Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: __Tisha Weech_____ Day/Date: __Wednesday, Oct 15____

Number of Clinical Hours Today: _8___ Number of patients seen:_4_

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

Preceptor: _Christina Scott, MSN, ARNP-CNP_____

Clinical Focus: Wound ____ Ostomy ____ Continence _X_

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

I observed two patients receiving manometry testing – one for fecal incontinence, and the other was tested due to constipation and irregular bowel movements; also observed two patients with post-op concerns - one with concerns for a re-prolapse and the other was for pain, bloating, and drainage from mushroom drains from a horseshoe abscess with fistula.

Chart note:

Age/sex: 26y female

PMH: T1DM, gastroparesis, hypertension

Social hx: non-smoker, no stated alcohol use

Surgical hx: colonoscopy, g-tube insertion and removal

Medications: lisinopril, insulin (implanted device), fiber gummies

Assessment/encounter:
LOC: alert and oriented x4

VS: n/a

Initial Interview: Patient is a 26y female with c/o fecal incontinence that has been ongoing for the past 3 years. Came to clinic today for manometry test to be conducted by CORS NP. Mother is with pt. Pt states that her diarrheal bowel movements begin almost immediately after eating breakfast and continues throughout the day if she has any intake. The volume is such that at times she cannot make it to the bathroom on time and she has incontinence episodes while sleep if she eats dinner. She has attempted different remedies, such as loperamide, Lomotil, and fiber supplements, but none have eased the symptoms. Has not tried Metamucil to bulk up stool. She currently tries to manage bowel movements by reducing amount of food and fluid intake, which has affected her diabetes control. She eats a small breakfast of dry toast/waffle and sausage/bacon,

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usually skips lunch while away from home, and dinner is small piece of protein and starch. She keeps fluid intake to water and Gatorade as another drink increased the fluidity of the BMs while decreasing the storage time. Manometry is to examine pelvic floor muscle coordination. Test was explained to patient and mother, and she agreed to proceed.

ROS:
Appears well-nourished, answers questions appropriately
Respirations even and unlabored
No c/o abdominal pain, gas, or bloating at time of visit
GU: continent, no c/o dysuria, frequency, or bleeding
Skin: intact

Digital exam performed by Ms. Scott. Stated pt had good anal tone. She was able to push and squeeze on demand. No pain when sides were palpated.

Anorectal Manometry:
Average resting pressure: 47mmHG
Average squeeze pressure: 92mmHG

Anorectal Sensation:
First sensation: 45ml
First urge to evacuate: 90ml
Maximum tolerable volume: 140ml

Balloon Expulsion:
Able to evacuate balloon in less than the 2 minutes allowable time

Although, the patient's recorded pressures for anal sphincter were within normal average, she had high rectal pressure at rest. This indicates an issue possibly constipation, abscesses, or hemorrhoids, however, hemorrhoids were not seen or felt on examination. Also, pt did not c/o bleeding or having to strain during bowel movements. Imaging is needed to evaluate if the patient has a stool burden or any anatomical anomalies.

Abdominal x-ray was ordered. However, pt does not live in Cleveland and opted to get it done closer to home. It was also recommended that pt start keeping a bowel diary to bring to her next appointment. She can write it in a notebook or download an app, such as "Bowelle" or "Cara Care".

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WOC Plan of Care (include specific products)

Patient wears Depends when she is outside of the home and had consumed a meal and while sleeping. She is independent with all ADLs. Able to feel if there is incontinence at night and immediately gets out of bed to clean herself and change her Depends underwear. She and/or her family are currently able to afford supplies.

Encourage pt to use soft, cleansing cloths to maintain skin integrity. Wipe gently. Do not scrub.
Inspect skin daily for any color changes, irritation, or rashes.
Continue to change Depends as soon as incontinence episode occurs. Do not allow stool to stay in contact with skin.

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

A thorough assessment was completed by the CORS NP. The pt stated she did not have any issues with performing personal hygiene activities or buying necessary supplies. I would have stated the information above concerning skin integrity. Encourage the use of Metamucil or similar stool-bulking agent. See her primary care provider for skin changes.

Goals

What was your goal for the day?

Hands on care of patients with wounds. Appropriate use of foam dressings for PI prophylaxis or offloading. Learn valuable product information that I can translate to my practice in Hawaii.

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

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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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