

Daily Journal Entry with Plan of Care & Chart Note

 Student Name: Jessica Whelen Day/Date: 7/17/2025

 Number of Clinical Hours Today: 9

 Care Setting: Hospital Ambulatory Care Home Care Other

 Preceptor: S.Norman

 Clinical Focus: Wound Ostomy Continence
Reflection: Describe your patient encounters & types of patients seen.

Today I was in the clinic and shadowed with Jessica and Stephine. Stephine was being trained for a new procedure that day, I spent time with Christine. She had virtual follow up patients. The patient I was able to see were patient's that was having issues with slow transit constipation, another was a follow up from a patient that saw Dr. Spivak last week. Christine shared information about pelvic health. We also had the opportunity to discuss a defecography, how the information is used to diagnose structural and functional problems in the anorectum/pelvic floor that may contribute to fecal incontinence or constipation. We reviewed videofluoroscopy of a patient. It was interesting to watch how stool moves through a normal colon vs a colon that has a deformity like a rectocele. I was present when a patient who had a barbie butt or proctectomy had a wound vac place on his anal area to help wound closure.

Chart note:
Braden Risk Assessment Tool (not applicable)

Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

This is a follow up tele-health visit for a 36 y.o. female who presents with chronic constipation characterized by infrequent bowel movements (1 week or more) for the past several months. Reports excessive straining, sensation of incomplete evacuation, and hard stools. Patient past medical history is significant for two full term pregnancies both with perineal tearing during vaginal delivery, repaired at the time. Patient completed a spic test completed, which resulted in retained markers. Patient has been diagnosis with have Slow Transit Constipation. Patient has had counseling with a nutritionist for dietary modifications, which included adding

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high fiber foods, drinking fluids and probiotics. Patient reports use of laxatives. Patient has participated in pelvic floor therapy with some relief. Patient has tried Linzess, with success, however, did she reports experiencing leaking bowels. This has impacted her quality of life with unpredictable bowel movements. Patient became tearful, disclosing who her bowel issues have impacted the relationship with her daughters and her ability to participate as a parent. Patient was provided time to express her emotions, patient's feelings were validated.

The goal of today's visit is to formulate a Plan for a manageable bowel regimen. We discussed large volume enemas. Patient expressed concerned that she will not be able to retain the enema after instillation. We reviewed the steps involved and how to complete the procedure. After explanation of the procedure patient verbalized understanding.

Patient will try this bowl regiment for two month and report back how things are going. Patient is encouraged to continue with pelvic floor therapy, as well as modified diet changes that has been made. Patient has agreed to this plan.

Patient understands to reach out if there are further questions via phone call or My Chart.

WOC Plan of Care (include specific products)

Administer high-volume cleansing enema per rectum twice weekly with 1000 ml of warm tap water or warm water mixed with castile soap via 28 Fr foley catheter, inflate balloon with 10ml of water to retain catheter. Retain fluid for 10-15 minutes.

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

I feel like I have learned a lot about the gut-brain connection. It is interesting to think that is a correlation between stress and the ability to have a bowel movement. I feel that the patient felt heard and had the sense of light at the end of the tunnel. I find it interesting to see two patients with similar conditions, handling the situation differently.

Goals

What was your goal for the day?

I was not sure what to expect for the day. Today was follow visit was a mix of post procedural/surgeries or from prior consult visit to see what kind of progress was being made from interventions that was discussed at previous appointment. I would have to say the overall goal was to follow the NP to see what follow up care looked like, how having an ostomy team member present in clinic is valuable to the NP or Dr. if patient needed intervention with there ostomy.

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

My learning goal for future tomorrows, is to continue to learn and grow as a WOC nurse to better serve my patients and the patient population.

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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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