



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: 2/21/2024

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

Number of patients seen today: 5 Preceptor: Janie Renaud

Journal Focus: Wound Ostomy 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 a pleasant 76 year old male being seen in OBS Unit. He is alert and awake with known symptoms of Parkinson’s. He is accompanied by his wife. He came into ED on 2/19/24 due to frequent intermittent pain and bleeding from foley catheter insertion site for 2 days, no fever or chills.</p> <p>PMH Esophageal CA, COPD, Pulmonary emboli, Asthma, A fib, BPH with Foley cath, Pakinsons, renal disorder, small bowel tumor, OAB</p> <p>LABS: CBC: RBC 3.46, Hgb 9.9, Hct 31.0, CMP: protein 6.2, glucose 153, Plt 123, Urinalysis: Dark brown, turbid, Spec Gravity 1.030, Hgb 3+, protein 3+. Nitrates 1 +, WBC > 25, RBC >25. Urine culture – results pending.</p> <p>Meds: Oxycodone, Rocephin IV, NaCl IV, Amiodarone, tamsulosin, metoprolol, Ursodiol</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.

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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.

A consult was placed for Continence Nurse due to leakage from foley and assessment of scrotum area due to redness. Patient and wife reported that he receives care from Home Health Nurse twice weekly for monitoring of foley with foley care due to Urinary Retention. He takes Tamsulosin for his BPH. Patient reports that he has been using an indwelling foley for greater than 6 months of which is replaced once monthly by Home Health Nurse. Patient also reports spontaneous stool leakage at times while he is experiencing bladder spasms. He has been treated for Rocephin for urinary infection.

Patient was seen by Urology team today with recommendations to continue catheter changes with home health nurse - Patient to follow-up with Urology as outpatient.

Seen by Dr. Wang (attending) during visit who inquired about patient usage of Oxybutrin for OAB. Patient reports that he used to take this medication in the past but was unsure why he has no longer been taking this med. Patient has been experiencing bladder spasms causing his urine leakage from around foley insertion site. There is currently 100mls of dark drainage in foley urine drainage bag with minimal dark sediment.

Patient reports that he uses Triad Ointment PRN after stool incontinence due to skin irritation but reports discomfort when trying to remove ointment due to adherence.

Scrotum and groin folds with mild erythema due to moisture from urine leakage from foley, no open wounds.

Actions: Gentle Hygiene care with warm water, pat dry, applied Clear Moisture Barrier Ointment with Zinc to inner groin and scrotum for protection.

Kwick Change Incontinence Wrap placed for further absorption of urine leakage

Additional samples of Moisture barrier ointment and Kwick change wrap given to patient with instructions Discussed recommendations with bedside Nurse

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns. <i>NANDA diagnosis do not have to be utilized. Alternative examples to</i>	Statements should be directive and holistic relating to the problem/concern.	Statements should explain why the intervention/directive should be followed. References are not required, unless utilized. Triad active ingredient is Zinc Oxide which is thick and difficult to remove. It can cause

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<p><i>identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p>Skin breakdown due to urine leakage from foley catheter and spontaneous stool incontinence</p>	<p>D/C use of Triad ointment</p> <p>Perform prompt, frequent gentle hygiene care</p> <p>Use PH balance cleanser, pat dry skin</p> <p>Apply Clear Moisture Barrier Ointment with Zinc twice daily and PRN</p> <p>Use Kwick Change Male Incontinence Wrap for urine leakage around foley insertion site</p>	<p>additional trauma to skin if trying to completely remove.</p> <p>Prompt frequent hygiene will allow close monitoring of perineal area and protect skin from prolonged exposure to urine and stool which are acidic.</p> <p>PH balanced cleanser are gentle on the perineal area makes skin surface more acidic rather than alkaline</p> <p>The use of Clear Moisture Barrier Ointment with Zinc has the active ingredient of Dimethicone with inactive ingredient of Zinc. It is easier to spread and remove and allows visibility of skin as it is clear. It protects skin from irritation associated with incontinence.</p> <p>Kwick Change men's incontinence wrap is a form of urine management that will provide additional absorption of patient's urine leakage preventing urine from coming in contact with the skin. This product absorbs up to 500cc's.</p>
<p>Pain due to bladder spasms</p>	<p>Restart Oxybutynin for OAB as re-ordered by Physician</p> <p>Adjust Foley Securement device to avoid tension.</p>	<p>Oxybutynin treats symptoms related to OAB with loss of bladder control and decreases muscle spasms thereby decreasing frequency of urine flow</p> <p>Ensuring foley securement device is not causing any tension will help prevent further trauma, bleeding from meatus insertion site which can contribute to pain</p> <p>Analgesic will assist in</p>

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<p>Knowledge deficit regarding foley care – replacement</p>	<p>Offer analgesic as ordered - PRN</p> <p>Case manager to coordinate continuation of Home Health RN for continued foley care/replacement and monitoring</p> <p>Follow up in Urology clinic after D/C</p>	<p>management of pain from bladder spasms and allow patient comfort and better relaxation.</p> <p>Patient unable to perform foley insertion skill and will need skilled clinician for care and close monitoring</p> <p>Routine monitoring from Urologist is necessary to ensure effectiveness of treatment and recommendations. This will also allow explorations of other alternative treatments if necessary.</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. In other</u></p>	<p>This section helps to communicate your product knowledge and critical thinking skills. Products should be available in the US.</p> <p>Clear Moisture barrier Ointment - disadvantage may make ski feel oily, cause rash/itching – allergic reaction. Alternative Cavilon Advanced Skin Protectant –Cyanoacrylate swab is a waterproof skin protectant to manage moderate to severe MASD/IAD Oxybutynin – disadvantage- dry mouth, dry eyes, constipation</p>
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words, what could be used if the product was not available?	Alternative Myrbetriq –known to cause less side effects, however may be more costly
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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 today was to understand more about Overactive bladder. It was interesting to know that bladder spasms may also contribute to stool incontinence simultaneously
What are your learning goals for tomorrow? (Share learning goal with preceptor)	My learning goals for tomorrow is to be able to gradually build my Continence skills and use them in practice to educate patients. With these skills I can be a resource for other disciplines.

Identify/describe thoughts related to the mini case scenario, anything you might have done differently, etc	I think it would have been beneficial to provide written education on OAB and BPH to patient and spouse. May have been also beneficial to schedule follow up with Continence Nurse or Physical therapist to discuss Pelvic Floor Muscle exercises
Reflection: Describe other patient encounters, types of patients seen.	I saw (2) patients that were scheduled for Trial of Void in Urology and (1) patient who underwent Anal Manometry, (1) patient that had Severe IAD that was resolving nicely with the use of Cavilon Advanced Skin Protectant.

Reviewed by: _____ Date: _____

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