Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Ann Bruce Day/Date: 1/7/2025

Number of Clinical Hours Today: 8

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

Preceptor: Caitlin Hopkins

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.

Today during my rotation in the urodynamics clinic, I had the opportunity to engage with patients who presented with a variety of urinary symptoms, including incontinence**,** urinary retention**,** recurrent urinary tract infections (UTIs)**,** BPH, and pelvic organ prolapse. The clinic provided a multidisciplinary approach to diagnosing and managing lower urinary tract dysfunction, with a focus on urodynamic testing to assess bladder and sphincter function.

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:

Follow-up evaluation and management of urinary retention, incomplete emptying, and worsening stress urinary incontinence (SUI) in a 65-year-old female with a history of spinal cord neuroendocrine tumor, resection, and radiation therapy. Patient ambulated to bed and consented to video urodynamics (UDS). Patient refused chaperone. Patient bladder filled with 298 ml of iodinated contrast media. Stressed for leaks with cough, Valsalva and lift, leaks produced x 2. Patient given permission to void with strong desire, patient unable to void with catheters in place. X ray taken during test. X rays was removed due to patient stating she needs to bend forward to void. Patient was still unable to void when Xray was removed. Patient placed In bathroom for post test uroflow. The patient reports a sensation of incomplete bladder emptying and straining to void. Video urodynamics (UDS) demonstrated a neurogenic bladder with detrusor underactivity

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(hydrostatic bladder) and poor bladder compliance, consistent with the patient's history of spinal cord involvement**.** Additionally, SUI has worsened since radiation, with no improvement after Kegel exercises.

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)

- Patient unable to empty bladder posttest, perform intermittent catheterization removed 357 ml of urine.
- Refer patient to urologist for further management of neurogenic bladder, including consideration for botulinum toxin injections or sacral nerve stimulation for improved bladder function.
- Monitor for any signs of urinary tract infections (UTI) or skin breakdown, particularly in areas affected by incontinence.
- Continue pelvic floor exercises and refer to a specialized pelvic floor therapist for additional management, as current Kegel exercises have not improved SUI. Encourage daily pelvic floor exercises for bladder control and prevention of incontinence.
- Apply absorbent pads for stress urinary incontinence (SUI) to manage leakage, ensuring regular change and skin care to prevent irritation.

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

The use of intermittent catheterization was an essential step to ensure proper bladder emptying, especially given her sensation of incomplete voiding and the results of the video urodynamics (UDS) showing detrusor underactivity and poor bladder compliance. Additionally, recommending absorbent pads for managing SUI was appropriate, as it directly addresses her incontinence and improves her quality of life. What I would have done differently was advice the patient not the empty their bladder before the UDS. As patient voided before the exam and apart of the test required the patient to void and complete a uroflow before the UDS.

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?

My goal for the day was to assess and manage a patient with neurogenic bladder and stress urinary incontinence (SUI)**,** providing a comprehensive plan of care to address both urinary retention and urinary leakage. Collaborate with the healthcare team to ensure continuity of care in my absence, providing clear nursing orders to guide ongoing management.

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

I want to gain more practical experience in stoma care for patients with urinary or fecal diversion. This

includes learning the step-by-step process for cleaning**,** measuring**,** applying stoma appliances (such as pouches and barriers), and addressing skin integrity around the stoma site. I want to develop a better understanding of managing complications like irritation, leakage, and infection, and how to offer effective solutions to improve patient comfort and stoma function.

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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