Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: _Jasmine J. Lee_____ Day/Date: __January 27, 2024_

Number of Clinical Hours Today: __8__

Care Setting: Hospital __x__ Ambulatory Care ____ Home Care ____ Other ___

Preceptor: _Maldonado-Villalobos__

Clinical Focus: Wound ____ Ostomy ____ Continence __X__

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.

S. R 59M came to ED for non-healing right foot wound that started to get bigger over time. Wound with purulent drainage. Pmhx: DM, PAD, left 2nd toe amputation, CAD, CABG, HTN, HLD, CKD. Patient consulted with Podiatry who wanted to start with vac dressing, continue with antibiotics, and continues non weight bearing. Podiatry states that patient may need further debridement in the future. CSI wound vac placed and bridged to the top of right foot. Good seal observed.

A.B. 23F
Motorcycle verses car. Wound vac change performed. Medial wound found with improper dressing, and depth to the wound appeared larger. Wound measured and depth increased form 0.3cm to 0.8cm. decision was made to re vac the area would help to reduce the depth to the lateral wound. Tunneling noted to the lateral wound which tunneled at 10 o'clock towards the medial wound. Length of tunnel has decreased from 3.1 to 2.3 cm. continuing to vac the wounds. Will reassess the wound at next wound wav change to determine the necessity of the wound vac, as granulation has almost reached the level of the skin.

V.M. 51M, Pmhx: Afib, PE, tracheostomy due to laryngeal mass, DM, ESRD on HD, chronic pancreatitis, CAD, and seizure disorder. Patent came to ED for evaluation of normal labs, Patient also come to ED for chronic leg pain BNP 10, 416, CT chest: P/E showing filing defects in subsegmental branches of right and left lower lobes. Ascites visualized to upper abdomen. Consult to wound care to treat bilateral lower extremities. Entering the room, the patient sitting at the edge of the bed. Aided the patient in left his legs onto the bed. Once I pulled my gloved hand back, the glove was fully saturated. Left anterior leg s/p I&D of the hardware. Peri wound indurated around the smaller open areas, while pressing down to the keg curd like drainage noted. One of the small wounds communicated to another small wound. Unable to assess if there is more communication between areas as the patient was becoming anxious, wanting to sit up and place the leg in a dependent position. MD contacted with recommendation for ID consultation. Area cleaned with Anasept wound cleanser and Aquacel AG packed to open areas to manage drainage and reduce bioburden, Covered with gauze, and secured with tape. Bilateral feet, and right leg. Deflated Blisters noted to areas. Area cleaned with Anasept and covered with Aquacel AG cover with gauze and secure with tape. Discussed lymphedema therapy with preceptor, in which it was determined that this may be contraindicated due to suspicion of PE, bilateral pleural effusion and pulmonary edema. Low air loss mattress ordered to help patient with microclimate ← *wow, this is quite an encounter, hopefully this has a good outcome.*

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

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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:

A.L. 8M
PmHx: prenatally detected bilateral hydronephrosis and diagnosed with posterior urethral valves. Valve resction on 9/20/2016 and again on 5/2017, high-grade reflux with poor bladder emptying, right cutaneous ureterostomy 7/2018, b/l ureteral reimplantation 11/2019, vesicostomy 2020, GFR of 21
Presented to the pediatric urodynamic clinic for Cystometery. The patient had a filling cytometry that stated that the patient's bladder could hold approximately 300 mL of urine.
The patient had a vesicostomy performed out of the country. Visual inspection presented a stoma between the umbilicus and pubic bone, where the opening to the vesicostomy is found. He also has a ureterostomy to the left lower quadrant of the vesicostomy and a pyelostomy located on the right flank. The patient came to the clinic with an adult diaper wrapped around his abdomen in addition to a diaper. The patient attends school but has an aide who helps him change if he becomes saturated during the day. When preparing to start the procedure, the patient was very apprehensive about being touched by the clinician. The clinician stated that the patient is very sensitive and feels everything. The mother also stated that the patient often refuses to allow her to catheterize him because it is very uncomfortable for him.

A catheter was inserted into the bladder through the penis, the opening to the left of the stoma, and into the rectum. Sensors were also applied to the buttocks. Once the procedure started, the patient remained apprehensive, asking frequently if the procedure had ended. The patient was able to relax a bit during the filling. The patient was asked if he felt his bladder filling, to which he responded yes. The patient settled a bit once his mother began to coax him with his favorite things. ARNP mentioned that the last cytometry indicated that the patient could retain 300 mL of fluids. During this appointment, it was determined that the patient could hold approximately 275 mL. Fluid was allowed to drain from the catheter in a graduated cylinder once we noticed fluid started leaking from ureterostomy and pyelostomy, indicating that the patient could no longer retain any fluids in his bladder. Normal filing capacity is Age(years)x 30 +30= bladder capacity in mL. With this equation, the patient is expected to be able to hold 270 mL of urine in order to reach bladder capacity. *Ok, quite a complex case!*

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)

Plan: As of 12/2024 the parent agreed to starting the process of participating in the FIT4KiD study which requires that the patient be able to swallow pills, no history of transplant, able to eat at least two meals per day a GFR of 3 or 4. At this appointment the clinician and the parent both stated that the patient was preparing to reimplant both ureters and close his right pyelostomy and vesicostomy.

**Ferric citrate and chronic kidney disease in children*. FIT 4 KID. (n.d.). https://fit4kid.dgsom.ucla.edu/pages/

The website indicates that our pediatric facility participates in this clinical research study, but I had difficulty finding this exact information on the hospital website.

^^^ **The above is good info to include in your note. To qualify this journal, a plan is needed for this patient as dictated by you, the continence nurse in this case. Please include below… what do you need this patient to do in your absence?**
Consider follow up, adherence to program, nutrition/intake, MASD prevention/vesicostomy care, etc

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- **Continue with clean intermittent catheterization at regular intervals, every 4- 6 hours using proper hand hygiene with each catheterization.**
- **Monitor for signs and symptoms of UTI such as fevers, flank pain, and malodorous urine. Inform physician if this occurs.**
- **Monitor for signs of infection at the stoma, inform physician if this occurs.**
- **Barrier cream, preferably one containing zinc, should be used when body worn products are used. This will help to protect the skin from irritation from urine. These can be found in the drugstore.**
- **Hydration is still important in maintaining health of the individual as well as the urinary system. Please try to drink at least 5 cups of water daily.**
- **Follow up with coordinator for FIT4KiD program for any additional information pertaining to this research study.**
- **Appointment with urologist scheduled for February prior to procedure in March. Keep all appointments.**
- **Please try to attend appointments with patient only, as important information will be given at these appointments, and it is our goal to ensure that you are fully aware of what is expected of the patient pre and post procedure.**

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

I feel like I realized that with this patient, although he wants to be able to reverse the vesicostomy with reimplantation of the ureters, the fear that he experienced with any catheterization superseded his goal of being "normal" at that moment. It is understandable that multiple surgeries can leave the individual with some anxiety or 'white coat syndrome' as seen with this patient. The only thing I wish was done differently was mom being physical closer to the patient. I was left physically comforting a child who was not familiar with me while mom tending to the 5 month old infant who was also in the room. Although I understand the difficulty in this, I felt that the patient may have been more comforted being soothed by his mother than with a complete stranger. ← *include considerations for these topic in your plan.*

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?

Seeing a urodynamic screening was interesting. It helps to paint a better picture as to how it is performed as well as shows the difficulties in performing and obtaining accurate information from having a patient so young. Seeing how his condition affects his everyday life was interesting. Mom states the patient would come up with every excuse in the morning in order to not go to school because of his condition.

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

Tomorrow we will focus on seeing other wounds besides wound vacs.

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	✓	

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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: _____

https://fit4kid.dgsom.ucla.edu/pages/

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