Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: _Arsenic T. Manlangit_____ Day/Date: Wednesday, 1/7/2026

Number of Clinical Hours Today: _4___ Number of patients seen__**1**__

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

Preceptor: Christina Scott, APRN-CNP

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.

I got the opportunity to follow Christina in the afternoon as she was not available in the morning because she was doing virtual clinics. In the afternoon, she gave me a lecture about anorectal manometry and LARS. ___

1. Arsenic, what did you do for the other 4 hours of the day?

This was the day when my preceptor was unavailable during the first half of the day as she was doing virtual clinic appointments and I communicated with you to ask for guidance on what to do. While waiting for her to be available, I was working on the case studies and reading the reference book.

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:

81-year-old female with past medical history of hypertension, heart failure, hard of hearing, and legally blind. She has been having problems with constipation, and her symptoms have been worse for the past 2 months. She has tried milk of magnesia, Miralax, senna, and docusate, but her symptoms did not improve. She only had 1 BM in the past week. She is on a 4-5 cup/day fluid restriction and was recently prescribed Lasix 2 months ago by her Nephrologist due to her heart failure.

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She underwent anorectal manometry and Christina explained the result to her that the test showed that her pelvic muscles are weak and that the cause of her constipation is abdominal constipation.

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)

Christina recommended the following:
Physical therapy to strengthen her pelvic floor muscle. She was also advised to have a colonoscopy.
Milk of magnesia BID
Smooth move tea ½ cup twice a week.
She may not benefit fiber supplement. Are you saying she may not benefit from taking a fiber supplement? The result of the manometry as explained by Christina is it showed that the cause of constipation is due to slow gut transit and not due to outlet dysfunction. AS the patient tried fiber in the past and has not helped, Christina thinks that adding more fiber will bulk up the stool but will not help with improving the motility. So she did not recommend fiber at that time.
GI referral for further medical management.

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

One of the factors that may contribute to her constipation is dehydration due to the fluid restriction and concurrent diuretic therapy. The patient can benefit from the provider collaboration to maximize heart failure management and prevent constipation due to dehydration.

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 today is to observe at the CORS NP clinic.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)
My goal for tomorrow is to perform stoma care.

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	✓	

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• 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: Patricia A. Slachta Date: 1/15/26

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