Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Kyle Aniol Day/Date: Wednesday, September 17th

Number of Clinical Hours Today: **8** Number of patients seen: **5**

Care Setting: **Colorectal Clinic/Manometry**

Preceptor: **Dr. Spivak**

Clinical Focus: **Continence**

Reflection: Describe your patient encounters, types of patients seen, and any additional activities.

The patient encounters for today included 3 bedside evaluations in the clinic along with witnessing a couple of the monametry tests. Patient A was a 49 y/o female undergoing monametry testing for constipation. She is G2P2 with one vaginal delivery and one cesarean section. Patient B was a 40 y/o male being evaluated for increased pressure in the rectum with bowel movements. Patient was born with an imperforate anus and had a pull through procedure as baby. The patient feels pressure on the left side of the rectum during voids but has no complaints of incontinence or constipation. Patient C was a 71 y/o female with a prolapsed rectum requiring surgical correction. Her gastroenterologist and primary care provider recommended treatment through Cleveland Clinic due to her multiple comorbidities. Patient D was a 21 y/o female being evaluated for MALs. She will be receiving corrective surgery per Dr. Spivak but will have to have a site marked for a possible ileostomy during the procedure. Patient E was a 58 y/o female undergoing monametry testing for constipation as well. She is a G1P1 with one natural delivery.
Along with patient care, I sat in on a lecture by Dr. Spivak on colorectal neoplasia and some of the diagnostic testing involved. Topics included the monametry test, defecography, and an EMG.

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.

(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

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Chart Review, Assessment, Encounter

Age/Sex: 40 y/o male
PMH: Imperforate anus at birth with coloanal pull through procedure, multiple rectal prolapses, most recent prolapse surgery on 10/2024
CC: Patient feels increased pressure when having a bowel movement
Social Hx: Never smoked, no alcohol or illicit drug use, married, sexually active
Medications: Imodium 2 mg (daily), Rosuvastatin 5 mg (daily)

Assessment/Encounter: Patient presents to the clinic for increased pressure in the rectum during bowel movements. Patient states "it feels like the stool pushing against something." He is concerned the rectum is starting to prolapse or there are hemorrhoids forming. Patient denies any blood in the stool, and he does not have any symptoms when not voiding. On assessment, Dr. Spivak noted a palpable change in the rectum from the previous assessment. It is not indicative of hernia, hemorrhoids, or prolapse. Visual examination of the rectum is also negative for any inflammation, hemorrhoids, or prolapse.

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)

Follow up with physical therapy referral for pelvic floor exercises
Continue with current diet and fluid intake as bowel movements are well managed
Follow up with Cleveland Clinic for MRI dynamic pelvis testing
Reach out to your provider for any worsening symptoms or signs of prolapse

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

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?
The goal for today was to identify the appropriate diagnostic test and/or diversion method for the patient's primary complaint, if indicated.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
My goal for the next continence clinical is to identify the appropriate treatment for different forms of skin

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breakdown related to incontinence.

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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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