

Daily Journal Entry with Plan of Care & Medical Record Note

Student Name:

Date/hours:

Directions: *WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment you are acting as a nurse specialist;* select one patient each clinical day and complete **plan of care and chart note**. This assignment should be WOC focused, and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course dropbox for instructor review & feedback. **Journals should be submitted to your dropbox by no later than 48 hours following the clinical experience day.**

<p>Today's WOC specific assessment. Include pertinent past medical & surgical history and medications.</p>	<p>PMH: 59 year old female with migraines, pelvic organ prolapse and internal hemorrhoids. She had a UDS which showed normal capacity and compliance. Cystoscopy done showed no lesions and CT urogram on showed no suspicious renal or urothelial lesions.</p> <p>Surgical history: No surgical history</p> <p>Medications: Hydralazine 25mg PO three times a day Prednisone 20mg PO three times a day Losartan 25mg PO three times a day</p>
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Write a comprehensive and understandable medical record note for the medical record for this patient encounter.

Be sure to include specific products that were used/recommended for use:

<p>REASON FOR REFERRAL: Pessary exchange</p> <p>PMH: 59 year old female with migraines, pelvic organ prolapse and internal hemorrhoids. She had a UDS which showed normal capacity and compliance. Cystoscopy done showed no lesions and CT urogram showed no suspicious renal or urothelial lesions.</p> <p>ASSESSMENT: Patient agreeable to assessment and exchange. Patient has a normal urethral meatus. No lesions, discoloration or swelling noticed in the perineal area. Patient reports she has been using the pessary for the last year and has it exchanged every three months. Patient has a Gellhorn pessary in place. She reports that this type of pessary has been working well for her but she wants to have surgery to correct her pelvic organ prolapse once her blood</p>
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pressure is more controlled. Upon pessary removal there were no signs of lesions or ulcerations. No bleeding, no foul discharge noted.

TREATMENT PERFORMED: Patient laid flat on her back, knees bent and feet placed flat on bed. Ring forceps used to grasp the knob of the Gellhorn pessary, the concave end of the Gellhorn pessary rotated to release suction, Gellhorn pessary pulled downward, folded and then removed. The Gellhorn pessary was then cleaned with soap and water and rinsed clean. Before reinsertion the vagina was examined for any signs of lesions or ulcerations, of which there were none. The Gellhorn pessary was then reinserted by folding in half, applying lubricant to the edge of the Gellhorn pessary, inserted past the pubic symphysis and unfolded. The Gellhorn pessary was allowed to expand and form suction.

TEACHING PERFORMED: Follow up with provider in 3 months for pessary exchange and notify provider if any signs of infection (discharge, swelling, odor etc) are noted. Follow up with provider regarding prolapse repair.

PATIENT TOLERANCE: Patient tolerated well. After insertion patient denied any discomfort, was able to move without any pain or restrictions. Patient able to void after reinsertion with no difficulty. Patient states that she desires to undergo surgery for her prolapse after she is medically cleared by her primary care provider (she has high blood pressure for which she is on medication)

WOC Nursing Problem pertinent to this visit	WOC Directive Plan of Care (Base this on the above data. Include specific products)	Rationale (<i>Explain why an intervention was chosen; purpose</i>)
1. Assess vagina during/before each visit.	1. The nurse will, assess the patient's vagina paying attention to: the urethral meatus, lesions, discoloration or swelling. The patient will repeat back they will inspect their perineal area daily for any signs of lesions, swelling or discoloration and notify MD if found on assessment.	1. Before any procedure can be performed, it's important to perform a vaginal assessment to determine if the meatus has any lesions/ulcers and/or infections as if they are found this is a contraindication for its use. If none, it's appropriate to place the Gellhorn Pessary at this time.
2. Patient at risk of infection related to insertion of Gellhorn Pessary.	2. Inform patient of the risk associated w/ Gellhorn Pessary	

<p>3. Insertion of Gellhorn Pessary.</p>	<p>such as, ulcers, infection, bleeding, pain, change in color or consistency of vaginal discharge, vaginal odor or itching, difficulty voiding, constipation and if found on daily assessments. The patient will call the MD for a follow up appointment Patient will teach back to the nurse the understanding of these risks. Patient will call to schedule an appointment to see MD if any of the above complication arise. The nurse will gain consent before insertion of Gellhorn Pessary and after explanation of risk involved.</p> <p>3.The nurse will explain procedure to patient, instruct patient to void, perform hand hygiene, don PPE, assess if string is required. If using a string, use a ring knot to tie string to pessary, knotting the string ends together so it doesn't come off during removal. Leave string long enough to facilitate removal. Instruct patient to perform perineal care. Position patient in supine position with knees bent, heels together, and knees apart. The nurse will use dominant hand to hold and insert pessary. While ensuring the dominant hand is kept dry, fold pessary in half by grasping pessary on either side with fingers, positioning the pessary so the fold faces downward. The nurse using the non-dominant hand will apply water-based lubricant to vaginal opening and pessary's leading edge. Ensuring lubricant is applied over entire folded edge of pessary. The nurse will separate</p>	<p>2. It is important that the patients be informed of all potential complications and understand the risk involved w/ this procedure so they can make the appropriated choice regarding their care.</p>
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<p>4. Follow up appointment for Gellhorn Pessary.</p>	<p>labia using fingers of non-dominant hand and insert folded pessary lengthwise into vagina by using middle and index finger to carefully advance pessary in the direction of patient head, and against the posterior vaginal wall. The index finger of the dominant hand is aimed toward the direction of the coccyx to properly position pessary into the posterior vaginal fornix, carefully advance pessary as far back as possible without causing discomfort. Then release the pessary; it should unfold (open) and return to its normal shape. The nurse will sweep a finger around outside of pessary to ensure it fits snugly but not tightly against symphysis pubis and posterior and lateral vaginal walls. Instruct client to stand, walk, cough, and/or gently bear down to check correct positioning. Patient will report proper fit and comfort.</p> <p>4. The nurse will inform the patient that their next visit will be in 3 months to check for pressure ulcers, lesions and other complications. The patient will repeat back the date of next appointment and the reason it is important for the follow up.</p>	<p>3. It's important to explain what the procedure will entail; this will allow the patient time to ask questions or get clarification if needed. If there is another nurse conducting the procedure, this will help the patient feel more at ease because they know ahead of time what to expect.</p> <p>4. It is mandatory for patients to have follow up appointments every 3 months when using this product.</p>
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<p>What are the disadvantages of using this product(s)?</p>	<p>The disadvantages of this device involve the risks for infection and ulcers, it can also be difficult to remember follow up appointments.</p>
<p>What alternative product(s) could be used and why?</p>	<p>An alternative to the Gellhorn Pessary is to have a surgery by the name of Sacrocolpopexy.</p>

(This is your opportunity to share your product knowledge and apply critical thinking)	
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

Were you able to meet your learning goals for today? Why or why not?	
What are your learning goals for tomorrow? (Share learning goal with preceptor)	Learn more about vaginal prolapse as I have not yet come across this in my career.

Care location : Outpatient

Reviewed by: _____ Date: _____