

**Daily Journal Entry with Plan of Care & Chart Note**Student Name: Jessica Whelen Day/Date: 7/14Number of Clinical Hours Today: 5hr/ 3 hours spent on clinical course work.Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Deanna ReadClinical Focus: Wound  Ostomy  Continence **Reflection: Describe your patient encounters & types of patients seen.**

Today I was in Urodynamic Clinic. I worked with Deanna and Jessica. I observed 3 patients today. The first patient was a gentleman who was having a uroflowmetry. The next two patients had a video urodynamic test, which utilized x-ray pictures to show the size and shape of the bladder, look for evidence of bladder outlet obstruction or other anatomical abnormalities. I am unsure of why we were seeing the young lady, the other patient was being seen for retention, which the test resulted that his detrusor muscle dysfunction.

**Chart note:****Braden Risk Assessment Tool**

Sensory Perception	3
Moisture	3
Activity	2
Mobility	2
Nutrition	3
Friction/Shear	3
Total	16

Patient is 69-year-old male with PMHx multiple myeloma, DM, chronic lower extremity neuropathy, BPH, HTN, and anemia, medication have been reviewed, who present for a urodynamic study for detrusor function. Patient is currently being followed by urology for urinary retention. In 2/2025 patient was being evaluated for urinary retention, subsequently the urodynamic catheter could not be placed, patient had a cystoscope which revealed bulbous stricture, foley was placed at this time draining a significant amount of urine, 2L. At the conclusion of visit patient was set up experiences distress and vomiting. Due to this a MERT was called, and patient was sent to the emergency room for further evaluation.

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**Urodynamic procedure note**

Procedure instructions was reviewed with the patient prior to the procedure, patient verbalized he understood all instruction. Informed consent was obtained. Patient was prep per protocol. Patient presented with a 12Fr silicone foley catheter, 10cc of sterile water was drained, attempted to remove catheter however meet resistance. MD was called to bedside to assists with catheter removal. Urodynamic catheters were placed Cystometrogram and pressure-flow voiding study completed. Pt was filled for study. C/o urge with rise in pdetx2 with leaks to a completion of 225ml. Permit to void with strong desire. Voluntary void of 45ml. Patient is to have a cysto to follow.

All sensory and catheter removed. Patient was transferred to wheelchair. All safety precautions in place.

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)**

The doctor will review the results with you. The results of this test will be used in to guide your treatment options. This may include behavioral strategies, medication, or other intervention depending on the type of bladder dysfunction is diagnosis.

Patient was advised that he experience mild discomfort or soreness with urination.

Patient was advised there might be blood present in urine due to the catheter insertion.

Patient is encouraged to drink 16 ounces of water every 2 hours may ease symptoms.

The doctor may recommend a warm washcloth over your urethral opening. The doctor may also recommend OTC pain medication such as Tylenol.

Should you experience symptoms of infection such as fevers, chills, or pain seek medical attention.

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

This was an interesting experience. I am not sure what I could have done differently. I did review that patient's medication. He is on oxycodone and lyric which could contribute to his bladder function, but I saw he was also on Finasteride, that is used to help decrease the size of the prostate and tamsulosin to help relax the smooth muscle in the prostate and bladder neck to improve flow.

I thought about if a U/A should be done before that patient was catheterized, however the patient came with a foley catheter in place

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

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**Goals**

**What was your goal for the day?** My goal was to learn about urodynamic study, as this is not part of my regular practice as I work in inpatient. But what I am taking with me is a heightened awareness about the types of urinary dysfunctions and what tests are performed. I feel I have greater insight to, for an example a patient with neurogenic bladder, why a patient would have a neo-bladder or Ile conduit creation. It could improve the patient's quality of life.

**What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)**  
 I believe tomorrow is with the ostomy, I am not sure if I will get to cover clinic, but I am excited to go, as I have questions about treatment for MCJS.

**For instructor use only. Do not remove or edit:**

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	<input type="checkbox"/>	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	<input type="checkbox"/>	
• Completes Braden Scale for inpatient encounter	<input type="checkbox"/>	
• Includes pertinent PMH, HPI, current medications and labs	<input type="checkbox"/>	
• Identifies specific products utilized/recommended for use	<input type="checkbox"/>	
• Identifies overall recommendations/plan	<input type="checkbox"/>	
Plan of Care Development:		
• POC is focused and holistic	<input type="checkbox"/>	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	<input type="checkbox"/>	
• Braden subscales addressed (if pertinent)	<input type="checkbox"/>	
• Statements direct care of the patient in the absence of the WOC nurse	<input type="checkbox"/>	
• Directives are written as nursing orders	<input type="checkbox"/>	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	<input type="checkbox"/>	
• Identifies alternatives/what would have done differently	<input type="checkbox"/>	

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R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Learning goal identified	□	
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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