Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ___**Jonathan Rybka**_____ Day/Date: __October 7, 2025___

Number of Clinical Hours Today: _10.5_ Number of patients seen _**4**_

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

Preceptor: __Brittany Gesing___

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.

The original plan for today was to follow a WOC RN during inpatient rounds, however because of a staffing issue she was moved to the outpatient A30 colorectal clinic. While continence nursing is not the specific focus of this clinic, the RN stated that she often saw continence issues overlapping with patient care in this area and tried to include education as much as possible when caring for patients. I saw this in most of the patients seen today, but not all of them (a few patients seen without any continence concerns are not included in today's journal and patient count). The morning started with a shared governance meeting with the whole WOC team. The focus of the meeting was on promoting independence with nursing staff while not neglecting pages to the team, as there had been an ongoing issue of over consulting the WOC team. I was listening to the meeting through Microsoft Teams from the outpatient office, so I did not catch the full meeting or get to hear presented solutions. The first patient seen will be covered in the chart note. The second patient seen was in a series of pre-op appointments for a ileocolic resection scheduled the next day with the possibility of an ileostomy. She has a history of a previous ileostomy for 2 months last year while on TPN, with scar tissue from the previous stoma still present on her LLQ. This location was confusing due to no known contraindications for any other ostomy site, however reusing this site was not optimal due to weight gain making the site no longer visible to the patient. The patient was shown a pre-op education video and time was given to answer questions. Two potential sites were marked on both upper quadrants, which I was able to assist with. During assessment, it was noted that the patient was wearing absorbent briefs and the patient was asked about it. The patient reported some issues with leaking that sounded consistent with stress incontinence. Due to upcoming abdominal surgery, pelvic floor training was deemed not appropriate at this time. The patient was encouraged to maintain a regular toileting schedule and discuss urodynamic testing for stress UI with her provider when it was deemed appropriate after the surgery. The third patient was seen for a loop ileostomy created to treat diverticulitis with perforation. Mild irritation was present around the peristomal skin, and after removing the pouch system the patient wore into the appointment stool was present underneath to indicate a leak. The patient reported not changing the sizing of his pouch since he was

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discharged after stoma creation over a month ago, so the patient was educated on stoma size changing in the first 4-6 weeks and his stoma was remeasured with a new system put in place. Stomahesive powder was applied to the irritated area and the patient was instructed on how to apply the powder with no-sting skin barrier. The patient expressed mild frustration with the stoma, as it had forced him to quit smoking, drinking alcohol, and switch from drinking pop frequently to almost exclusively water all at the same time. While he knew that these were all healthy decisions, being forced to make all three at the same time was causing him to struggle with even just one. The impact of backsliding on these lifestyle changes on his colorectal health was reinforced, and teaching expanded to impact in other areas of his life including urinary and fecal continence should his stoma be reversed. The last patient seen took the longest, as he presented with an enterocutaneous fistula that had been poorly managed by home health care. The patient and his wife reported that most pouches were lasting about 8 hours, and upon removal of the pouch leakage near the bottom was noted. The patient reported that home health care was only using a paste for caulking and to promote adhesion, and upon removal it appeared to not account for changes in position. The patient also reported that regular changes of ABD pads and xeroform were also preformed through the dressing pouch window. This plan of care was discussed with the patient and his wife, and they were informed that xeroform and ABD pads provided no extra benefit to wound healing due to the nature of an ECF and the moist wound bed. The patient and his wife were agreeable to discontinue xeroform and ABD changes and just change the pouching system. Nonwoven gauze soaked in Domeboro solution was applied to the wound bed for 15 minutes between pouching changes, and adhesive wedges were used to create a seal with the pouch and prevent leakage. The patient's wife took videos and pictures throughout the process to show to home health care for future reference. As I've stated before, I understand how continence nursing relates to WOC nursing as a whole in concept but have had difficulty understanding how it applies in practice, and I feel like today has gotten me another step closer to knowing how to apply the continence aspect across the rest of WOC nursing.

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:

This patient is a 78-year-old female seen for what the patient believes to be a polyp on her stoma. The polyp was biopsied by the colorectal surgical team, and the patient was seen by the ostomy team for assessment of stoma care. This patient has an end colostomy created in April 2025 during an abdominal perineal resection to treat colorectal cancer that regrew after failed adjuvant therapy. Upon assessment, it appears that the patient was cutting the wafers too small, causing some friction on her stoma and the peristomal skin. This makes it possible that the "polyp" is a pesudoverrucous lesion. During assessment, it was also noted that the patient wears briefs for incontinence and the patient was asked about this. She reports that she has had urinary incontinence for years, but it has recently improved due to weight loss related to cancer treatment and

surgery. She still has symptoms consistent with urgency urinary incontinence, however given improvement compared to earlier this year the patient seems to be under the impression that her incontinence has improved as much as it can and what is left is a normal part of aging (she referred to her age frequently during this part of the assessment). Upon further questioning, the patient also communicated use of a bedside commode 1-2 times each night. The patient was educated that incontinence is not a normal part of aging and there are steps that can be taken to further reduce her incontinence. The patient is already seeing physical therapy to improve mobility. She was instructed to ask PT about including pelvic floor muscle training in her exercise routine. The patient was also encouraged to not gain any additional weight, as she reports her UI has significantly improved since losing 30 pounds and gaining weight could cause her UI to worsen again due to increased abdominal pressure. The patient was also encouraged to decrease her dependance on the bedside commode at night and to ambulate to the bathroom if possible. If UI symptoms worsen, the patient was instructed to notify her provider and ask about urodynamic testing to identify the type of UI and explore other potential causes and treatments.

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)

- Patient instructed to discuss pelvic floor muscle training with outpatient physical therapy; note included in visit summary with instructions for PT to introduce daily PFMT exercises.
- Patient encouraged to minimize use of bedside commode at night
- Patient advised to avoid weight gain due to improvement with UI related to weight loss. Previous weight loss is due to cancer treatment and hospitalization, so regaining weight is possible if no lifestyle modification is implemented. Monitor weight and consider a dietary consult if weight gain is noted.
- Reassess UI in follow up appointments. Ask the patient what interventions they are following and if they are noticing any improvement. If no improvement is noted with lifestyle changes and PFMT, refer for urodynamic testing.

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

Overall, I agree with the care plan that was implemented. The difficulty with this patient is that her UI was not at all debilitating (or at least she doesn't perceive it that way), so it is difficult to assess her eagerness to implement recommended. I would have emphasized a few additional benefits to taking active steps in managing her UI such as increased independence, not having to pay for supplies such as the incontinence pads, and decreased risk of complications such as UTIs as motivating factors to help encourage her participation.

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?

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My goal for the day changed, as I originally expected to be following an inpatient team. Once I realized I was going to an outpatient clinic within WOC practice but not specifically focused on continence nursing, my goal was to simply take advantage of any continence opportunities I could find. In this scenario it was mostly patient education, though overall I would consider the day's goal met.

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

I am in the A30 clinic again tomorrow, but this time following one of the NPs instead of the WOC nurses. I'm hoping this will include some exposure to fecal incontinence cases, as I have only seen UI so far.

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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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