



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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Tara Doud Day/Date: 06/02/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Urodynamics Ambulatory Care Home Care Other

Preceptor: Deanne Reed

Clinical Focus: Wound Ostomy Continence X

Tara, see my note below & resubmit using a different color via dropbox, thanks. Also, was anyone else around as Ms.Reed is not on the approved preceptor list...let me know, thanks

She was the nurse that I was with in the urodynamics area. She said she had conversation with you about scheduling a different student (the next day there were no urodynamics patients.

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.

Saw 3 procedures. One patient was a 37 y.o. female patient with a history of diabetes, connective tissue disorder, incontinence. Urodynamic testing was done which did not show urge or stress incontinence. Cystoscopy was done. I did not witness the cystoscopy, so I do not know the continued plan of care. The next patient was a 76 y.o. male patient with a history of pancreatic cancer (and pancreatectomy) that rendered him a type I diabetic, BPH. He had urodynamics done followed by cystoscopy. I was able to watch the cystoscopy and hear the physicians notes. Great!

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 beginning with a brief, focused history and history of present illness, including why you are seeing the patient. Then, describe the visit including any physical assessment, interactions, interventions, and evaluations. Complete a Braden Scale assessment if this was an inpatient encounter. Identify any specific products used or recommended for use. Remember, this note reflects all that you *did* at your visit, the plan of care reflects your direction/orders *after* the encounter to be performed in your absence.

Chart note:

76-year-old male with a history of BPH, insulin-dependent diabetes mellitus (secondary to prior total pancreatectomy for pancreatic adenocarcinoma), hypertension, and hyperlipidemia, who presents to the urodynamics clinic for evaluation of chronic lower urinary tract symptoms and incomplete bladder emptying.

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When the patient arrived, he was instructed to change into a gown but not urinate in the bathroom to start testing. He urinated in the bathroom before the procedure despite directions.
When he got out of the bathroom, the nurse instructed him to urinate into the uroflowmeter funnel, which he was unable to do.
He was then catheterized, and 1800 ccs of urine came out of his bladder.
Next, the nurse placed a rectal catheter and a double-lumen urethral catheter,
Baseline pressures (Pves & Pdet) were checked and then the nurse started the bladder filling process. The patient was asked to notify the nurse when he felt the first urge to urinate, the first desire to do so, a strong desire, and when they couldn't hold it anymore.
After this portion of the testing was done, he was asked to urinate with the catheter still in. The test seemed inconclusive (See plan of care for next steps).

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)

There was no WOC plan of care on for this patient since they were a urodynamic patient. The physician, after urodynamics, cystoscopy, and video prostate exam determined that the patient would need endoscopic surgery soon to remove the enlarged part of the prostate. In the urodynamic procedure, when the patient was straight catheterized prior to the procedure, there was a return of 1.8 L of urine. The urodynamics showed a lack of contractility of the bladder. The physician discussed with the patient that this could be due to diabetes or the blockage. Because the patient said that he could not straight catheterize at home due to neuropathy, the physician emphasized the need for surgery soon. Kidney function was elevated prior to visit, meaning that the urine was backing up into the kidney. The physician ordered labs for the patient to take as they leave. If kidney function is more elevated, the physician will call the patient tomorrow to come back and get a foley catheter placed until surgery.

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

I feel this is not in my scope of practice, so I would change nothing. I was curious as to whether or not diabetes had an effect on this patient's bladder so I am glad I stayed after to witness the cystoscopy and hear the physician's thoughts.

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?

To understand better urodynamic testing and how it is used to diagnose urinary incontinence and other urinary issues.

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

I am not sure yet as that will be my first day in the Crile building. I will report back tomorrow! 😊

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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		✓
• Describes the encounter including assessment, interactions, any actions, education provided and responses		✓
• Completes Braden Scale for inpatient encounter	N/A	
• Includes pertinent PMH, HPI, current medications and labs		✓
• Identifies specific products utilized/recommended for use		✓
• Identifies overall recommendations/plan		✓
Plan of Care Development:- <u>but information to patient provided</u>	✓	
• POC is focused and holistic	N/A	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	N/A	
• Braden subscales addressed (if pertinent)	N/A	
• Statements direct care of the patient in the absence of the WOC nurse	N/A	
• Directives are written as nursing orders	N/A	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: Patricia A. Slachta Date: 6/4/25

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