Cleveland Clinic

R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Nnechi __Chidueme_____ Day/Date: ___Sep 13, 2021

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Directions: ***WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, s***elect one patient each clinical day and complete ***plan of care and chart note.*** This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Using a holistic WOC nursing approach combined with critical thinking strategies, complete each section of the document. Consider how the patient was assessed, the problems, and the rationale behind the plan of care, and provide thorough documentation on the patient encounter. Once you have completed the form, save the document by clinical date and preceptor, and submit to your Practicum Course drop box for instructor review & feedback. Journals should be submitted to your drop box by no later than **48 hours** following the clinical experience day.

Today's WOC specific assessment	**Be sure to include data that supports the identified problem and interventions. Include PMH or state no other history, pertinent labs, etc.** PMH: Benign localized hyperplasia with urinary obstruction, bladder stone, urinary frequency SXH: Colonoscopy, cystoscopy lithotripsy bladder stone, 10/22/19,cystoscopy lithotripsy bladder stone 10/24/19 Allergies: NKA Medications: Amlodipine 5 mg P.O daily, 60 y/o male came in for follow up r/t BPH , states that he stopped taking Tamsulosin because he feels his symptoms are stable. IPSS 8, frequency most significant. He does have a history of bladder stone . He had history indicates a sonogram in 2020 without recurrent stones repeat sonogram in 6/2021 prostrate size 41cc with PVR of 108 cc, Pt also noted with bladder diverticulum. Recent PSA level 2.6, Since Pt had bladder diverticulum, Pt is a suspect for pressure voiding , Patient recommended for urodynamic studies to rule out bladder dysfunction and obstruction

Write a chart note for the medical record for this patient encounter. Be sure to include specific products that were used/recommended for use:

Consider how you would document this information into the medical record. Will others be able to interpret your plan of care? Consultant/specialist note should begin with why you are seeing the pt.; Initial visit for…, follow- up visit for…, evaluation and management of…, etc. Then, describe the visit.

This is a visit for urodynamic Study, Purpose of the procedure was explained to patient stating that it will evaluate the lower urinary tract and its functional status by measuring and recording the abdominal pressure and urinary flow at different intervals while the bladder is being filled with saline. Patient was asked to undress from waist down, he was asked to void into the graduating cylinder under the assessment chair. preprocedural PVR is 25 cc ,urine dipstick done ,leukocytes and nitrates level were WNL. Sensory air-filled catheter 6FR was inserted into the urethral, EMG pads placed on both sides of his buttocks then abdominal catheter inserted into the rectum beyond the anal sphincter about 10-155 cm in . EMG pads ,abdominal and urethral catheters connected to the machine. Normal saline of about 300-500 cc infused into the bladder after the priming the tube. Line up funnel to pick up urine, , charge and equalize screen setting to clear the setting on the screen to obtain Valid PDET values, instill fluids into bladder at 30ml/min. Pt instructed to report bladder sensation at certain intervals (bladder capacity and compliance). Stress test done to check for leaks. Pt asked to report when he senses that he need to void but could wait to find a suitable place to void , then when he starts to look for any bathroom to void, then when he can not hold it anymore and needs to void right away. During these intervals, abdominal, vesicular pressures monitored and recorded in a waveform, PDET and vesicular pressures play key role as they seem to fluctuate in the same direction . At the last reported sensation , patient given permission to void when he can not absolutely hold it anymore.pt voids and the procedure ends, urine volume

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recorded, electrodes and pads removed, patient asked to dress up while he waits for the provider to speak with him, or he will schedule an appointment to discuss the finding and treatment.
Recommendation: Bladder urine flow observed and recorded, Pt noted to void 143ml when given permission to void, total infused into the bladder is 330ml , Pt. retained 187 ml, the stream was not strong enough, the bladder is contracting and working very hard to push the urine through the bladder neck hence rule out bladder neck obstruction (high vesicular pressure).Repeat cystoscopy to confirm
Pt to return to clinic in two weeks for follow up visit.

WOC specific medical & nursing diagnosis	**WOC Directive Plan of Care (Base this on the above data. Include specific products)**	**Rationale *(Explain why an intervention was chosen, purpose)***
NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions:		
Anxiety related to unfamiliarity of medical procedure	Explain procedure to patient such as the purpose of the procedure which is to observe urine flow and r/o obstruction, by determining whether the detrusor muscle is contracting strong enough to completely push / empty all urine in the bladder. show patient the various catheters and where they will be inserted, ask pt. if he has any symptoms of UTI such as burning on urination, flank pain , weakness, fever and chill, explain patient why you are asking the question, stating that if he has s/s of UTI then the procedure will discontinued until treatment of UTI is done as it might alter the accuracy of the result. Instruct patient the need to verbalize bladder sensations as instructed, position the screen so that Patient can watch and explain every step before performing it.	Explaining the steps of the procedure and answering patient's questions will ease the patient's anxiety level so that Patient can fully participate and cooperate with the procedure.
Risk for infection related to insertion of catheters to the urethral and rectum.	Use aseptic technique all through the procedure by creating a sterile field for all the catheter ,lube, gauze, and the equipment used. Wash hands with soap and water, gloves in between procedures.	Maintaining sterile technique is a step towards preventing infecting.

What are the disadvantages of using this <u>product(s)</u>? What alternatives could be used and why?	***Urodynamics is an added step to the assessment of the Bladder dysfunction problems which is an additional expense, procedure is inconclusive that he has bladder obstruction as the plan is to perform a repeat cystoscopy. But it is a necessary step to validating his diagnosis. Another alternative is video UDS and cystogram***

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(This is your opportunity to share your product knowledge and apply critical thinking)	

Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

Were you able to meet your learning goals for today? Why or why not?	Yes, I was able to follow every step of the procedure
What are your learning goals for tomorrow? **(Share learning goal with preceptor)**	Learning goal is to participate in a video urodynamics scheduled for tomorrow

Number of Clinical Hours Today: eight

Care Setting: __ Hospital X ___ Ambulatory Care ___ Home Care ___ Other: _____

Number of patients seen today: _four_ Preceptor: ____Kim Mauck_____

Reviewed by: _____ Date: _____

**References are not required for daily journals

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