

Daily Journal Entry with Plan of Care & Chart Note

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 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>PMH: 58 y/o male with past medical history of BPH/ LUTS s/p urolift in 2018. He has had multiple episodes of acute urinary retention (AUR) with high post void residuals (PVRs) for several months. Patient states he completes clean intermittent catheterization (CIC) about three times per week but states the order is for twice daily but stopped the twice daily after a week due to only having PVR of 150ml and below but now has approximately 600 when "I feel I need to do it because my bladder feels full even after I pee". Patient denies fever, chills, burning, or dysuria. Chief complaint of urinary retention.</p> <p>Surgical history: Shoulder surgery Urolift Prostate Procedure 2018</p> <p>Medications: Flomax 0.4mg daily Cialis 5mg daily Amlodipine-Benazepril 10-40mg daily Aspirin EC 81mg daily Nexium 40mg daily</p>
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Chart note for the medical record for this patient encounter. Iwith ncluded is any physical assessment, interactions, and specific products that were used/recommended for use.

Referral for: BPH/LUTS with Urinary Retention & HoLEP Pre-Op testing.

This is a 58 y/o male who is at the clinic today for an initial continence nurse visit for urodynamic pre-op testing for scheduled Holep. His chief compliant is urinary retention. PMH includes BPH with obstruction, Asbestos exposure, Atrophic gastritis and HTN.

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Assessment:

Patient agreeable to assessment and testing. Abdomen is soft, non-tender, distended with no palpable masses and no obvious hernias present. He denies fever, chills, burning on urination. Denies recent UTI's. Patient denies stress incontinence but verbalizes urge incontinence. Patient reports that he strains to urinate and that he has a weak stream, hesitancy and incomplete emptying with intermittent retention every other day greater than 600ml PVR. Patient reports he had a urolift in 2018 and takes Flomax daily with no symptom relief.

Urodynamic studies completed: The step by step procedure was explained to the patient and verbal consent obtained. Pre-procedural urinalysis was completed to rule out infection. AU was negative for Leukocytes and Nitrates. Pressure catheters were placed in the bladder and the rectum and EMG connected to the muscles. The bladder was filled with normal saline to patient voiced capacity. Voided volume- 93mL, PVR- 200mL, never felt cooling, filling or pressure, strong desire- 318mL, max capacity- 360 mL; No Detrusor over activity associated with urge. Patient voided with catheter in place of 12mL voluntarily plus 89mL with Pves removed Plus 100mL more in toilet post-test. Interpretation: BPH with obstruction and Lower Urinary Tract Symptoms.

Recommendations:

1. Continue current medications as per your physician orders.
2. Avoid constipation
3. Increase daily fluid intake to 2.5 L (2500 mL) per day.
4. Continue daily CIC per provider order instead of intermittently
5. Return for your scheduled HoLEP procedure as per your urologist.

Patient response: Patient states "I know when I need to do a straight catheterization and I don't need is very day" Patient educated that PVR of 250ml and able does warrant emptying via CIC to prevent upper Urinary symptoms. Patient verbalized understanding and reached consensus to complete CIC daily but is unwilling to BID.

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>Urinary retention due to BPH with Obstruction</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Develop a fluid management program by drinking a minimum of 2.5 L of fluids daily.</p> <p>Practice double voiding – this means void the first time then wash hands and then void again to</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>An adequate fluid management program promotes a healthy bladder and helps maintain adequate renal perfusion and decreases bladder irritation.</p>

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<p>Urinary incontinence due to Urgency that cannot be controlled</p>	<p>decrease PVR.</p> <p>Self- Catheterize twice daily per your urologist order using clean catheterization.</p> <p>Document intake as well as the time and amount of each voiding (Voiding diary)</p> <p>Take Flomax and Cialis per your provider order.</p> <p>Perform Pelvic Floor Muscle Exercise (PFM) routinely by lying supine with an empty bladder with knees bent and head on the pillow, then squeeze like you are trying to control gas and hold for 10 seconds and relax, ensure not to hold your breath or tighten your abdomen, thighs or buttocks. Repeat this 5-10 times atleast 2-3 times a day as tolerated.</p>	<p>Double voiding facilitates in voiding a sufficient amount of urine and decreases PVR amount.</p> <p>CIC ensures that the bladder is completely empty.</p> <p>Monitoring intake and output will assist the patient in tracking the PVR.</p> <p>Alpha-adrenergic antagostists such as Flomax has been shown to block alpha-1adrenoceptors in the prostate which allows the smooth muscle in the prostate to relax and improve urinary flow.</p> <p>PFM helps to improve floor muscle tone and urethrovesical junction sphincter tone therefore improving incontinence.</p>
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<p>Identify each WOC product in use/identified in POC. State at least one disadvantage of the product. Identify an alternative to the product. Alternatives should be from a different category or classification. In other words, what could be used if the product was not available?</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>16Fr Latex Intermittent catheterization catheter – Used by the patient to complete self-catheterization. One main disadvantage for a patient with an enlarged prostate is possible trauma due the enlarged prostate. An alternative would be an indwelling coude catheter that can be changed once a month and as needed.</p> <p>PFME – disadvantage is that these exercises need to be completed daily up to three times per day in various positions and it may take six months or longer to yield results. Failure to engage the correct muscle is also common hence not achieving results. No real alternative is available but we could possibly have the LIP give a script for the patient to work with a trained physical/ occupational therapist who specializes in PFM.</p>
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Develop one learning goal for each clinical day, document that on this form then share your goals with your preceptor.

<p>What was your goal for choosing this mini case study? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal was to explore urodynamic testing as this course was the first time I had come across this type of testing hence I wanted to learn more about it.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>Enterocutaneous Fistula Care and Management</p>

<p>Reflection: Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>In my work setting I see a lot of patients with Indwelling Foleys or intermittent catheterization with the general diagnosis of Urinary retention and Incontinence but no specificity of the underlying cause and this knowledge will be integral in discussing with the interdisciplinary team various methods to help manage our patients.</p>
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Reviewed by: _____ Date: _____

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