Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Birgitte Kammerdiener___ Day/Date: __Monday, September 15th___

Number of Clinical Hours Today: _8_ Number of patients seen_7_

Care Setting: Hospital ____ Ambulatory Care _X_ Home Care ____ Other ___

Preceptor: _Dr. Spivak/Kerry Sherman/Jessica Sankovic PaC____

Clinical Focus: Wound ____ Ostomy ____ Continence __X_

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, and any additional activities.

Today was spent in the outpatient clinic (A30) with Dr. Spivak, Kerry Sherman and Jessica Sankovic PaC. The day started out fast and continued to move while following Dr. Spivak from room to room. Multiple patients were seen during this time, some female and some male. Some presented for incontinence while others presented for pelvic pain. One patient that presented had a rectovaginal fistula that had failed two setons (as the last one had just fallen out) and a muscle flap. This patient also received and ultrasound that showed sphincter defects and a plan was determined for the patient to have a fistula repair/takedown and a temporary loop ileostomy to allow for better healing of the fistula post-surgery. Two patients presented for pelvic pain that were both determined to be nerve pain requiring surgery for a nerve release. One patient presented for constipation and was provided with different bowel regimens to help the stool pass. Another presented with scant fecal incontinence that occurs only once a day after their morning bowel movement. This patient was recommended to try enemas after the morning bowel movement to assist with clearing the colon of what was evacuating 20 minutes after the morning bowel movement and cause incontinence. One patient presented for both fecal incontinence and rectal prolapse and was provided with a couple of options as forms of treatment.

Some of the day was spent over in manometry. The patient presented with fecal incontinence and very loose to watery stool consistency. The patient stated having between 10 and 15 bowel movements a day and around 4 to 5 accidents a week. Prior to the exam the patient did an enema to help clear the colon. The patient was then asked to lay on their left side where a rectal exam was preformed by Jessica Sankovic PaC. The catheter was then inserted into the rectum where the patient was asked to squeeze, bear down, and cough. The balloon at the end of the catheter was then filled with air to determine sensation. The patient was asked to state when they first felt the balloon, when they had the urge to have a bowel movement and when they felt they could no longer hold it. The final part of the exam was for the patient to bear down on a commode and have the catheter come out in less than two minutes. The patient's exam was normal, meaning that the problem was mostly likely due to the stool being liquid and not the sphincter and pelvic floor muscles. The patient was

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then prescribed anti-diarrheal as well as a bowel diary to track the consistency of the stool, how often the patient is having bowel movements and how often accidents occur to provide a baseline of the patient's bowel habits.
The end of the clinical day was then spent talking with Kerry Sherman who answered any questions that still remained and gave a great inside to what Dr. Spivak and the clinic provided.

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. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was* ***done*** during the visit.

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

Chart Note:
82 year old female with rectal prolapse. Patient presents to clinic for assessment or rectal prolapse and fecal incontinence. Reports between 3 and 5 episodes of fecal incontinence daily. Reports diarrhea consistency of stool and rectal prolapse with each bowel movement. Rectal exam completed. Patient unable to contract/squeeze and began prolapsing with pushing. Interpretation: Sphincter defect. Instructed on creating a bowel regimen, keeping a bowel diary, the use of anti-diarrheal medication and the BRAT diet. Patient educated on different surgical options for rectal prolapse and fecal incontinence. Patient verbalized understanding of surgical procedures and trying a bowel regime.

Age/sex: 82 y/o female
PMH: G5P4 with four vaginal births and tearing, Hypertension, CKD 3, Osteoarthritis, Hysterectomy, Gall bladder removal, rectal reconstruction, hypercholesterolemia, neck surgery, hypothyroidism
CC: Rectal prolapse and fecal incontinence. Patient states having multiple episodes of diarrhea a day, between 3 and 5. Prolapse and incontinence has been occurring for about 6 to 8 months. Episodes cause patient to run to the bathroom. Patient has had previous rectal prolapse that resulted in a rectal reconstruction done multiple years ago at an outside hospital.
Social hx: non-smoker, does not drink, patient's daughter had colon cancer now with colostomy, married

Assessment/encounter:
Presents to clinic for initial patient encounter and discussion of options
Denies straining when having bowel movements
States bowel movements are liquid and feels like "blowouts"
Feels rectal prolapse happen with each bowel movement
States prolapse goes back in on its own after a few minutes

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States she has no bowel regime for the diarrhea

Skin breakdown assessment:
No skin breakdown upon assessment

Dr. Spivak performed a rectal exam on the patient. While patient had stated having a rectal reconstruction, Dr. Spivak was unable to see any scars or evidence but due to surgery being many years ago the scars may have faded. With the permission of the patient, Dr. Spivak inserted a finger into the patients rectum. Dr. Spivak then asked the patient to squeeze. No squeeze was noted. The patient was then asked to push. The rectum then began to prolapse. The exam was then finished. Dr. Spivak explained to the patient that the pelvic floor muscles and rectal muscles were very weak. Dr. Spivak then gave the patient a few options for treatment. The prolapse could be fixed through reconstruction and pulling the rectum up and securing it to other muscles to help prevent prolapse from occurring. This would solve the problem of the prolapse but would not solve the incontinence. The other option Dr. Spivak gave the patient was to create a colostomy and remove the rectum. This option would allow the patient to improve their quality of life by no longer having to run to the restroom, experience accidents or be uncomfortable with a prolapse.

Education:
Avoid foods that increase diarrhea
Increase fluids when experiencing diarrhea
Brief education on stoma pouch

Suggested consults: nutrition and psychology/group therapy
Nutrition: assessment for any malnutrition and create diet for bulking up stool
Psychology/group therapy: consultation for if patient proceeds with stoma creation. Develop coping skills and emotional support.

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)

Keep a daily food diary to find foods that cause irritation
Keep a bowel diary and bring to next appointment
Increase bulking food/BRAT diet-“Bananas, Rice, Applesauce, Toast”
Keep diary of rectal prolapse; how far, how often and how long it takes to go in on its own or if was pushed back in
Follow up with colorectal
Establish with Nutrition
Establish with Psychology/group therapy for ostomy
Return to clinic if prolapse worsens or if plan of treatment decided

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

While in the room, the patient was provided with surgical options. She was also told she should look at anti-diarrheal medications. I would have provided the patient with information on the BRAT diet as well as given a consultation for nutrition as patient stated she has lost a lot of weight due to frequent episodes of diarrhea. Having the patient see a nutritionist could help with assessing for any potential malnutrition. I would have also recommend that the patient become established with psychology or group therapy if choosing to proceed with stoma creation. Psychology and/. Group therapy could provide the patient emotional support for themselves and from others.

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 learn more about how much impact incontinence can have on a patient. I also wanted to learn more about how patients were assessed and different treatment options besides a stoma. This goal was met. I was able to listen to each patient's concerns and how much it affected their daily lives. I also was able to be in the room during some of the rectal exams where Dr. Spivak explained what she was assessing for and her findings from the rectal exam. Many of the treatment options did involve surgery but there was also options for pelvic floor physical therapy and rectal nerve stimulation.

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

I am at in-patient ostomy care tomorrow. My goal is to be able to maybe see a stoma marking but also talk through more of the ostomy products and when to consider convexity and accessory products for a patient.

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For instructor use only. Do not remove or edit:

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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