



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

**Daily Journal Entry with Plan of Care & Chart Note**

Student Name: Eli Tessalee Day/Date: Monday, July 22, 2024

Number of Clinical Hours Today: 8

Care Setting: Hospital  Ambulatory Care  Home Care  Other

Preceptor: Urodynamics (Cappuzzello, C., Hopkins, C.)

Clinical 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.**

Today, I observed two flurourodynamics studies. The first case was a 37-year-old female with a history of spinal injury in 2012 with urinary incontinence managed with bladder Botox and clean intermittent catheterization 4 to 5 times daily. The results of her study showed urge incontinence. The patient reports that she is benefiting from Botox; without it, she is leaking frequently without control. The second case was a 32-year-old male with past medical history of Guillain-Barre Syndrome in June 2023. The patient started to have a weak urinary stream along with other symptoms at that time. Until now, the patient has a “super weak” urinary stream. His study showed no detrusor activity. The patient was able to feel the sensation of his bladder feeling. At home, he must sit on the toilet and empty his bladder by “pushing” with a Valsalva-like maneuver. His study also showed reflux on the right side. My preceptor and the urologist explained that the priority, in this case, is to preserve his kidneys. His bladder must not be allowed to fill until there is reflux. The immediate solution is scheduled voiding every three hours. Even though we teach patients not to use the Valsalva maneuver when voiding, in this case, it is the only way for the patient to empty his bladder completely. The urologist prefers this over the associated risks of clean intermittent catheterization.

My two preceptors took the time to explain urodynamics in detail. They provided written material for me to review. We discussed continence care nursing and the different types of incontinence/voiding dysfunction, as well as goals for management. I reviewed the two stages, storage and evacuation, of normal lower urinary tract function and compared them to the two cases this morning. Urinary continence and effective bladder evacuation are based on three factors: anatomic integrity of the urinary system, neurological control of the detrusor muscles, and the urethral sphincter. Both cases this morning involved the neurological control of the detrusor muscles. We discussed how the management of patients with neurogenic bladder must be individualized based on specific patient issues. Strategies include behavioral strategies, pharmacologic therapy, and surgical interventions.

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:**

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32 year old male with past medical history of Guillain-Barre Syndrome in June 2023 reports weak urinary stream that started around that time. Other associated symptoms including weakness, numbness, tingling in right eyelid, have all since resolved. Patient reports having to push hard to void, voiding in a seated position, and double voiding every time. Patient reports bilateral flank pain, R>L. Exacerbating factors include coffee, alcohol, squatting exercises. Recent cystoscopy revealed no stricture or prostate enlargement. CT (9/2023) revealed right sided hydronephrosis, elevated PVR (>100 ml), scarring and dilated right ureter. Patient not currently on any medications. NKDA. Recent labs significant for elevated Cr (1.24).

Patient arrived for flurourodynamics study today. Procedure instructions reviewed with patient prior to procedure. Cystometrogram, pressure-flow voiding study, and uroflowmetry (post test) completed. Unable to complete pretest uroflowmetry due to patient having voided prior to test. During the study, patient was filled to capacity. Reflux noted on right side during filling. Detrusor pressure study show detrusor activity impairment. Permission to void given when “strong desire” to urinate reported; patient was unable to void on table. Patient able to empty most of bladder when allowed off the table to void in private on toilet via Valsalva maneuver. Study suggests lower motor neuron neurogenic bladder.

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)

1. Education and development of toileting schedule; scheduled voiding every three hours
2. Education on promotion of bladder health.
3. Normalize fluid intake. Recommend adequate fluid intake: 2250 mL-2700 mL/day; space fluid intake throughout the day. Avoid drinking large volumes in one sitting.
4. Continue with regular exercise regimen and regular diet.
5. Pain management: Medicate per order for pain
6. Inform WOC nurse if experiencing increased flank pain and difficulty voiding
7. Schedule visit with urology to discuss possible surgical interventions.

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

I thought the nurses did an excellent job talking with the patients as they conducted the studies. Their approach put the patients at ease in an otherwise very uncomfortable situation. On thing I quickly realized that I did wrong and would do differently is, I would hold my questions until the end of the study.

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

My learning goal today was to relate and connect what I have learned about urodynamics to actual studies. My goal was met.

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

My learning goal tomorrow is to seek out and gain more experience with continence cases.

CRITICAL ELEMENTS	Completed	Missing
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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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