

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

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Nancy Ndamukong Day/Date: 9/23/2024Number of Clinical Hours Today: 8Care Setting: Hospital YES Ambulatory Care  Home Care  Other Preceptor: Sherman, KerryClinical Focus: Wound  Ostomy  Continence YES

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.**

I saw six patients today with the Doctor and the care coordinator. We assisted when the Dr needed help. Almost all the patients we saw came in due to incontinence issues. Patient complaint of (c/o) lack of bowel control (mixed incontinence), with frequent loose stool and urinary incontinence. After review her a thorough holistic assessment, She was examine by the doctor. Digital and scope rectal exam was done, and vagina exam was also done. Her incontinence problem is caused by lack of sensation. Thus, that disqualifies her from sacral nerve stimulator test. Treatment goals were discussed with patient to focus firming the stool and to continue with pelvic floor therapy. Plan was to follow-up with urologist for management of overactive bladder.

Second patient c/o constipation with episodes of incontinence. No urinary issues. Patient is not on any bowel regimen. Digital and vagina exam done with lubricated fingers. Recommendation; magnesium oxide and olive oil. Follow up with PT for pelvic floor exercise.

The third patient had rectal prolapse. C/o fecal leakage, with pressure and bleeding that started six months ago. History of kidney transplant, iron deficiency anemia (currently on Fe injection). Two surgical treatment options were explained to the patient with advantages and disadvantages. Whether to fix the prolapse by opening through the lower abdomen or going through the rectum. Patient was undecisive. But stated that if she choose to go with the surgery of the lower abdomen, she will be required to obtain a clearance from the transplant doctor. Do some physical exercise by walking 20 minutes/day, take protein shake to gain strength because patient looks so weak and frail. Conservative management was also discussed.

Fourth patient had a colostomy which is due for reversal. C/o vaginal bleeding and episodes of fecal incontinence. History of prolapse surgery. Recommendation to take Baclofen suppository. Plan for ostomy reversal surgery. Consent signed. Needs pre-operative IV midline insertion.

Fifth patient had urine and bowel incontinence and chronic constipation. Patient stated that she has tried many different motility drugs but nothing works for her. She also c/o inability to control bladder, mixed incontinence (stress and urge). Constant bladder spasm. C/o abdominal pain, strain with bowel movement even when it is soft. Defecography and pelvic floor exercise done in the past. Plan is to do sitz marker studies, followed by X-Ray to determine colonic transit time. Other plan is to create an ileostomy and gastrostomy. But patient may not qualify for G- tube because she failed NG tube try two times. To qualify for Gastric tube, you must pass NG tube try.

The sixth patient c/o constipation and rectal pain which started one year ago. Patient currently taking linzess and enema. Bowel movement daily with high volume enema. Patient has a Peg tube, unable to tolerate feeding. Is on clear liquid diet. History of celiac

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disease, sitz marker study was done, defecography done. Plan is to create loop ileostomy.

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:

This is a 73 y/o female who presented to the clinic with complain of uncontrolled bowel and pain due to rectal prolapse. History of kidney transplant, HLD, HTN, hypothyroidism, osteoporosis, polycystic kidney disease. Surgical history include nephrectomy and tubal ligation postpartum. Medication reviewed. Patient is on cellcept and tacrollimus. Patient lying on exam bed during assessment. Patient placed in chest-knee position. A digital exam performed by MD with a lubricated finger, scope easily inserted to the rectum. On exam patient has minimal sphincter tone. Options for managing the prolapse condition was discussed. These include conservative management (fiber intake, limiting time/avoid straining, squatty potty and PFPT to strengthen the pelvic floor muscle) versus surgical intervention. Surgical intervention was briefly reviewed with patient but she was not interested. It was discussed to proceed with conservative management and see how her symptoms evolves. Warning signs of prolapse incarceration discussed with patient and she understands to go to ED if it occurs.

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)

- ❖ Increase fiber intake.
- ❖ Limit toilet time and avoid straining.
- ❖ Go to the emergency department if you experience rectal incarceration (rectum hanging out of the anus and can't be pushed back in).
- ❖ Use squatty potty when defecating
- ❖ Practice pelvic floor physical therapy (PFPT).
- ❖ Consult to physical therapy (PFPT)
- ❖ Consult to colorectal surgery.

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

We gave the patient different management options, starting with conservation management. If this option does not work, the next step will be the surgical option via the abdomen based on patient's preference. With her previous kidney transplant, I will be worried about the abdominal surgery because we do not want to accidentally injure her delicate kidneys. Thus, I will encourage her

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to go with the option to repair via the rectum.

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?

My goal was to see some complicated incontinence cases and to observe pre op stomach marking. It was met to a greater extent. To a lesser extent, it was not because I did not have the opportunity to see stomach marking.

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

To observe/learn about Urodynamic studies.

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	✓	

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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