankfully, I had left really early and my AIRBNB is a block away, so I ended up right on time.

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?

To see a venous, arterial, or neuropathic wound -met! 😊

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

Assess and treat a stage 3, 4, or unstageable PI

For instructor use only. Do <u>not</u> 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	✓	

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• 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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