

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

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 Setting:  Acute Care  Outpatient  HHC  Other \_\_\_\_\_

**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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

<b>Today's WOC specific assessment</b>	<p><b>PMH:</b> 59 year old female with migraines, pelvic organ prolapse and internal hemorrhoids. Previous urodynamic testing showed normal bladder capacity and compliance. Cystoscopy showed no lesions and CT urogram showed no suspicious renal or urothelial lesions.</p> <p><b>Surgical history:</b> No surgical history</p> <p><b>Medications:</b> 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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**Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.**

**REASON FOR REFERRAL:** Pessary exchange

**PMH:** Reviewed and negative for pelvic organ prolapse and internal hemorrhoids. Urodynamic testing insignificant with no lesions seen on Cystoscopy or CT urogram.

**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 pressure is more controlled. Upon pessary removal there were no signs of lesions or

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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 specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p>1. <b>Impaired urinary elimination related to poor tone of the pelvic muscles.</b></p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p><b>Examine the patient’s voiding pattern, including the frequency and amount of urine. Compare the patient’s urine output and fluid intake and take note of specific gravity as well.</b></p> <p><b>Document the patient’s reports of urinary urgency, frequency, pain while urinating, incontinence, nocturia, and urinary stream size or force. After voiding, palpate the bladder.</b></p> <p><b>Advise the patient to consult a urologist and/or urogynecologists for surgical repair options.</b></p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p><b>This intervention identifies bladder function characteristics, bladder emptying effectiveness, kidney function, and fluid balance.</b></p> <p><b>This intervention provides relevant information if there is an obstruction to elimination. Fullness over the bladder after voiding indicates insufficient emptying or retention and necessitates treatment.</b></p> <p><b>Consultation with specialists is beneficial in developing an individual plan of care to meet the specific needs of the patient using the most up-to-date treatment.</b></p>

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<p><b>2. Decreased cardiac output</b></p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p>	<p><b>Administer prescribed anti-hypertensive medications.</b></p> <p><b>Ask the patient to tell what her knowledge is regarding disease and its management.</b></p> <p><b>Instruct the patient to self-monitor the blood pressure prior to taking anti-hypertensive medication and if symptomatic.</b></p>	<p><b>To alleviate the severe headache. To treat the underlying cause of acute suboccipital pain, which is hypertension.</b></p> <p><b>The patient should understand that hypertension is a chronic disease and requires constant effort for management.</b></p> <p><b>Self-monitoring blood pressure provides immediate feedback and a sense of control.</b></p>
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<p><b>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</b></p>	<p><b>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</b></p> <p><b>A pessary is a prosthetic device that can be inserted into the vagina to support its internal structure. It is often used in the case of urinary incontinence and a vaginal or pelvic organ prolapse. The Gellhorn Pessary is a flexible silicone pessary that has either a long stem or short stem. It provides effective support of third-degree prolapse or procidentia. The Gellhorn pessary requires a relatively capacious vagina and an intact perineum. If a patient is unable to empty their bowels or bladder after the Gellhorn has been fitted, it could suggest that the Gellhorn is too large and they should seek medical attention. Potential adverse effects of the pessary include changes in voiding patterns, vaginal irritation, and vaginal ulcers or excoriations. Pessary use is avoided if a woman has a large vaginal outlet or a short vagina. Examples of alternative options include behavior modification (e.g., weight-loss diet, smoking cessation), pelvic floor muscle strengthening, and surgery.</b></p>
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**Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.**

<p><b>What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</b></p>	<p><b>I was intrigued about learning more about pessary devices. I have had patient mention having a pessary device while I was obtaining their medical history, but have never had to actually manage one before. This patient was referred for a pessary exchange which peaked my interest and required me to research and become familiar the device including indication, management, risk factors, and complications.</b></p>
<p><b>What are your learning goals for tomorrow?</b></p> <p><b>(Share learning goal with</b></p>	<p><b>Expand my knowledge on the various options to treat pelvic organ prolapse.</b></p>

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<b>preceptor)</b>	
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<b>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</b>	N/A
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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