

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Kelsi Critzer Day/Date: 9/26/23

Number of Clinical Hours Today: 8 Care Setting: Hospital X Ambulatory Care Home Care Other:

Number of patients seen today: 3 Preceptor: P.Clay RN, CWOCN

Journal Focus: Wound Ostomy X Continence Combination Specify:

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, select one patient each clinical day. Provide assessment information and write a chart note. Using this information, develop a plan of care (POC) which directs care.

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. Give careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. Provide thorough documentation on the patient encounter. 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 by no later than **48 hours** following the clinical experience day. See samples in course to assist you with this assignment.

<p>Today’s WOC specific assessment</p>	<p>Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult.</p> <p>Patient is 13 m.o. female with a history of neurogenic bladder secondary to spina bifida. Pt was operated on in utero for myelomeningocele 10 days before mom went into labor. Pt was born at 27w3d and required a 3-month NICU stay. Additionally, patient has a history of stable ventriculomegaly and Chiari Malformation type 2.</p> <p>Patient seen in July 2023 for a follow up urodynamic study and VCUG. Results from the UDS showed a sharp rise in pressure at a volume of 60 mL’s. Pt then had a VCUG that diagnosed grade 5 vesicoureteral reflux. Following these findings, a bladder management was implemented. Mother was taught CIC and ordered to complete this every 4 hour. Following one week of CIC, Ditropan bid was ordered for the patient.</p> <p>Mom states she has continued CIC Q4 throughout the day and the patient does not have any wet diapers. The patient only has wet diapers first thing in the morning. Mom states she is usually able to catheterize patient for around 150mL’s.</p> <p>Of note, mother did report one occasion of patient overheating since starting Ditropan. However, mother identified the issue early and was able to implement corrective measures to cool the pt down.</p>
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Chart Note: Write a chart note for the medical record for this patient encounter. Be sure to include any physical assessment, interactions, and specific products that were used/recommended for use.

<p>Reason For Consult: Follow-up for repeat urodynamic study following 6 weeks of CIC and 5 weeks on Ditropan.</p> <p>Wound Team Summary Assessment: Patient assessed in procedure room 1 with P.Butterbaugh, APRN. Pt is being seen for follow-up urodynamic study per urologist order to determine efficacy of Ditropan and CIC Q4 hours.</p>

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The procedure was discussed with mother including infection, rare possibility of catheter-related injury. Consent was obtained prior to procedure starting. Pt was placed on the examination table in supine position, mother provided diaper change prior to catheter insertion as patient had stoolled a small amount. Intravesical 6 Fr double lumen catheter was aseptically inserted into the urethra without difficulty. 150 mL's of urine was initially removed and sent for a culture. A rectal balloon was then placed to monitor abdominal pressures and EMG patches were placed perianally to monitor pelvic floor activity. Pressure was placed on the patient's abdomen to ensure all signals were functioning. The bladder was then infused with sterile water at a rate of 10mL/min. A total of 150 mL was infused into the bladder. The patients abdominal pressure began to increase once the infused volume neared 150 mL's. This revealed the bladder is more relaxed than previous testing as pressure rose only as capacity was nearing. Last exam revealed pressure increases with small volumes of infusion. Testing was completed and all catheters, balloons, and probes were carefully removed from the patient.

Wound Team Plan:

Mother has been instructed to preform CIC Q3hours to prevent bladder from reaching full capacity of 150mL's. Volume of urine removed from the bladder should be closer to 100mL's. May adjust schedule by 30 mins to meet goal.

Continue taking Ditropan as ordered- no increases at this time due to potential side effects

Trial larger catheter size to allow for smoother flow of urine: 6Fr to 8Fr (samples provided, will update prescription pending mothers preference)

Follow-up urodynamic testing ordered for January 5, 2024 with VCUG to reassess previously diagnosed grade 5 VUR.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Skin breakdown due to incontinence OAB Extremely slow drainage of urine with 6Fr catheter	CIC Q3 hours during the day and extend to Q4hours at night to prevent leaking overnight Continue Ditropan as prescribed Trial 8Fr catheter provided at appointment (can upgrade prescription once mom approves)	Keep patient from leaking urine in between catheterizations Helps relax the muscle from constantly being contracted Allow for better drainage of urine and not a prolonged experience for 13 m.o.

<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</p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Pt is currently using Coloplast female straight tip 6Fr intermittent catheter. Mom complains of a very slow flow and inquires about trialing an 8Fr. Pt was supplied with samples of the Coloplast female straight tip 8Fr intermittent catheter. Another option the pt could try is the Hollister Onli intermittent catheter 8Fr. Wellspect offers LoFric straight pediatric catheter 8Fr which is another option the patient can trial.</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 the day? Were you able to meet your learning goal for today? Why or why not?	My goal was to see the process of a urodynamic study. I was able to see the biofeedback of the patients' abdominal pressures and pelvic floor muscles react to the bladder filling. I did meet my goal for the day and was able to put together something I read in a textbook into actual practice.
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My goal for tomorrow is to be able to go to the outpatient wound care clinic.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I would ensure the patient is still being catheterized throughout the night to avoid any urine leakage that could lead to skin damage.
Reflection: Describe other patient encounters, types of patients seen.	Other patients I saw today included a new incision close to an ileostomy that is not healing well and a new pressure injury caused by a device.

Reviewed by: _____ Date: _____

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