

WOC Complex Plan of Care

Name: Ben Larson Patient Encounter Date: 10/14/23/24

Preceptor for Patient Encounter: Caitlin Hopkins-Erica Yates

Clinical Focus: Wound Ostomy Continence

Number of Clinical Hours Today: 8

One complex journal is required for each specialty in which you are enrolled/registered. This assignment evaluates the transition from bedside nurse to that of a specialist/consultant. Critical thinking skills and understanding of evidence based, best practices should be evident. Rationales should be cited and referenced using current APA formatting.

Choose a patient from your clinical experience that exhibits multiple care needs allowing for development of an expanded, holistic plan of care. It is recommended this complex plan of care be your last journal for each specialty allowing for incorporation of previous instructor feedback. Reach out to your Practicum instructor for any questions.

Pertinent Medical/Nursing History	Pertinent lab/diagnostic test results
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WOC Complex Plan of Care

This is a 70 year-old male here for a follow up appointment for BPH status post resume procedure done on 11/7/2019. He takes tamulosin 0.4 mg every other day and states that “it’s helping”. Patient reports that he was an automotive mechanic for his career it was not allowed to use the restroom while he was working his shifts. He states that currently he sleeps through the night without waking up to use the bathroom. Denies leakage. When he wakes up in the morning, he immediately voids. After avoiding he goes to make a cup of coffee and while he is making a cup of coffee, and then he needs to void again. He states that whenever he voids, he does not feel like he can completely empty his bladder. He had a history of a prostate biopsy done greater than six years ago, which was negative. He does report drinking an occasional beer.

Surgical history: Prostate biopsy in 2018, REZUM procedure in 2019

Home medications: Tamulosin, magnesium, and multivitamin.

No Known Allergies

Upon entering the room, the patient verbalized that he was not able to “hold my urine” and needed to go to the bathroom as soon as he arrived to the clinic. He verbalized that he had driven two hours to the appointment and that he had coffee to drink in the morning. He verbalized that he urinated 10 minutes prior to the appointment. Patient instructions and education provided on what he could expect for the visit with urodynamic testing, including uroflowmetry, post, void, residual, measurement, pressure, flow study, electromyography. Patient consented to urine studies.

Most recent Labs 08/21:

PSA 3.77
NA: 146 (135-145)
K: 4.1 (3.5-5)
CHLOR: 99 (95-105)
CO2: 25 (23-29)
BUN: 49 (8-21)
CREAT: 10.01 (0.8-1.3)
GLUC: 87 (65-110)
MG: 2.1 (1.5-2)

WOC Complex Plan of Care

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>Patient denies pain at rest and when voiding.</p> <p>Patient denies blood or discharge in urine. Upon voiding urine is clear and pale yellow. No odor noted.</p> <p>Patient drinks occasional, 1 can of beer per week.</p> <p>Patient drinks one cup of regular coffee in each morning.</p> <p>Patient's father reportedly had benign prostatic hyperplasia (BPH).</p> <p>Patient had first sensation to void at 500mL.</p> <p>Patient's bladder was filled to 1L before he needed to urgently void.</p> <p>Braden Score Total: 23 Sensory Perception: 4 Moisture: 4 Activity: 4 Mobility: 4 Nutrition: 4</p>	<ul style="list-style-type: none"> • Prepare all supplies for urine flow studies including filling cystometry and cystometrogram. • Ask patient to change into gown. • Guide patient to sitting chair in order to void into the voiding flow/volume transducer funnel. • Maintain dignity covering patient's lower extremities with a sheet. • Introduce catheters up through the urethra into the bladder and one into the rectum using aseptic technique, • Prior to filling, ask the patient to cough so that the traces can be observed. • Record fill rate on the test form, it is recommended as 100 ml per minute. • Ask the patient to cough every minute to ensure continued subtraction. If the lines slip, then stop the filling and rectify the problem. • Complete test form with the number of millilitres (mL) at which the patient reports first, normal and strong desire to urinate, pain and if there is any volume leakage around the catheter. • Record total volume in the bladder at end of filling. • At the end of filling, the large catheter used for filling the bladder is removed. The small catheter remains in the bladder to record voiding pressure. • Mark fill volume on the computer. • Allow patient to void into the funnel, recording peak flow rate, maximum void pressure and residual volume with the pressure lines still in. During this voiding phase, the patient's dignity and privacy must be maintained and staff should leave the room if necessary. • Encourage patient to void again in the bathroom for additional privacy after changing back into clothes. • Plan for cystoscopy tomorrow. Patient given education handout to drink plenty of water and fluids today, and to call the clinic if he has any difficulty voiding or after hours to call the urology on call doctor. • Provide education on kegal exercises and bladder training. • Provide "After your cystoscopy" for tomorrow and "Urodynamic Testing" handouts to patient for education 	<p>The filling Cystometry test graph showed obstruction.</p> <p>Patient will be able to void without pain or reporting difficulty.</p> <p>Patient will avoid caffeinated and alcoholic beverages.</p> <p>Patient will keep voiding diary and bring it to his cystoscopy tomorrow with voiding times, volumes, and amounts of fluid intake.</p> <p>Patient will be able to sense when he needs to void and use the toilet as soon as possible to avoid stretching of bladder.</p> <p>Patient verbalized he will call the clinic or on call physician if he has any concerns.</p> <p>Patient verbalized he will drink fluids over the next 24 hours and will return tomorrow for cystoscopy.</p>	<p>A multimodal, holistic treatment of symptomatic BPH is necessary. Lifestyle modifications and pharmacological treatment represent standard first-line treatments. Occasionally a surgical approach is needed. Options include transurethral prostatic resection (TURP) or open prostatectomy (OP), with more conservative newer approaches as well including the REZUM procedure. The TURP is the gold standard for the surgical treatment of Lower Urinary Tract Symptoms (LUTS) (Sciacqua et al, 2023).</p> <p>The REZUM procedure is convenient performed in an outpatient setting, however it is recommended to discuss the need for possible re-treatment (Bortnick, 2020). Separately, my preceptor also verbalized that in her experience patients who receive the REZUM procedure also often need re-treatment. After the patient's cystoscopy tomorrow he should have additional counseling about treatment options.</p> <p>Bladder training is an effective self-management technique for patients with LUTS (Albarqouni, 2021).</p> <p>The graph showing obstruction from</p>

WOC Complex Plan of Care

Friction and Shear: 3			the filling cystometry test indicates an emptying problem and that further evaluation is needed to determine what is causing the obstruction. Therefore, the patient will undergo a cystoscopy tomorrow.
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References: Khalpey, Z., Nehs, M. A., ElBardissi, A. W., Semel, M., & Tullius, S. G. (2010). The importance of prevention of calciphylaxis in patients who are at risk and the potential fallibility of calcimimetics in the treatment of calciphylaxis for patients with secondary hyperparathyroidism. *NDT plus*, 3(1), 68–70. <https://doi.org/10.1093/ndtplus/sfp120>

Westphal, S., & Plumb, T. (2023, August 8). *Calciphylaxis*. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK519020/#:~:text=Given%20the%20possible%20role%20of,serum%20calcium%20and%20phosphorus%20levels.>

~~This is what the references should look like in a word doc as mentioned in the APA PPT re formatting. Unfortunately, these references are all about calciphylaxis & not continence!~~

References:

Albarqouni, L., Sanders, S., Clark, J., Tikkinen, K., & Glasziou, P. (2021, March). *Self-management for men with lower urinary tract symptoms*. Institute for Evidence-Based Healthcare, Faculty of Health Sciences and Medicine, Bond University.
<https://www.annfammed.org/content/annalsfm/19/2/157.full.pdf>

WOC Complex Plan of Care

Bortnick, E., Brown, C., Simma-Chiang, V., & Kaplan, S. (2020, May 27). Modern best practice in the management of benign prostatic hyperplasia in the elderly.

<https://journals.sagepub.com/doi/full/10.1177/1756287220929486>

Sciacqua, L., Vanzulli, A., Meo, R., Pellegrino, G., Lavorato, R., Vitale, G., & Carrafiello, G. (2023, February 15). *Minimally invasive treatment in benign prostatic hyperplasia ...* Sage Journals.

<https://journals.sagepub.com/doi/full/10.1177/15330338231155000>

~~Khalpey, Z., Nehs, M. A., ElBardissi, A. W., Semel, M., & Tullius, S. G. (2010). The importance of prevention of calciphylaxis in patients who are at risk and the potential fallibility of calcimimetics in the treatment of calciphylaxis for patients with secondary hyperparathyroidism. *NDT pPlus*, 3(1), 68–70. <https://doi.org/10.1093/ndtplus/sfp120> this article is outdated~~

~~Westphal, S., & Plumb, T. (2023, August 8). *Calciphylaxis*. StatPearls. See slide 23 for how to reference this <https://www.ncbi.nlm.nih.gov/books/NBK519020/#:~:text=Given%20the%20possible%20role%20of,serum%20calcium%20and%20phosphorus%20levels.>~~

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Content		Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2		
Assessment	Describe assessment findings	6		
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6		
	Wound and Continence Case Study Journal: Using the Braden scale, assess for pressure injury risk. **You must submit your completed Braden risk assessment with your care plan.	5		
Planning	Formulate a comprehensive management plan based on the assessment and the specialty (wound, ostomy, or continence) needs. Wound and Continence Case Study Journal: Include specific Braden sub-scale scores	12		
	Propose alternative products. Include generic & brand names	4		
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6		
Rationale	Explain the rationale for identified interventions	6		
Scholarly work	Rationales referenced & cited according to APA formatting guidelines	1		
	Proper grammar & punctuation used	1		
	References: See the course syllabus for specific requirements on references for all assignments	1		
	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50			

Additional comments:

Reviewed by: _____ Date: _____