

Virtual Journal Entry with Plan of Care & Chart Note

 Student Name: Patricia Weimer

 Day/Date: 10/21/2024

 Setting: Hospital • Ambulatory Care Home Health Care • Other: _____

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, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	<p><u>Age/sex:</u> 78-year-old Female</p> <p><u>PMH:</u> hypertension, COPD, dyslipidemia, diabetes, obesity, osteoarthritis, and GERD. Vaginal deliveries x 3; in 1970, 1972, and 1975. Mixed urinary incontinence (2021)</p> <p><u>CC:</u> Urine leak when sneezing or coughing, referral for pelvic muscle strength training. Has tried to manage symptoms. Referred to the outpatient continence clinic a few months ago for pelvic muscle strength training to improve bladder control. Patient is new to this health system and no previous urological records available.</p> <p><u>Meds:</u> Lisinopril 20mg PO daily, Rosuvastatin 20mg PO daily, Metformin 500mg BID with meals, Tylenol 325mg PO prn</p> <p><u>Social hx:</u> remote former social smoker, no ETOH or illicit drug use</p> <p><u>Labs:</u> None Relevant</p>
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<p>Assessment/encounter:</p> <p><u>LOC:</u> awake, alert, attentive</p> <p><u>VS:</u> Temperature: 98.6F oral, Pulse: 84, Respirations: 16, BP: 132/74, BMI: 33.1</p> <p><u>Initial interview:</u> Patient reports attempting Kegel exercises. Continues to leak urine when sneezing or coughing. Urgency issues experienced in the past are much improved. Drinks one caffeinated beverage (coffee) first thing in the morning. Avoids caffeine during the rest of the day. Reports an active lifestyle to “manage weight”. Independent in ADLs. Follows ADA diet.</p> <p><u>ROS:</u> negative</p> <p><u>GI/GU:</u> WNL No prolapse or hernia noted. Able to demonstrate Pelvic floor muscle training exercises as per previously directed to her by an unnamed provider. Holds for 5 seconds, releases for 30 seconds. Does 10 repetitions. States she repeats these daily. Reports having been instructed on a leg raise and pelvic thrust exercise. Does not perform because she</p>

cannot remember the steps.

Education: PFME and other, identify below

Suggested consults: identify below

Photo:

N/A

Using critical evaluation of the provided encounter data, identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

1. Identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

- Determine if patient is receptive to a referral to Urology to establish care in new health system.
 - Determine if patient is receptive to a referral to Physical Therapy for Pelvic Floor Muscle Exercises to establish care in new health system.
 - Determine if patient is receptive to a referral to a Dietician for nutritional planning/weight loss and diabetic health management
 - Determine if patient has had previous urodynamic testing. Briefly describe what this entails and what information will be obtained. Explain this testing might be an option if PFME are not sufficient to address stress incontinence.
Urodynamic tests include:
Cystometry: measures the pressure inside the bladder as it's being filled
Electromyography: measures activity of the pelvic floor muscles
Pressure flow study: measures pressure inside the bladder and the flow of urine while urinating
Uroflowmetry: measures the flow of urine
Postvoid residual measurement: measures how much urine remains in the bladder after urinating
Video urodynamic tests: Combine cystometry, uroflowmetry, and X-ray cystography
- Briefly review and assess patient's knowledge regarding PFME. Provide patient teaching on basic PFME.

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend?*)

2. WOC Plan of Care (include specific products used)

-Referral to Urology: establish care in new health system and determine if urodynamic testing is appropriate.

-Referral to Physical Therapy for Pelvic Floor Muscle Exercises to establish care in new health system.

-Provide written instructions as follows at discharge.

BASIC EXERCISE

1. Empty bladder prior to PFME
2. Supine position with knees bent, head on a pillow.
3. Muscle Isolation: Squeeze like you are trying to prevent the passage of gas (abdomen, thighs, buttocks remain relaxed)
4. Tighten pelvic floor muscles for 5 seconds, then relax pelvic floor muscles for 5 seconds, do 5 reps.
5. Aim for 10 seconds at a time, relaxing for 10 seconds between contractions.
6. Work up to 3 sessions of 10 full Kegels per day

ADVANCED: FULL PELVIC FLOOR WORKOUT (FAST-TWITCH & SLOW-TWITCH MUSCLE FIBERS)

Short Muscle Contractions (Fast Twitch Muscle Exercise) – Works fast-twitch muscle fibers that respond quickly to compress the urethra and shut off the flow of urine to prevent leakage.

Tighten muscles quickly and hold for 1-2 seconds, and then release. Continue to breathe normally.

Long Hold Muscle Contractions - works supportive strength and endurance of the slow-twitch muscle fibers and is referred to as a long hold contraction.

Contract the same muscles used with the quick contractions but now gradually tightened, lift up, and hold. It may be difficult to hold the contraction for more than 1 or 2 seconds. Ultimately, the goal is to hold the contraction for 10 seconds then rest for 10 seconds between each long contraction.

Be careful not to flex the muscles in your abdomen, thighs, or buttocks. Also, avoid holding your breath. It may be helpful to count the seconds of the hold out loud to maintain normal breathing.

REPEAT YOUR EXERCISES 3 TIMES A DAY.

GOAL: 3 sets of 10 repetitions per day

KNACK MANEUVER: Quickly contract pelvic floor muscles before coughing, sneezing, laughing, bending over, lifting, or any other activity that causes leaking.

Begin the above exercises at home. Start with the basic exercises as instructed above and advance as

detailed. This will prepare the patient to restart with physical therapy. If possible, shorten rest periods from 30 seconds to 5 seconds as instructed above to prepare for more advanced PFME.

Write a chart note giving careful consideration to the chart review information, 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 used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

78-year-old female with past medical history of hypertension, COPD, dyslipidemia, diabetes, obesity, osteoarthritis, and GERD. Vaginal deliveries x 3 (1970, 1972, 1975). Mixed urinary incontinence. Denies smoking and alcohol use.

She is being seen today in clinic with complaints of continued urine leaking when sneezing or coughing. She has recently relocated. She reports past successful experience with PFME and has tried to manage symptoms. Discussed referrals to urology and physical therapy for pelvic floor muscle strengthening. Patient reports symptoms improved previously with PFME. She remembers some PFME but needs refresher and additional teaching.

Introductory discussion regarding urodynamic testing, what it entails and how results might be useful.

The plan today is to provide written instruction on basic PFME, slightly advanced PFME, and the KNACK maneuver so the patient can continue at home. Discussed shortening her rest periods from 30 seconds to 5 seconds as she is able to prepare for more advanced PFME. Send referrals to urology and physical therapy and schedule follow up in three months or as needed if incontinence worsens or fails to improve.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

My goal is to complete my requirements for continence track and increase my knowledge related to continence. I have basic knowledge related to urodynamic testing but need to develop my understanding of its application. My goal in choosing this scenario is to address this deficit.

Reviewed by: _____ Date: _____

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> • Identifies why the patient is being seen 		

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<ul style="list-style-type: none"> • Describes the encounter including assessment, interactions, any actions, education provided and responses 		
<ul style="list-style-type: none"> • Includes pertinent PMH, HPI, current medications and labs 		
<ul style="list-style-type: none"> • Identifies specific products utilized/recommended for use 		
<ul style="list-style-type: none"> • Identifies overall recommendations/plan 		
Plan of Care Development:		
<ul style="list-style-type: none"> • POC is focused and holistic 		
<ul style="list-style-type: none"> • WOC nursing concerns and medical conditions, co-morbidities are incorporated 		
<ul style="list-style-type: none"> • Statements direct care of the patient in the absence of the WOC nurse 		
<ul style="list-style-type: none"> • Directives are written as nursing orders 		
Thoughts Related to Visit:		
<ul style="list-style-type: none"> • Critical thinking utilized to reflect on patient encounter 		
<ul style="list-style-type: none"> • Identifies alternatives/what would have done differently 		
Learning goal identified		