



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Ann Bruce Day/Date: 1/6/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Dr. Anna Spivak/ Kerry Sherman

Clinical Focus: Wound Ostomy Continence

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.

Today I was with Dr. Spivak and her care coordinator Kerry Sherman. The focus of the patient was fecal incontinence. I encountered a diverse range of patients, primarily older adults, many of whom were dealing with issues related to age, neurological conditions, or prior surgeries. The clinic also saw patients with pelvic floor dysfunction, as well as those suffering from chronic diarrhea or constipation. Most patients were embarrassed to discuss their symptoms, requiring a sensitive and empathetic approach. I gained hands-on experience in diagnosing and managing fecal incontinence through medical history, physical exams, and various diagnostic tests, learning to offer both medical and lifestyle-based solutions to improve their quality of life.

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:

Reason for Visit: Initial evaluation and management of chronic constipation, secondary to vaginal prolapse and total hysterectomy. Patient is a 43-year-old female who presents with complaints of chronic constipation for the past two years. She reports that symptoms began shortly after undergoing a total hysterectomy and diagnosis of vaginal prolapse. Her constipation is characterized by infrequent bowel movements, straining, and a sensation of incomplete evacuation. She notes that she has been using over-the-counter stool softeners,

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but these have provided no relief. She has tried biofeed back, pelvic floor therapy, colon massage, heating pads. The only laxative that was successful is golytely which patient uses once every 7 days to initiate a bowel movement. The patient also mentions increased bloating and abdominal discomfort. She denies any history of bleeding or weight loss. She has seen several physicians and was referral here for possible surgical intervention.

General appearance: The patient appears well-nourished and is in no apparent distress.

Abdominal exam: Soft, non-tender, mild bloating noted. No palpable masses or abnormal findings.

Pelvic exam: Rectocele present, with moderate anterior vaginal wall bulging noted. The rectocele is likely contributing to the patient's sensation of incomplete evacuation.

Rectal exam: Normal tone with slight difficulty in full relaxation of the anal sphincter. No palpable masses or fissures noted.

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)

- Discussed the pathophysiology of constipation, including the potential role of pelvic floor dysfunction and hormonal changes post-hysterectomy. Review the patient's hormonal status since she has undergone a total hysterectomy.
- Educated the patient on proper bowel habits, such as avoiding excessive straining and using the toilet at consistent times each day.
- Increase dietary fiber to 25–30g/day from sources like fruits, vegetables, and whole grains. Consider adding soluble fiber (e.g., psyllium) if dietary intake remains insufficient.
- Hydration: Increase fluid intake to at least 2 liters/day to aid in stool softening.
- Encourage regular bowel habits, advising the patient to attempt bowel movements at consistent times, especially after meals, to stimulate peristalsis.
- Recommend a gradual, sustainable weight loss approach. Aiming for a 5–10% reduction in total body weight can improve pelvic floor function and bowel motility. Reducing abdominal pressure can help alleviate symptoms of rectocele and reduce strain during bowel movements.

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

Given the patient's extensive history with chronic constipation and the fact that she has already tried a variety of treatments (pelvic floor therapy, biofeedback, colon massage, heating pad, Miralax, Senna), it's clear that she has encountered significant challenges in managing her symptoms. The fact that Golytely (a polyethylene glycol electrolyte solution) is the only laxative that has been effective suggests that her constipation may be more severe or resistant to typical treatments, possibly due to slow transit, pelvic floor dysfunction, or even underlying structural issues related to her history of vaginal prolapse and hysterectomy. The staff was very understanding of the frustration with many failed treatments and the length of time she has been suffering with constipation. Dr Spivak recommended a defecography and anorectal manometry to assess for slow-transit constipation or pelvic floor dysfunction. Patient was found to have a rectocele she did not recommend

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surgery as an option. Since this was a diagnostic issue, I do not have a recommendation of what could be done differently as the patient was satisfied with the recommendations. I would recommend psychiatric evaluation and management as it was clear during the visit that the patient was depressed over her diagnosis.

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 for the day was to gain a deeper understanding of the assessment and management of patients with fecal incontinence, particularly in the context of underlying causes like pelvic floor dysfunction, neurological conditions, and post-surgical changes. I was able to enhance my assessment skills by learning how to perform thorough and sensitive evaluations of patients with fecal incontinence, including detailed histories, physical exams, and rectal assessment.

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

My next day goal is to learn more about the test use to diagnoses urinary incontinence since this rotation was mostly focus on fecal incontinence.

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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