



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Allison Salomon 1/31/24

Number of Clinical Hours Today: 8 Care Setting: Hospital X Ambulatory Care Home Care Other:

Number of patients seen today: 7 Preceptor: Colorectal outpatient team

Journal Focus: Wound Ostomy X 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.

<p>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>38 year old female with a complaint of constipation. Past medical history includes Gastroparesis, PCOS, Anxiety/Depression, GERD, suicide attempt. Surgical history includes pyloroplasty and linc procedure. History of verbal, physical and sexual abuse. Obstetric history Gravida 1, Para 0, vaginal delivery- miscarriage.</p> <p>Medications: Amitriptyline 10mg- 1 tablet daily at bedtime Motegrity 2mg- 1 tablet daily Famotidine 20mg- 1 tablet 2x daily Spironolactone 25mg- 1 tablet daily Valacyclovir 500mg- 1 tablet daily Sucralfate 1g- 1 tablet 4x daily Metformin 500mg- 1 tablet daily with breakfast Oxcarbazepine 150mg- 1 tablet 2x daily Loratadine 10mg- 1 tablet daily Vistaril 25mg capsule- 1 capsule daily Vilazodone 10mg- 1 tablet daily with breakfast</p>
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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.

38 year old female presents for anorectal manometry testing, rectal sensation testing and EMG recruitment, due to symptoms of constipation.

Onset of symptoms: years ago, but worsened after being diagnosed with gastroparesis

Stool frequency: 2-3 weeks between bowel movements but can be as often as weekly

Stool type: types 1-7

Stool straining: excessive

Evacuation: incomplete

Current bowel regimen: Trulance. Prescribed Motegrity and Amitriptyline- but have not began

Use of enemas or suppositories: use enemas infrequently, only when symptoms get really bad. Have been helpful in the past

Medications used previously: Miralax, Magnesium citrate, enemas, Linzess, Trulance

Vaginal/perineal pressure: Yes, has had a few times, and thought it might be a UTI

Abdominal pressure/pain: yes, lots of cramps, typically the lower pain and improves after having a bowel movement

Anorectal pain: no

Feeling of prolapse: no

Do you have accidental bowel leakage, fecal incontinence, or urgency with bowel movements: no

Blood or mucous: bright red blood a few times

Procedure was explained to the patient. Patient verbalized understanding and teachback.

Perianal skin intact. No erythema, induration or excoriation. No fissures, fistula or external hemorrhoids.

Digital Exam:

Anus: closed

Resting tone: normal

Squeeze tone: normal

Valsalva: pelvic floor relaxation is abnormal. Minimal movement (relaxation and lengthening)

Puborectalis: non-tender in left anterior, right anterior, left posterior and right posterior to palpation on Valsalva.

Rectocele: absent

Full thickness rectal prolapse: no

Anorectal manometry

Average Rest Pressure: 41mmHg- normal range

Average Squeeze Pressure: 76mmHg- normal range

There is a minimal incremental change between resting and squeeze pressures- can indicate marginal pelvic floor movement with squeeze

Sensory:

First sensation: 32ml

First urge to defecate 88ml

Maximum tolerable volume: 190 ml

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Recto-anal inhibitory reflex: Yes
 Balloon expulsion: No

Exhibit undetermined rectal sensation with at least 2/3 sensory tests.

EMG Recruitment: was performed. The patient shows a normal increase in activity with squeeze, and a minimal change in activity with Valsalva. This indicates abnormal pelvic floor movement, which can be indicative of poor pelvic floor coordination.

Recommendations:

1. Hydrate with at least 8 glasses of water per day
2. Continue bowel regimen with Amitriptyline and Motegrity
3. Use of squatty potty or foot stool to help promote relaxation of pelvic floor during bowel movements
4. Enemas or suppositories
5. Pelvic floor physical therapy- Referral sent
6. There are no surgical options to improve pelvic floor muscle coordination
7. Pelvic floor dysfunction handout reviewed and provided to patient
8. Follow up appointment in 3 months, after completing physical therapy and adherence to bowel regimen.

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><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>Statements should be directive and holistic relating to the problem/concern.</p> <ol style="list-style-type: none"> 1. Hydrate with at least 8 glasses of water per day 2. Continue bowel regimen with Motegrity 3. Use of squatty potty or foot stool to help promote relaxation of pelvic floor during bowel movements 4. Enemas or suppositories 5. Pelvic floor physical therapy- Referral sent 6. There are no surgical options to improve pelvic floor muscle coordination 7. Pelvic floor dysfunction handout reviewed and provided to patient 	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <ol style="list-style-type: none"> 1. Helps to facilitate regular bowel movements. 2. Motegrity is used to treat chronic idiopathic constipation and helps to facilitate peristalsis 3. Helps to relax the pelvic floor during bowel movements. 4. Helps to stimulate the bowels to evacuate. 5. To help retain the

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	<p>8. Follow up appointment in 3 months, after completing physical therapy and adherence to bowel regimen.</p>	<p>pelvic floor muscles to appropriately relax and coordinate.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. <u>Alternatives should be from a different category or classification.</u> In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</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>What was your goal for the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal for the day was to see how different interventions are utilized for both constipation and fecal incontinence are utilized prior to surgical interventions, such as an ostomy. I was able to see many patients in the colorectal clinic and suggestions include bowel regimen and pelvic floor physical therapy, to help strengthen the pelvic floor and to help regulate bowel movements.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>N/A last day of clinical hours</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>I enjoyed my experience in the colorectal clinic and manometry testing. It was interesting to see the different exams performed and hearing different patients' stories. Many patients had physical symptoms which impact their quality of life. Many patients traveled from other states for a second opinion to see if there was a need for surgical interventions. One patient was cleared for a ostomy reversal.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>Other patient visits included a patient with a new ostomy, ostomy reversal, a patient with a rectocele and a few patients with fecal incontinence.</p>

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Reviewed by: _____ Date: _____

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