



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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Mara Michalski Day/Date: 4 10/9/2025

Number of Clinical Hours Today: 8 Number of patients seen 4

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Shellie Bush

Clinical Focus: Wound Ostomy Continence

Mara, if you end up needing more continence journals this one could be used for that as it is MASD. Keep that in mind.

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.

4 patients were seen today. A male patient here for complicated UTI, being seen for a stage 2 wound on the coccyx. Due to incontinence, zinc oxide barrier cream was placed and the patient was offloaded with wedges. A female patient with a new J tube had excessive leakage around the site causing excoriation of skin around her LLQ and pain. The skin was cleansed and zinc barrier cream and stoma powder were used on the affected skin and due to the amount of continuous leakage around the tube site, kerlix gauze was placed underneath the tube and the surgical team was notified of leakage and consider stopping tube feeds or see if the patient is a candidate for TPN instead. A male patient who follows with the outpatient wound clinic for stage 4 left ischial and right trochanter was seen inpatient. The wounds were cleansed with normal saline and packed with Hydrofera blue and covered with Mepilex. A patient was seen post op Colostomy creation for assessment of the stoma and education. The patient had extreme anxiety and was crying and screaming during the teaching session, stating she was overwhelmed with the various choices of pouches and ways to place her pouch. She was fit for a 2 piece convex pouch with stomal powder applied around the stoma.

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 encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that was **done** during the visit.

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The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

This patient was a 87 year old male, Hx of feeding tube dependence was seen inpatient due to complicated UTI. Patient had very loose stools and was the wound care team was consulted by the floor nurse for concern of stage 2 pressure injury and skin maceration to the coccyx. The patient was cleansed gently with warm water and Ph balanced soap, dried and zinc oxide barrier cream was placed on the affected areas and surrounding peri wound skin. The patient was offloaded with wedges and the primary service was reached out to in regards to ordering Imodium or changing the schedule of feedings due to the frequent loose stools. Patient is already on a specialty air mattress and will continue.

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	2
Activity	2
Mobility	2
Nutrition	3
Friction/Shear	1
Total	1

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)

1. Cleanse skin gently with warm water and Ph balanced soap.
2. Take picture of macerated skin and wound and upload to chart
3. Apply thin layer of zinc barrier oxide cream to wound on coccyx and surrounding affected periwound.
4. Off load patient with wedges
5. Turn patient every 2 hours for repositioning and check for incontinence
6. Change patient and perform site care every 2 hours or as needed for incontinence.
7. To address the low moisture score on the Braden Scale, the patient is to be frequently assessed for incontinence and zinc barrier ointment is ordered to protect skin
8. To address the low activity and mobility score, the patient is to continue working with physical therapy and spend at least 4 hours a day in the chair using a hoyer lift (per PT) if tolerated. The patient has orders to be repositioned and off loaded with wedges every 2 hours and continue using the specialty air mattress.
9. To address the friction/sheer score, slide sheets or lifts are to be used when turning patient, boosting patient in the bed, and for transfers to stretchers, to ensure that the skin is not being sheered when moving the patient.

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

This patient was very uncomfortable with the frequent incontinence episodes. If the staff is able to truly turn and check the patient every 2 hours for incontinence and repositioning, then I think his skin may be able to

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start healing. We did reach out to the primary service and made them aware and inquired about lowering the rate of the feeding, or pursuing nocturnal feeding and requested Imodium to help with loose stools.

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 goal was to see more wounds and get practice in treating them which I did. I was able to see a leaking J tube and see the Wound Team escalating a concern.

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

I will like to continue using a variety of wounds and becoming familiar and comfortable in my assessments and treatments.

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-morbidities are incorporated	✓	
• Braden subscales addressed (if pertinent)		✓-shear
• 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: Patricia A. Slachta Date: 10/22/25

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