

Daily Journal Entry with Plan of Care & Chart NoteStudent Name: Darleen Olsen Day/Date: 7/8/2024Number of Clinical Hours Today: 8Care Setting: Hospital Ambulatory Care Home Care Other **Urodynamics-Outpatient Urology Procedure**Preceptor: Nicole RichaniClinical Focus: Wound Ostomy Continence

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. 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 no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters & types of patients seen.

My first patient, patient one. This patient I saw today has a history of neurogenic bladder and has mixed incontinence as well. The patient was having increase in urine leakage and abdominal pressure. The patient had a urodynamic study with fluoroscopic cystometrogram and uroflowmetry.

The other patient I saw has a newly diagnosed benign prostatic hyperplasia after acute kidney injury found in January 2024. This patient had a urodynamic study of uroflowmetry and cystometrogram.

First patient for my journal:

LOC: awake, alert, attentive

VS: Pulse: 80, Respirations: 18, BP: 134/76, BMI: 33.3

Initial interview:

Patient reports increase in leakage and abdominal pressure in the last couple of months. Urgency and stress incontinence experienced by patient. Patient attempts to void on her own by lifting and sitting on the toilet seat three to four times. Patient drinks five cups of caffeine per day. Patient utilizes electric wheelchair and husband assists with activities of daily living. Patient states she does intermittent self-catheterization one to five times per day. Patient states she has a “good” amount of urine when she urinates in the morning or evening after taking baclofen. Patient utilizes hydrophilic catheters when she does intermittent self-catheterization.

ROS: HENT: Negative. Cardiovascular: Negative. GI: abdominal pain and constipation. GU: urinary retention. Musculoskeletal: positive, chronic back pain, joint pain, myalgias, and neck pain. Skin: Negative. Neurological: positive for tingling, sensory change, focal weakness, and weaknesses, and headache. Negative for tremors, speech change, seizes, and loss of consciousness. Endo/heme: negative. Allergies: Carbatrol

GI/GU: No prolapse or hernia noted. Neurogenic bladder with mixed incontinence. Patient does self-

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catheterization if unable to void on her own. Does not have much sensation on the perianal area and unable to feel when she leaks.

Education: Intermittent Self catheterization four times a day with patient's preferred hydrophilic catheter MTG Hydrophilic Catheter 14 Fr 6 inch.

Suggested consults: Follow up with Urology

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. 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. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

Chart note:

Patient 1 seen for planned Video Urodynamics test and Cystoscopy due to increase in urinary leakage and abdominal fullness:

Age/sex: 65-year-old Female

PMH: Primary hypertension, transient ischemic attack, bilateral knee replacement, Sling, and multiple sclerosis.

CC: "Increase in urinary leakage and abdominal fullness" planned urodynamic study and cystoscopy

Meds: Tylenol 1000 mg PRN for pain, acyclovir 800 mg TID PO, Alprazolam 0.5 mg PRN for anxiety, amlodipine 5 mg PO daily, baclofen 20 mg PO PRN for spasticity, bupropion XL 300 mg PO once daily, Vitamin D3 5000 units PO daily, cyclobenzaprine 5 mg PRN for muscle spasms, Duloxetine 60 mg PO daily, modafinil 200 mg PO BID, ocrelizumab once every 6 months injection, and topiramate 25 mg PO daily at bedtime.

Social hx: No alcohol, smoking or drug use

Labs Results of Urodynamic: Patient filled to capacity. Stressed with leaks produced. 1 c/o urge with rise in P-det and leak produced. Patient lifting and sitting to initiate involuntary flow (often needs to do this at home to void).

Uroflowmetry: unable to void for uroflow, does self-intermittent catheterization. Cystometrogram: first sensation: 266 mL, strong desired: 919 mL, maximum capacity: 950 mL, maximum filling detrusor pressure 3 cm of water detrusor overactivity associated with urge: yes; was patient assessed for VLPP/UPP: yes, leaks urine with Valsalva maneuver/coughs: yes, lowest leak point pressure: 57 cm of water of 950 mL.

Pressure-flow voiding study: Did patient void with catheters in placed: yes, voided: 20 mL involuntary; maximum voiding detrusor pressure 38 cm H₂O; maximum flow rate: 5 mL/ sec, average flow rate: 3

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mL/sec, vaginal packing for prolapse support: no

Cystoscopy: No abnormalities noted

Addressing issues: The patient during the study did not appear to urinate on her own. For the plan of going home she will need to self-intermittent catheterization. (SIC) The patient most likely has reflux as she did is not able to void on her own and she stated she only does SIC one time a day sometimes and up to 5 times a day. She stated she only does SIC based on her feeling of fullness. The patient did not have a strong desire to urinate until 919 mL of fluid were infused which is what she considered full. The patient was not able to void at least half of what was infused. She only voided 20 mL which was involuntary.

Caffeine is a bladder irritant and increases the risk of urinary incontinence. Lowering the intake of caffeine may help reduce some of the incontinence.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products used)

- Self intermittent catheterization four times a day while awake and defer voiding on own. Self-intermittent catheterization with MTG Hydrophilic Catheter for females 14 Fr 6 inch, every 4-6 hours while awake.
- Monitor patient for chills, flank pain, fever, or lower abdominal pain for symptoms and signs of a urinary tract infection.
- You may have bleeding or burning with urination for the next three days. If it persists past the three days please call this Urology office.
- Progressively lower intake of caffeine per day. Lower caffeine intake next week to four cups per day and continue decreasing per week as feasible.

Describe your thoughts related to the care provided. What would you have done differently?

The care provided was exceptional by the nurses and providers. The nurses performed sterile technique and providers did as well for the urodynamics and the cystoscopy. The nurses in urology did RN visits and conducted Urodynamic testing. The results were relayed to the providers.

When the patient was trying to urinate during the video urodynamic study, I would have turned the faucet to help her urinate in addition to her trying the maneuvers she does at home to help urinate of standing and sitting. I will keep this in mind next time, if I am present when a patient is trying to void I will turn on the faucet to facilitate voiding for the patient. I think the patient did not void on her own, I think it was involuntary. Urine would only come out when she would stand and sit during the exam despite the large volume of 915 cc of fluid in her bladder. She seems to have more of stress incontinence rather than urge incontinence. She would feel the bladder being full but would not urinate or have urge incontinence leakage.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals

What was your goal for the day?

Identify different kinds of urodynamic studies and the indication for each one.

I was able to observe different urodynamic studies such as uroflowmetry, cytometric test, pressure flow study, post void residual, leak point pressure, and electromyography. The uroflowmetry helps identify how much urine and the speed of the urine. There will

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be results that are abnormal when if the muscles are weak or the flow is obstructed. The post void residual is the amount of urine that is in the bladder after emptying and what remains is called the post void residual. This helps identify if the bladder is emptying. The leak point pressure is the pressure at which the patient leaks urine. This helps identify the amount of pressure required to have leakage of urine. The cytometric test helps identify the true detrusor pressure by identifying the bladder and abdominal pressure. Electromyography measures the activity of the muscles and nerves that are around the sphincters and bladder by electricity to help determine if there is any damage on the nerve or muscle. The cystoscopy allows for the bladder to be visualized for abnormalities with a scope conducted by a provider.

I accomplished by goal and was able to see these various urodynamic tests. I am also able to identify them.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)

My learning objective for tomorrow in my Ostomy clinical is to do a stoma marking.

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	✓	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	✓	
• Includes pertinent PMH, HPI, current medications and labs	✓	
• Identifies specific products utilized/recommended for use	✓	
• Identifies overall recommendations/plan	✓	
Plan of Care Development:		
• POC is focused and holistic	✓	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	✓	
• Statements direct care of the patient in the absence of the WOC nurse	✓	
• Directives are written as nursing orders	✓	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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