Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _____Charina Hanley_____ Day/Date: ____7/15/2024_____

Number of Clinical Hours Today: ___8__

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

Preceptor: ___Dr. Spivak/Manometry/CORS NPs_____

Clinical Focus: Wound ____ Ostomy ____ Continence __X__

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.

A wide array of patients were seen by Dr. Spivak for consultation and follow up. There were a lot of visits and no census or note provided to me so it was hard to keep track of everything but I will include some details of what I observed below:

- 22 YOF with complaint of chronic constipation and rectal/pelvic pain referred by gastroenterologist. Takes Miralax daily. Imaging significant for "runners gut" where right side of colon sits low in pelvis, and backup of stool noted in this area. Exam in clinic concluded that client has both slow gastric motility and pelvic floor dysfunction. New medication regimen suggested and referral to pelvic floor PT placed. Drinks less than 1L water daily, importance of hydration and fiber discussed.
- 72 YOF with history of fecal incontinence seen by Dr. Spivak in clinic today for follow-up after surgical implantation of sacral nerve stimulation device.
- 47 YOF coming in for consultation for possible colostomy reversal. Original procedure done at outside hospital. Patient had originally had a hemorrhoid tuck surgery that went awry, has an anastomotic leak and became septic and was in ICU for 27 days, and unknown length of sigmoid colon removed, stoma formed. Client still struggles with bleeding hemorrhoids. Plan for two-stage Turnbull-Cutait procedure discussed, which can be started in 6mo to allow for more healing since original surgery was 6 months ago. Discussed details and timeline of this process in detail with client.
- 42 YOF with PMH of EDS and POTS referred to CORS for complaint of pelvic pain and chronic constipation. No surgical intervention suggested, new medication regimen and alternative therapies discussed.
- 35 YOF with MS seen to discuss possible solutions to severe constipation, asking for second opinion resides in upstate NY. She reports she gets colonic done every week, and is unable to pass stool on her own otherwise. Severe anal strictures notes as well as pelvic floor dysfunction likely related to MS. Discussed that medications and other therapies can help in the short-term, but that an end colostomy will be inevitable due to patients condition.
- 80 YOM for follow-up on end ileostomy. Patient reports he is doing very well and discomfort has subsided greatly. Stoma is healthy and no issues with his collecting system, and he is learning how to change his bag independently. Doing well with fiber, reviewed diet options and avoiding roughage such as raw broccoli and seeds in large amounts, encouraged through chewing.

CORS NP brief shadow:

- 18 YOM seen for pre-op exam, will be returning next week to have anorectal fistula repaired
- 72 YOM seen for follow up, recently was hospitalized for 75 days due to bowel ischemia following abdominal aortic aneurysm. Original ileostomy had to be turned into a mucous fistula and second ileostomy formed after patient experienced an obstruction. 10-100mL mucous daily and 1900mL liquid expelled daily, respectively. NP discussed high creatinine levels, will consult with primacy MD on adding more frequent IV hydration to regimen. Patient on TPN in addition to eating some food PO.

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- Middle-aged male PMH diabetes and chronic slow healing wound following abdominal surgery (unknown). Orders for wound vac placed to assist in healing. No signs of infection. 2 sutures removed to accommodate wound vac system better.

In manometry in the afternoon:

- 17 YOM who refused internal manometry procedure. Was referred to consult for possible ostomy reversal. Unknown etiology of ostomy or type.
- 21 YOF PMH psoriatic arthritis, chronic UTIs, and constipation with pelvic pain seen for anal manometry test. Exams significant for paradoxical pelvic floor function, muscles unable to relax during pushing out. Referred by NP to pelvic floor therapy and to continue following up with digestive provider.
- Middle aged woman PMH 2 C-sections, gastric sleeve, and tummy tuck referred by gastroenterologist for anal manometry after complaints of anal and pelvic pain related to bowel movements. Patient struggles with both diarrhea and constipation. Exams significant for paradoxical pelvic floor function, muscles unable to relax during pushing out. Referred by NP to pelvic floor therapy and to continue following up with digestive provider.
- Elderly woman referred for anal manometry by Dr. Spivak, awaiting surgery for hernia repair, and has mildly prolapsed rectum. Results were not discussed with this RN, were sent straight back to Dr. Spivak for review as she was seeing the client for visit today.

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. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. 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. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

Chart note:

72 YOF with history of fecal incontinence seen by Dr. Spivak in clinic today for follow-up after surgical implantation of sacral nerve stimulation device. Prior to device, was experiencing fecal incontinence up to 4 times a week.
Client has been running at program 1 at 0.8mHz since device implementation, with occasional increases to 1mHz during travel. Today she reports that she has continues to notice less frequent episodes of incontinence overall since device implementation. She does complain of pelvic pain, especially when amplitude is up higher, and describes it as feeling like a hand is grabbing at the front of her pubic area.
Stimulation system inserted into R side S3. Incisions are healed.
System changed to program 2, at 0.7mHz. Patient instructed to try this system for at least 2 week unless she is experiencing pain, then should return to previous settings.
Instructed to continue with her lifestyle/diet changes to continue multi-pronged approach in preventing fecal incontinence.

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 used)

Continue with lifestyle modifications that were helpful prior to implantation including:

- Physical activity as tolerated. Client does not use assistive devices to ambulate. Take short walks 3-5 times a day as tolerated to encourage motility.
- Continue with kegel exercises, at least 3 sets of 10 daily to maintain muscle control and strengthen muscles in area.
- Continue with daily psyllium husk supplementation to help with bulking stool if experiencing diarrhea, and helps with softening stool if constipated.
- Continue drinking at least 10 glasses of water a day.
- Include fermented foods and probiotics into diet

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Return to program 1 at 0.8mHz if new program begins to become intolerable.
Schedule follow-up call if no improvement in symptoms with new program after 2 weeks.

If incontinence returns, cleanse skin with gentle pH balanced cleanser or wipes and apply Desitin Zinc barrier paste to natal cleft to avoid skin breakdown.

Describe your thoughts related to the care provided. What would you have done differently?

I learned a lot about how for a majority of the patient seen in clinic, most had some type of pelvic floor dysfunction, and often paradoxical in presentation. All patients with these issues were referred to pelvic floor physical therapy. It was nice to see a mix of consults and pre and post-op patients, so I could observe many spots within the continuity of care.

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

What was your goal for the day?

I am now familiar with the sensors used, as they seem to be similar to the ones used in urodynamics. I would like to learn what the providers recommend as treatment and interventions for clients after the tests are performed and results are reviewed.

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

Tomorrow I am back in the stoma clinic and am looking forward to learning more from Karen. I hope to do another site marking, on an abdomen with more contours to troubleshoot.

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	✓	
• 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	✓	
• 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	✓	

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Reviewed by: _____ Date: _____

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