Cleveland Clinic

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Michelle Harris-Farrell_____ Day/Date: ___ 1/16/2024____

Number of Clinical Hours Today: __ Care Setting: ___ Hospital ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: __6__ Preceptor: _Janie Renaud_____

Journal Focus: _____Wound _____ Ostomy ___XX___Continence _____Combination Specify: _____

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, select one patient each clinical day. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

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. Provide thorough documentation on the patient encounter. 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 by no later than **48 hours** following the clinical experience day. See samples in course to assist you with this assignment.

Today's WOC specific assessment	**Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.** **Patient is a 26 year old female being seen in in Colorectal Surgery clinic- Motility Lab who presented to Colorectal Surgery clinic several weeks ago for consultation with Colorectal physician. She reports that in her early 20's she began bleeding while straining to have bowel movement. She also experienced squirting of blood in toilet bowl along with streaks of blood on toilet paper when wiping. Additionally, she reported anal pruritus with a small pea-sized bump felt near anus. She reports difficulty defecating and incomplete stool evacuation. She reports that she has tried taking Metamucil in the past but does not take it daily.** **Past surgical history – wisdom teeth extraction.** **Family history of Colon cancer n mothers side** **External labs: CMP, CBC, Vit D, TSH = all WNL** **Medications: Metamucil Psyllium Fiber supplement –rarely** **Colorectal Physician ordered Anal Manometry** **Medical diagnosis: Pelvic floor dysfunction in female**

Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, *interactions, and specific products that were used/recommended for use.*

The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for…, follow- up visit for…, evaluation and management of…, etc Then, describe the visit. Write in a manner others will be able to understand and be able to interpret your plan of care. **The WOC Nurse consultant accompanied the Motility specialist to perform an initial visit for Anal Manometry procedure**

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

to evaluate the function of both the rectal and anal muscles, measure pressure, reflex and sensation of the rectum. Upon arrival to the Motility Lab it was verified that the patient had self- administered (2) fleet enemas 30 minutes apart (2-3) hours prior to arrival.

The procedure was explained to the patient and a written consent was obtained. The patient was asked to undress from the waist down and put on an exam gown open to the back, lay side-lying on left side. A digital exam was performed with a sterile water soluble lubricant to assure a clear anal canal free of stool. The manometry probe was gently inserted into the anal canal and a "resting pressure " was first obtained to assess mean and max sphincter pressures and length of anal verge/canal followed by "push maneuver" to simulate attempted defecation. Then a "squeeze maneuver" to assess maximum sphincter pressure as well as squeeze duration. A "balloon inflation-RAIR" (rectal inhibitory reflex) was done to assess relaxation of internal anal sphincter following rectal distension. Balloon inflation was also done to assess first sensation, urge to defecate and discomfort level. The probe was finally gently removed and patient assisted to bathroom to get dress.

A report was created and given to Physician and Physician informed patient that the study revealed that the anal sphincter length was normal, resting pressures were high, max squeeze was normal, cough reflex present, push was unchanged from resting pressure, RAIR was present, first volume sensation was normal, urge to defecate was low and maximum tolerable volume was low.

Additional study was ordered by Colorectal Physician today for further assessment to include: Defecography to assess Pelvic Floor Dysfunction. The WOC Nurse suggested scheduling the patient for Biofeedback with Motility Specialist to provide training, exercise and tools to use to identify internal sensations associated to retrain the pelvic floor muscles and relax the anal sphincter and strengthen muscles supporting the pelvic muscles.

An Xray Defecography study was performed later in the afternoon with patient positioned left lateral decubitus on the Fluoroscopic table. A high-density barium was instilled into rectum to level of sigmoid colon followed by introduction of an oatmeal-barium paste into the rectum. Patient seated on a radiolucent commode and radiographs were taken at rest and while patient performed squeeze maneuvers. Patient asked to evacuate and images were obtained during defecation.

Impression of defecography revealed: Severely increased perineal descent, moderate anterior rectocele, mild intrarectal intussusception, grade 3 enterocele and grade 2 sigmoidocele.

WOC specific medical & nursing diagnosis and concerns	**WOC Plan of Care (include specific products used)**	**Rationale (Explain why an intervention is chosen; purpose)**
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.	Statements should be directive and holistic relating to the problem/concern.	**Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.**
Constipation due to pelvic floor muscle weakness	**Patient will comply with taking fiber 1-2 tablespoons daily in 8 oz of water**	**To soften stool content and assist in alleviation of constipation.**
	Patient will increase fluid/ water intake daily (64 oz daily)	**To soften stool and prevent dehydration and assist with pulling water into stool with the se of fiber supplement.**

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

	Patient will begin Biofeedback training next week	**Biofeedback will assist to restore normal defecation with strengthen pelvic floor muscles and relax anal sphincter**

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?	**This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.** **Plan of care Product recommendation: Metamucil(fiber supplement), one tablespoon mixed with 8 oz of liquid 1-2 times daily. It is a plant-based fiber used to promotes digestive health and regularity relieving constipation.** **Disadvantage: May cause abdominal cramping, bloating.** **May cause severe constipation if fluid intake is inadequate.** **Alternative: MiraLAX (non-fiber-based supplement) with polyglycol which helps pull water into the stool**

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?	**My goal today was to get a better understanding of Anal Manometry as I used to perform these test on Colorectal and Gastro patients 6 years ago but did not understand the rationale for the different maneuvers. I was able o get a better understanding of the maneuvers overall.**
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	**I am hoping to be able to sit in on a patient who will undergo Biofeedback soon to see the application of electrode sensors**

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	**I would have like to administer straight cath procedure for the below patient experiencing urinary retention post foley removal.** **I would of liked to ask about the use/effects of valium for the manometry patient that was extremely anxious during the procedure requiring me to hold her hand the entire session.**
Reflection: Describe other patient encounters, types of patients seen.	**I saw patients with Severe IAD with partial thickness wounds that were treated with the use of Triad paste, Intertrigo (kissing lesions) that required treatment with Miconazole powder, established Urostomy patient that had denuded skin that was treated with Marathon Skin Protectant.** **I sat with the Motility Nurse Specialist and reviewed a Power Point slide presentation on Biofeedback. I was able to perform a bladder scan on a patient complaining of continued abdominal discomfort 24 hours after foley removal following Colorectal Diagnostic laparoscopy, open hemicolectomy with end ileostomy with residual volume of 753mls of urine – he was wearing a PrimoFit**

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

	urinary device and will likely have to undergo straight catheterization.

Reviewed by: _____ Date: _____

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.