



R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Regina Averyanova Day/Date: 07/14/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Dr. Spivak/Kerry Sherman, RN _____

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 had a chance to shadow Dr. Spivak and Kerry Sherman. Kerry gave me an overview of colorectal surgery consultation, tests that can be conducted, and treatment options. Kerry explained about defecography, colonic transit time study, and Medtronic sacral modulation device. We saw ten patients today. Patients' age ranged from 19 to 87 y.o. Several female patients came for rectal prolapse and had manometry and defecography testing done. These tests in addition to the practitioner's physical assessment and exam allowed for a more accurate diagnosis. Additionally, some patients came for chronic constipation, gastroparesis, anal cancer follow up visit, bleeding hemorrhoids, and other pelvic floor dysfunctions. Dr. Spivak offered various treatment options depending on the disorder etiology, whether it is a medical or surgical issue. Depending on patient's individual needs and problems, treatment options included surgical rectal prolapse repairs, pelvic floor physical therapy, diet/lifestyle modifications, temporary ostomy, and bowel regimen using supplements/medications. A patient with bleeding internal hemorrhoids required hemorrhoid banding 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 beginning with a brief, focused history and history of present illness, including why you are seeing the patient. Then, describe the visit including any physical assessment, interactions, interventions, and evaluations. Complete a Braden Scale assessment if this was an inpatient encounter. Identify any specific products used or recommended for use. Remember, this note reflects all that you *did* at your visit, the plan of care reflects your direction/orders *after* the encounter to be performed in your absence.

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Chart note:**Braden Risk Assessment Tool: n/a**

Sensory Perception	3
Moisture	3
Activity	4
Mobility	4
Nutrition	3
Friction/Shear	3
Total	20

Patient is 67 y.o. female who came to the clinic with multiple concerns: rectal prolapse, vaginal prolapse, fecal urgency, bloating, and diarrhea. Patient stated that on good day she would have up to 10 bowel movements per day, and on bad day 20 plus bowel movements per day (Bristol 6-7). Due to the complexity of her condition, patient was unable to find a specialist in Hawaii, and she traveled to Cleveland Clinic with the hope to get help here.

Patient has Crohn's disease, asthma, rectocele, rectal prolapse, vaginal prolapse, and history of Breast cancer. Patient also lost 15 lbs in six months, and her current BMI is 16.

Surgical history includes complete bilateral mastectomy with implants, total hysterectomy, small and large bowel resection, and lysis of adhesions. Patient currently has a short bowel with 150 cm of small bowel and 20 cm of colon. No stoma.

Current list of medications includes montelukast 10 mg tab PO HS, Albuterol inhaler as needed, Epipen as needed, Imodium as needed.

Patient had MRI pelvis done in March 2025, and it was negative for fistula, and it was negative for other abnormalities. Colonoscopy was done 1 year ago, and it was normal.

At today's visit, patient had manometry and defecography. Patient's tests results were consistent with sigmoidocele, enterocele, and rectocele. According to Dr. Spivak, patient has "full blown" rectal prolapse and patient would benefit from sacrocolpopexy.

On assessment, patient has incontinence associated dermatitis on the perineum due to the fecal leakage.

Patient also stated that she has incomplete evacuations and fecal urgency. Dr. Spivak suggested to the patient to apply barrier cream with zinc to the red irritated areas. Dietary considerations were made to the patient; however, patient states that she gets bloated from fiber containing foods. Also, the importance of adequate hydration was discussed. Additionally, flexible sigmoidoscopy was attempted today. Patient ingested barium for defecography, and because of that, it was difficult to visualize the lining of the colon. Rectum irrigation was done; however, not everything was visible through sigmoidoscopy today.

Dr. Spivak stated that she will repair prolapse; however, Dr. Spivak wanted to investigate first the reasons for all the patient's symptoms with the goal of improving quality of life. Is it a motility issue, mechanical issue, or Crohn's? Dr. Spivak stated that it is important to explore further. Patient also agreed that the priority at this time is to control the high frequency and leakage of the bowel movements, and to take care of prolapse afterward.

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.

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WOC Plan of Care (include specific products)

- 1) Complete ordered blood work
- 2) Schedule and complete CT enterography with IV contrast
- 3) Schedule and complete X-ray of upper GI
- 4) Schedule and complete flexible sigmoidoscopy
- 5) Follow up with urogynecology
- 6) Follow up with gastroenterology
- 7) Rinse the perineal irritation well, pat dry, and apply the moisture barrier cream with zinc BID and as needed.
- 8) Start pelvic floor physical therapy.
- 9) Maintain adequate hydration (straw to yellow colored urine)

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

Dr. Spivak provided outstanding care for her patient. She was sensitive to the patient's need. She carefully reviewed patient's test results and after visit summary from previous visits with other LIP. Dr. Spivak stated that her main goal was to promote quality of life for the patient. Patient came from Hawaii, and she will stay in Cleveland for only 1 week. Dr. Spivak tried to accomplish as many tests as possible today. She explored various aspects of patient's lifestyle to figure out what makes the problem better or worse and tried to understand the root cause of the patients symptoms. Kerry Sherman, RN met with the patient and helped her schedule follow up visits, so that patient would be able to see different specialists, and complete necessary tests. Patient also stated that she is looking into the possibility of relocating closer to the Cleveland Clinic, so that patient could get the care she needs. Meanwhile, Dr. Spivak also informed patient that all the test results and MD progress notes' will be available for patient to review online whenever she might need them in the future. Dr. Spivac was efficient. Patient brought results that date years back, and these tests show what have been done throughout the years to rule out other issues. I do not think any other tests were warranted. I would not have done anything different for this patient.

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 today was to learn about continence related conditions, recommended treatments, and patient counseling. My goal was accomplished. I observed how Dr. Spivak and her team provide holistic care and openly discuss with the patients their treatment options, any pros/cons associated with the procedure, and whether there are better alternatives to the treatments at this time.

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

On Tuesday, 07/15/2025, I will be following Jennifer Brinkman, APN on S1-015. It is a day one of wound specialty clinical, and I would like to learn about wound assessments, ABI, debridement techniques,

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monofilament testing and fistulae management.

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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	✓	
• Completes Braden Scale for inpatient encounter	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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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