

Virtual Journal Entry with Plan of Care & Chart Note

 Student Name: Regina Averyanova Day/Date: 08/12/2025

 Setting: Hospital • Ambulatory Care Home Health Care • Other: _____

WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	<p><u>Age/sex</u>: 59 year old Female</p> <p><u>PMH</u>: migraines, pelvic organ prolapse and internal hemorrhoids. Previous urodynamic testing showed normal bladder capacity and compliance. Cystoscopy showed no lesions and CT urogram showed no suspicious renal or urothelial lesions. Patient has a Gellhorn pessary in place and has been using for 1 year, with an exchange every 3 months.</p> <p><u>CC</u>: Pessary exchange</p> <p><u>Meds</u>: Hydralazine 25mg PO TID, Prednisone 20mg PO TID, Losartan 25mg PO TID</p> <p><u>Social hx</u>: 1/2 ppd smoker, no ETOH or illicit drug use</p> <p><u>Labs</u>: None Relevant</p>
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<p>Assessment/encounter:</p> <p><u>LOC</u>: awake, alert</p> <p><u>VS</u>: Temperature: 97.8F oral, Pulse: 82, Respirations: 20, BP: 148/90</p> <p><u>Initial interview</u>: Patient reports she has been using the pessary for the last year and has it exchanged every three months. She reports that this type of pessary has been working well for her but she wants to have surgery to correct her pelvic organ prolapse once her blood pressure is more controlled.</p> <p><u>Urological assessment</u>:</p> <p><u>perineal area</u>: No lesions, discoloration or swelling. Patient has a Gellhorn pessary in place.</p> <p><u>urethral meatus</u>: Normal.</p>

Upon pessary removal there were no signs of lesions or ulcerations. No bleeding, no foul discharge noted.

Treatment Performed: detail in note

Education: identify in note.

Suggested consults: identify in note

Photo:



Using critical evaluation of the provided encounter data, identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

1. Identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

In addition to the information provided, I would want to learn about patient's continence status. Does this patient experience urinary or fecal urgency or stress incontinence or maybe difficulty with initiating urination and defecation? Does she experience any discomfort, pressure, or bleeding with the pessary in place? Is this patient sexually active? How is patient's finger dexterity? It is also important to know the degree of the prolapse (Ermer-Seltun & Engberg, 2022, p. 260).

During the vaginal assessment, it is important to assess the external skin for rash or lesions and internally for pain, discomfort, bleeding, discharge, vaginal atrophy, lesions, and erosions (Ermer-Seltun & Engberg, 2022, pp. 264-265). Patient might also benefit from further laboratory and diagnostic studies if patient shows any of the above symptoms.

Additionally, education must be provided on the benefits of smoking cessation along with program selection that might work best for the patient. Also, patient might greatly benefit from nutritionist referral to help select the best dietary program to help her control the blood pressure. Education on appropriate exercise program might be beneficial in helping manage blood pressure as well. Physical therapy can be helpful in selecting the appropriate pelvic floor muscle exercises. All of these will help patient maintain steady weight, improve cardiovascular health, and overall quality of life.

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend?*)

2. WOC Plan of Care (include specific products used)

- Maintain good control of the blood pressure:
 1. Adhere to cardiac diet
 2. Monitor blood pressure in the morning and evening, record the BP value
 3. Take medication as ordered
- Attend the smoking cessation program as instructed/scheduled
- Apply nicotine patch as ordered
- Follow up with the nutritionist
- Follow up with the physical therapy and perform pelvic floor muscle exercises as instructed
- Return to clinic in 3 months for pessary removal, cleaning, and reinsertion.
- Call the clinic if you develop pain, discomfort, bleeding, pressure, discharge, or odor.

Write a chart note giving careful consideration to the chart review information, 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 used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

This is 59 year old female patient with pelvic organ prolapse. Patient came to the clinic for a Gellhorn pessary exchange. Last exchange was done in clinic 3 months ago. Patient has been coming to the clinic every 3 months for the past year to exchange the pessary. The goal is for the patient to have surgery to fix the pelvic organ prolapse once the blood pressure is under better control.

During today's visit, patient emptied her bladder. Patient also had a bowel movement prior to coming to the clinic. Patient was placed in semi-Fowler position and pessary was carefully removed. Upon removal, no foul drainage or discharge was noted. There was no ulceration, lesion, erosion, vaginal infection, pain, or bleeding during the vaginal assessment. Water-soluble lubricant was used to digitally inspect the vagina and the extent of prolapse. On assessment, advanced prolapse grade 3 was noted. The size of the pessary was 2 inches, and it was used previously with positive results. Selected pessary was washed with soap and water and rinsed well. The pessary was inserted successfully, and it was seated behind symphysis pubis. One finger could be placed between a pessary and vaginal wall (Ermer-Seltun & Engberg, 2022, p. 264). Patient tolerated the insertion well. Patient urinated, did Valsalva maneuver, walked, squatted, and pessary remained in place. Patient was instructed to return to the clinic for the follow up appointment in 3 months for pessary removal, cleaning, and reinsertion. Patient was instructed to call the clinic if she develops new symptoms, such as pressure, bleeding, and discomfort. Additionally, patient was instructed to follow up with the cardiologist, nutritionist, and primary provider to help with blood pressure management and smoking cessation. Patient verbalized understanding and acknowledged the need to quit smoking to improve the overall quality of her

life and health. Patient was also instructed to follow up with the physical therapy for pelvic floor muscle exercises.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

My goal for choosing this mini case study was to learn more about different types of pessaries, indication, and the mechanism of action. Even though pessaries were around for a long time, there is still a lack in guidelines and evidence on the best practice related to pessary (Ermer-Seltun & Engberg, 2022, p. 266), and that is why I wanted to read on the current guidelines and rationale that are available on this topic. I was able to meet this goal because this assignment allowed me to research more on various types of pessaries, how to select proper size, considerations and contraindications when selecting a pessary, steps on pessary insertion, common issues, and how to manage certain types of pessaries at home.

Reference

Ermer-Seltun, J. M., & Engberg, S. (2022). Advance pelvic health considerations for women: Pelvic organ prolapse and vesicovaginal fistula. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 253-276). Wolters Kluwer.

Reviewed by: _____ Date: _____

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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:		

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• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	