

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Amelie Penberthy Journal Completion Date: 2/10/2023

Setting: Acute Care Outpatient HHC Other _____

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, a mini case study has been provided. Including assessment information and the chart note. Using this information, develop a plan of care (POC) which directs care.

Do not change the information provided. The 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. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. Once you have completed the form, save the document by date and specialty. Submit to your Practicum Course dropbox for instructor review & feedback. See samples in course to assist you with this assignment.

Today’s WOC specific assessment	<p>M.P. is a 78-year-old female with a past medical history significant for hypertension, dyslipidemia, diabetes, obesity, osteoarthritis, and GERD. The patient has had three children via vaginal delivery in 1960, 1962, and 1965. She was diagnosed with mixed urinary incontinence in 2016. She tried to manage her symptoms, but was referred to the outpatient continence clinic a few months ago for pelvic muscle strength training and improve bladder control.</p> <p><u>Surgical history:</u> appendectomy in 1982</p> <p><u>Medications:</u> Lisinopril 20mg PO daily Rosuvastatin 20mg PO daily Metformin 500mg BID with meals Tylenol 325mg PO prn</p> <p><u>Social hx:</u> Smoking: never smoked ETOH: social; one glass of wine 2 times per year Illicit drug use: none</p>
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Chart note for the medical record for this patient encounter. Included is any physical assessment, interactions, and specific products that were used/recommended for use.

<p>CWOCN-AP NOTE</p> <p>This is the initial clinic visit for this 78 y/o female who was referred for pelvic muscle strength training.</p> <p>Subjective: ROS: negative; patient denies fever, chills, shortness of breath, chest pain, vaginal discharge. She states that since last being seen in the clinic she has been performing the exercises as recommended without difficulty. She continues to leak urine when sneezing or coughing. The urgency issues experienced in the past are much improved. She drinks one caffeinated beverage (coffee) first thing in the morning. Otherwise, she avoids caffeine during the rest of the day.</p> <p>Objective: T: 98.6oF, HR 84 regular, RR 16 regular, BP 132/74 Well nourished, well developed female, who appears stated age. No distress noted.</p>

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Skin color, texture, turgor normal. No rashes or lesions noted.
 Alert and orient x 4, appropriate affect, patient is appropriately dressed for the season.
 Normal conjunctiva and lids, no discharge, erythema or swelling.
 Respirations even and unlabored, clear to auscultation.
 Heart sounds are normal with a normal apical impulse.
 Abdomen soft and round. Active bowel sounds x 4 quadrants
 Musculoskeletal active range of motion is grossly normal.

Assessment:

Mixed urinary incontinence

Plan:

Weight reduction - Referral to Health 4 Life program

Pelvic floor muscle training; stair step Kegel exercises 3 times per day; lift pelvic floor ½ way up, hold for 10 seconds; lift pelvic floor all the way up and hold for 10 seconds; release pelvic floor ½ down then hold for 10 seconds; then release. Repeat this cycle for 10 repetitions 3 times every day.

Side leg raises; 10 repetitions for each leg 3 times per day

Pelvic thrust exercise; 10 repetitions 3 times per day; hold for 3 seconds each

Patient education:

Kegel exercises should be held for 2 seconds each without holding your breath.

Signs and symptoms of lower UTI were reviewed with the patient; burning, urgency, frequency. Patient was instructed to call the PCP office immediately with any of the aforementioned symptoms.

Warning signs: The patient was educated about red-flag warning signs for the urinary system. If there is blood in the urine or blood especially with clots – the patient was instructed to proceed to the emergency department.

Avoid bladder irritants

Return to clinic in one week

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. “Risk” concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Mixed urinary incontinence, particularly from sneezing and coughs.</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Weight reduction- Referral to dietician.</p> <p>Control blood sugar levels due to diabetes- <i>what is done in the meantime?</i></p> <p>Referral to Endocrinologist.</p> <p>Pelvic floor muscle training:</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Obesity is a known risk factor for incontinence.</p> <p>Diabetes can destroy nerves that innervate the urinary system. Maintaining a healthy blood glucose level may help to prevent further damage.</p> <p>Pelvic floor muscle training is</p>

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	<p>Stair step Kegel exercises, 10 repetitions, hold 2 seconds, 3X a day.</p> <p>Side leg raises, each leg 10 repetitions, hold for 3 seconds, 3X a day.</p> <p>Pelvic thrust exercise, 10 repetitions, 3X a day.</p> <p>Report symptoms of UTI to primary care doctor: Burning when urinating, strong smelling urine, urgency, frequency.</p> <p>Prevent constipation- Drink 2L fluids a day and high fiber diet.</p> <p>If there is blood or clots in the urine, go to the emergency department.</p> <p>Timed voiding:</p> <p>Set specific times to void during the day. Every 2 hours.</p> <p>Do a Kegal maneuver when coughing or sneezing.</p> <p>Keep caffeine below 100mg/day.</p> <p>Body worn absorbent product- Wear Poise incontinence pad to catch urine leakage.</p> <p>Return to office in one week for follow-up.</p>	<p>proven to improve symptoms of incontinence.</p> <p>Risk of UTI grows as a person ages and it is associated with incontinence.</p> <p>Constipation can worsen incontinence. - <i>how?</i></p> <p>Could mean UTI or upper urinary system infection, kidney disease etc.</p> <p>Can help train the bladder to hold urine until desired.</p> <p>This can help to hold in urine during the stressful situations.</p> <p>This is a bladder irritate.</p> <p>BWAP can help to catch urine and allow the patient to not worry. - <i>yes, but a primary plan</i></p> <p>Evaluate progress and answer questions and troubleshoot problems. Referral to Urologist, if needed.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the <u>product</u>. Identify an alternative to the product. Alternatives should be from a different category or</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>BWAP- Poise Incontinence pads can be expensive. There are reusable pads that will save the patient money in the long run. - <i>the goal of these is to temporarily manage incontinence. Ultimately these products are grossly overused and misused. We want to find the culprit that is causing incontinence and correct that measure whenever possible. BWAP should be a last resort to the specialist.</i></p>
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classification. In other words, what could be used if the product was not available?	
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?	A patient who has urinary incontinence at an older age may have a different cause or lifestyle to adapt to than a younger patient with the same symptoms.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	

Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I would like to know her hobbies and lifestyle to hear how the incontinence impacts her everyday life. – <i>this is good info when making your holistic assessments!</i>
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Reviewed by: _____ Mike Klements 2/13/23 _____ Date: _____ 2/14/23 _____

*Hi Amelie – moving forward with remaining assignments and your complex care plan, make sure that you are exploring the “why”, not just the “what” of the rationale. Etiology should be explored, not just cause and effect. We want all actions to be rooted in evidence. Reach out with any further questions!
-Mike*

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