

Daily Journal Entry with Chart Note & Plan of CareStudent Name: Elizabeth Lyons Day/Date: 10.27.25Number of Clinical Hours Today: 8 Number of patients seen 8Care Setting: Hospital Ambulatory Care Home Care Other Preceptor: Dr Spivy/Kerry ShermanClinical Focus: Wound Ostomy Continence

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.

Spent the day with Dr. Spivak and the Fellow with her seeing patients, only one pt required manometry, and I got to see that at the end of the day (I had gotten to see one the other day as well). We saw a woman with hx of rectocele sx in past and now has upper rectum prolapse, sx scheduled with uro/gyn and Dr Spivak. Pt with hx of many hernias, gastric sleeve and connective tissue disorder and had rectocele and constipation. Sitzmar capsule, defacography, and pelvic floor PT was ordered. Pt with Crohn's and rectocele requiring surgery (also takes IVIG for pyoderma of leg, not on anything for Crohn's currently, no problems for awhile and sigmoid scope done and I got to observe was clear). Pt with rectocele and enterovaginal fistula, and vesicovaginal fistula in past, corrected elsewhere now with air through vagina but not stool. Pelvic floor PT and vaginal estrogen ordered. Pt with fecal incontinence-please see chart note. Pt with hx of liver transplant with severe hemorrhoids examined, too painful so unable to examine, dr thinks rectal fissure and ordered different creams and sitz baths and to call if not improved in 2 weeks. Pt had had enterorectocele fixed and seemed to be returning. Did not seem bad on exam, but pt with many other problems and dr did not think another sx wise at this point, ordered PT and meds. Pt with severe constipation and rectocele, sx scheduled, and saw manometry of same patient.

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.

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

Chart note:

Braden Risk Assessment Tool

Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

60 yo female seen with chief complaint of fecal incontinence.

Pt with hx of HTN, HLD, Pt does not smoke and is very active, cycles, does yoga, pilates, swims and plays golf frequently. She is a nurse anesthetist and has never been pregnant or had abdominal surgery.

Symptoms include episodes of having no urge to evacuate and then finds that she has been incontinent of small amount of stool. Episodes occur a few times/week. Consistency of stool varies from soft to fo formed. She now takes Citrucel to bulk stool, which she states makes it easier to manage when incontinent.

Incontinence began 4 months ago and she cannot say what might have caused it. She denies back injury or surgery. Pelvic floor examination reveals very tight tone. She has had pelvic floor PT in the past, she will return for relaxation of pelvic tone.

Discussed option of balloon insertion for short periods, such as when she goes swimming.

Also discussed neuromodulation due to inability to sense need to have BM. Nerve stimulator trial test scheduled.

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)

Review neuromodulation packet and complete enclosed incontinence diary for 14 days.

Schedule sacral stimulator trial.

Continue Citrucel fiber.

Continue diet with 3 vegetable servings and at least 2 fruit servings per day.

Continue cardiac activity 4-5 times/week.

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

I learned so much today! I loved how Dr Spivak interacted with patients and really took the time to explain the physiology of what was going on and also the tests and examinations she did-it helped the patients and it helped me! I love how she has combo clinic and surgery with uro/gyn so that problems can be fixed all at

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once, instead of fixing a rectocele and then pt has to deal with other prolapse of bladder/vagina at a different time-and the separate surgeries can complicate each other. I'm grateful for the opportunity to learn more about fecal incontinence, constipation, and manometry today!

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?

I had written to see a type of wound I've not seen before, b/c I forgot I was going to Ambulatory Manometry and Dr Spivy. I did learn so much more about constipation and the different causes and rectal prolapse, and fecal incontinence, etc.

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

Care for IAD or peristomal chemical associated dermatitis (I believe that is how peristomal breakdown is to be documented.).

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	✓	

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• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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