



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Michelle Harris-Farrell Day/Date: 2/16/2024

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

Number of patients seen today: 5 Preceptor: Janie Renaud

Journal Focus: Wound Ostomy [X] Continenence 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.

Table with 2 columns: Today's WOC specific assessment, Assessment includes a chart review. Identify PMH, HPI, labs, etc. Be sure to include data that supports the reason for the WOC nurse consult. Content includes patient history, diagnosis, PMH, cystoscopy results, medications, and labs.

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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.

The WOC nurse 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. Write in a manner others will be able to understand and be able to interpret your plan of care.

Patient is scheduled today for a Nurse visit in the Urology Clinic to undergo Trial of Voiding (TOV). Patient arrived with rolling walker Patient arrived with rolling walker. His foley drainage bag was attached to left upper thigh with stabilizing device and was intact. Drainage bag contained less than 30mls of dark yellow urine with minimal sediment. Patient reports emptying drainage bag at home prior to visit but unable to recall amount.

The TOV procedure was explained to patient. He was assisted to exam table and placed into semi-fowlers position to better facilitate breathing technique and encouraged to relax his abdominal muscles. Using sterile technique the bladder was filled with 250mls of sterile water until patient reported discomfort. Indwelling balloon was deflated of 9mls of water and catheter removed from bladder without difficulty. Light hygiene care provided and patient assisted to standing position.

Patient was provided with urinal and voided only 50mls of yellow urine. Patient expressed concern for possible urinary incontinence following catheter removal therefore was provided the choice of a underwear liner versus a body worn absorbent product. Patient chose a disposable brief and was assisted to put on brief.

Patient was then provided with further detailed verbal instructions multiple times and was assisted to waiting room with urinal.

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>Ineffective emptying of bladder following TOV procedure</p> <p>-----</p> <p>Knowledge deficit of post procedure instructions</p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p>Drink (1) glassful of fluids/hour during the next (4) hours following procedure</p> <p>Use urinal to capture each episode of urine output and record on paper</p> <p>Avoid straining/pushing to empty bladder after TOV procedure.</p> <p>Return to clinic or go to ER if experience small or no urine output amount within (4) hours following TOV for bladder scan and placement of catheter</p> <p>-----</p> <p>Offer written instruction pamphlet</p> <p>Call office for further clarification</p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Adequate fluid intake prevents dehydration and encourages bladder filling and release. Reducing fluid may contribute to constipation. It is important to use a container for accurate measurement of urine output to determine retention. Straining and pushing to empty bladder may cause pain/injury. Inadequate emptying after TOV indicates urinary retention and can be a medical emergency.</p> <p>-----</p> <p>It is important for instructions to be clear and concise to avoid any miscommunications. Asking patient to recall instructions is a great way to</p>

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<p>Chronic Urinary Retention caused by BPH</p> <hr/>	<p>Resume meds following TOV procedure as previously directed.</p> <p>Empty bowel frequently</p> <p>Keep scheduled follow up appointment with Urologists or follow up sooner if symptoms worsen or experience visible blood in urine, fever, chills</p> <p>Obtain authorization for 2nd Botox injection</p> <p>Discuss possibility of Intermittent Self Cath</p>	<p>check demonstration of understanding. Proving written instruction gives patient something tangible to refer back to.</p> <p>-----</p> <p>Use of medications are used to control symptoms of BPH, OAB. Keeping scheduled routine appointments with Urologist ensure close monitoring of new or current conditions.</p> <p>Frequent bowel emptying may improve bladder symptoms.</p> <p>Botox can be injected every 6-9 months and is known for its long duration of action allowing some patients to be able to discontinue or at least reduce the use of daily oral meds acting on detrusor overactivity.</p> <p>Self-catheterization can allow patient to take better control of urinary health, be more independent and avoid the use of embarrassing body worn products.</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. <u>Alternatives should be from a different category or classification.</u> 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><u>-Disposal all in one adult brief-</u> indicated for moderate to heavy incontinence disadvantage: May cause chafing resulting in skin irritation and may be made with material that don't agree with the user's skin. Alternative: <u>-Intermittent Self Catheterization to help fully empty the bladder, gain control and promote independence</u></p> <p><u>-Gemtesa</u> works by relaxing bladder muscle allowing it to hold more urine. Disadvantages include its side effects such as urinary retention, headaches, UTI, nasal congestion and sore throat. Alternative: <u>-OnabotulinumtoxinA (Botox injection)</u> a neurotoxin may use to treat OAB by the increase of bladder capacity while decreasing intravesical pressure</p> <p><u>-Sterile water-</u> It is hypotonic and may cause cell damage if used in high concentrations if directly absorbed within a body cavity if catheter material breaks Alternative: <u>-Normal Saline</u> - Can be used as an alternative however if can cause crystallization especially if was used to fill balloon which may cause difficulty with deflation of balloon</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</p>	
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<p>the day? Were you able to meet your learning goal for today? Why or why not?</p>	<p>My goal was to gain understanding the TOV procedure and actually perform it. There were (2) patients that I was able to see in Urology clinic and I had the chance to perform on the 2nd patient therefore, I met my goal.</p>
<p>What are your learning goals for tomorrow? (Share learning goal with preceptor)</p>	<p>My learning goals for tomorrow and beyond are to be able to identify the different meds used to treat urinary incontinence and understand the mechanism of action as well as be able to pass my final exam on the first attempt.</p>

<p>Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc</p>	<p>I looked at the age of each patient that we saw in Urology clinic and compared the limited time that the Nurse spent with each patient and noticing that the patient was yearning for more time to ask questions and gain more clarification of instructions to be followed after procedure. As a future Continence Nurse I tried to provide a little more reassurance and repeat instructions during visit to enhance patient's confidence. I even escorted them out to the waiting room and showed them the direction of the cafeteria to begin drinking fluids.</p>
<p>Reflection: Describe other patient encounters, types of patients seen.</p>	<p>I saw a patient with an ileal conduit and also an unconfirmed possible colo-vesical fistula and placed an Eakin pouch for containment. I watched videos on male and female self catheterization. I saw a cystoscopy on a male patient to assess for abnormalities such as stones, scarring or tumor with biopsy and examination of prostate.</p>

Reviewed by: _____ Date: _____

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