Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Rebecca Doucette__ Day/Date: Wednesday 12-10-25__

Number of Clinical Hours Today: 8____ Number of patients seen__5__

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

Preceptor: Helen Shubdsa_____

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 5 patients today with my preceptor,
The first was a 52 y/o female with intertriginous abdominal fold skin irritation that was moist and slightly inflamed. The skin was washed with NS and gently dried followed by Interdry Moisture Wicking Fabric that contains silver leaving enough of the fabric outside the fold to allow the wicking process to occur. She also had moisture associated skin irritation to her coccyx region that was washed and barrier cream applied. Her right arm was edematous with a resolving hematoma that was from unknown etiology pictures taken and arm supported on a pillow. The second patient was a 51 y/o female that had intertriginous abdominal skin fold irritation and discomfort. This region was very moist and inflamed with evidence of candida, we washed and allowed the area to dry and applied the Interdry fabric to the fold as well. The third patient was a 56 y/o diabetic male with a sacral wound that was progressing since transferred from ICU. Prior recommendation for a blower to be connected to his mattress had not yet been initiated. Moisture contributing to progression with skin failure diagnosis on the differential. Recommended UrgoTul contact layer with ABD pad changing daily and as needed and getting the ordered support surface/blower for mattress.
The fourth patient was a 96 y/o female consulted for a deep seated dimple near coccyx with no open wound, and left lower extremity wound that was chronic per the patient and not an open wound we diagnosed this as chronic venous dermatitis. We educated the patient on difference between desitin and barrier ointment (moist vs dry) for her coccyx region and discussed compression stocking that she wears at home and to continue using when discharged.
The fifth patient was a 70 y/o male with self-inflicted wound to his right wrist from a box cutter on 12/1/25 that still had sutures in place and becoming erythematous. We recommended Bactroban ointment and contact layer with primary team following up on suture removal. Education was also provided to him regarding chronic tissue damage from 50 years of truck driving.
We also attended an in service from Marlen for their product line for ostomy supplies.

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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.

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	4
Moisture	4
Activity	4
Mobility	3
Nutrition	3
Friction/Shear	3
Total	21

70 y/o male with pmh Multivessel CAD,MI, HLD, HTN, DM, Metastatic Prostate Cancer, Depression with suicidal attempt. Pt was originally at Generations for suicidal ideation involuntary hold after self-inflicted wounds to his right wrist with a box cutter, he subsequently developed chest pain and was transferred to St. Elizabeths Youngstown and diagnosed with NSTEMI and eventually transferred to Cleveland Clinic for cardiac surgical consult by pt request. Wound team was consulted for evaluation of right wrist wound that was treated on 12/1, sutured and has begun to demonstrate mild erythema around suture site. Wound care consulted for that wound and to and assess perineum.
Pt is awake and alert oriented x 3 sitting on edge of bed, frustrated about not seeing cardiac surgery yet to discuss surgery. PT agreeable for wound team to evaluate his buttocks and right upper extremity wound but states perineum has been like this for years and is secondary to truck driving for 50 years.
Pt stood up with no difficulty and Allevyn foam gauze on coccyx region removed, skin demonstrated chronic tissue damage no open wounds. Right wrist wound dorsal aspect had three linear lines measured together, proximal wound with sutures in place and two adjacent distal wounds with dried superficial scab. 5cm x 4.8cm x 0.1cm scant serous drainage from proximal wound no odor. Periwound skin erythematous to proximal linear wound. Wounds cleansed and UrgoTul contact layer applied and covered with Kerlix. Counseling provided regarding prevention for coccyx region with barrier cream and off loading and dressing changes to wrist and infection signs/symptoms.
Bed alarm placed back on and nursing aware when we left.

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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)

Right wrist:
Remove dressing gently.
Wet gauze with Vashe solution, wring to remove excess solution, apply gauze to wound and allow it to soak for 5-10 minutes.
Remove the gauze and gently dry.
Apply Bactroban ointment
Apply UrgoTul contact layer and wrap with Kerlix.
Change daily and as needed.
Nutrition consult advised and encourage adequate protein intake for optimized wound healing.

Perineum:
Apply Critic-aid Clear to perianal area, coccyx and sacrum BID and as needed.
Turn and position to off load patient's coccyx/ischium every 2 hours.
Maintain Isotour blower to stryker bed to maintain low air loss
Please order a seating cushion Oracle # 1066990 for patient when up to chair.
No further visits planned by wound care at this time, please reconsult for any changes/concerns.

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

I appreciated the reason for consult for this wound as the concern for infection was justified. I would have measured the three linear wounds separately for clarification as the more proximal one was the more acute of the three with the erythema. The two other wounds were very superficial with dried scab with no periwound erythema. I also would have liked to see more about the original documentation of the wound including depth of the wound and inquired about timing of suture removal as they may be contributing to the erythema and due to be removed (placed 10 days ago).
I also would have reinforced not to put the alleyvn gauze back on as pt has listed an allergy to silicone tape.
And also reviewed more nutrition goals with the patient for the current wound and if he has cardiac surgery to help prepare for that wound healing.

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

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What was your goal for the day?

To identify new dressing options, we utilized a lot of the same products today but did discuss other options and I was able to look at different posters from different manufactures in the office that were posted.

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

I would like to try and see wounds with different pathology; possibly vascular associated wounds if any patients are on the consult list.

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	✓	
• 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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