Cleveland Clinic

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

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Erin Stewart Day/Date: July 15, 2025

Number of Clinical Hours Today: 8

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

Preceptor: Caryn Ascher RN

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 I saw a patient have a cystometrogram done and a pressure-flow voiding study done. The cystometrogram monitors how the pressure builds up in the bladder as it fills with urine. The pressure flow study measures the pressure of the bladder required to urinate as well as the flow rate that a given pressure generates.

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:

This patient is a 72 year old male presenting with urinary retention after a surgery in June 2025 that included a right thoracotomy, and a right renal upper pole lobectomy for a renal mass. The patient ended up developing an AKI due to retention which improved after catheter placement. Trial of Void (TOV) has been attempted 2 times and the patient has not been able to void. The patient has been on tamsulosin since surgery (0.4mg then increased to 0.8mg) but has still been unable to pass TOV. The patient has a past medical history of benign prostatic hyperplasia, acute pancreatitis, elevated PSA, liposarcoma, hypercholesterolemia, right

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total hip arthroplasty, and prostate biopsy. The patient presents to urodynamics to check bladder function and strength. The patient had a cystometrogram with EMG done which showed a first sensation of needing to void at 193ml, a strong desire to void at 288ml, and a maximum capacity of 323ml. There was a maximum filling detrusor pressure of 26cm of water. There was no detrusor overactivity associated with urge, and no detrusor overactivity associated with leakage. There were no leaks of urine associated with Valsalva or coughs. Along with the cystometrogram a pressure-flow voiding study was also done. The patient was able to void with the catheter in place and voluntarily voided 64ml. The maximum voiding detrusor pressure was 62cm H2O. The Pdet at Q max (Max Flow) was 57cm H2O. The maximum flow rate and average flow rate were the same at 2ml/sec. The patient was filled to capacity for testing, with a noted steady rise in pdet throughout the test. The patient was given permission to void with strong desire and was able to void 66ml with the catheter, and then able to void 100ml more in the bathroom post test.

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 patient also had a TOV scheduled at 2pm, the PA scheduled with was spoken with, and she was ok with leaving the catheter out for now and that the patient can void if he feels the need over the next several hours until the appointment. She will then bladder scan the patient. If the patient becomes uncomfortable and cannot urinate, he will return to Q9 or go early to see her for a catheter. The patient was given verbal instructions regarding this and the patient verbalized understanding of instructions given. There was no need to follow up with urodynamics after this test unless he becomes uncomfortable and cannot void between this test and his next test appointment at 2 pm, and the patient will be following up with the referring practitioner to go over the results.

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

I thought that the care was thorough. I felt that my preceptor did her best to help the patient be less nervous about the test, especially since the testing can seem a little awkward for patients since it has to do with voiding, which one normally does behind closed doors. I'm not sure if there is anything I would have done differently since this is not a test that I have been trained to give. I feel that I would have done as my preceptor did and tried to help my patient feel more at ease during this test.

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 today was to be able to learn as much as I can about urodynamics since it is not something that is a strong suit of mine.

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

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My goal for tomorrow is to learn more about hospital in-patient WOC nursing since my background is WOC nursing at a long-term care/skilled nursing facility.

For instructor use only. Do <u>not</u> 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	✓	
• 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	✓	
• Braden subscales addressed (if pertinent)	✓	
• 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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