Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: Kyle Aniol Day/Date: Monday, September 15th

Number of Clinical Hours Today: **8** Number of patients seen: **3**

Care Setting: Hospital- **Urodynamics**

Preceptor: **Cara Cappuzzello**

Clinical Focus: **Continence**

Reflection: Describe your patient encounters, types of patients seen, and any additional activities.

I was involved in the care of three patients on the urodynamics unit. Patient A was a 71-year-old male complaining of urinary retention. He currently has an indwelling catheter that's been in place for 2 years and an associated diagnosis of prostate cancer. Patient B was a 58-year-old patient experiencing mixed incontinence episodes with a history of a TOT SLING procedure over 10 years ago. Patient C was a 74-year-old male complaining of stress incontinence. He had an artificial urinary sphincter (AUS) placed 2 years ago. I was able to directly observe a uroflometry and cytometric test, as well as a pressure flow study. Along with this individual, I reviewed two other patient scenarios with my preceptor and talked about the urodynamic testing they would be receiving. After the tests were conducted, all the results were discussed. Immediate interventions for symptom management were identified for all, but two of the patients had test results that required further evaluation.
After all the appointments, we went through all the different types of urodynamic tests. This included instructions on how to perform the procedure, what different test results indicated, and the purpose of the test. A brief review of the different components of the urinary tract was also discussed.

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. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was **done*** during the visit.

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

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Chart Review, Assessment, Encounter

Age/Sex: 58 y/o Female
PMH+: G3P3 with three vaginal births, post-menopause, stress urinary incontinence s/p SLING procedure (2009), mild OAB
Chief Complaint: Stress urinary incontinence, leakage with some urge incontinence. Patient primarily complains of stress incontinence, but occasionally the leakage will cause her to have to void suddenly without the ability to hold it in. The patient has been experiencing progressively worsening symptoms over the last year. Currently, the patient voids 6-8 times during the day and 1-2 times at night. The patient stated that voiding more often does help with the stress incontinence, but they still experience leakage with exercise or while sitting for a prolonged period.
Social Hx: Never a tobacco user, 3-4 alcoholic beverages per week, sexually active

Current Medications: Estradiol cream 0.01% (nightly for 2 weeks, then 2-3x per week), Levothyroxine 25 mcg (daily), Mirabegron 50 mg (daily), Rosuvastatin 5 mg (daily), Spironolactone 50 mg (daily)

Assessment: Patient presents to the unit for urodynamic testing. She has mixed urinary incontinence, primarily problem is leakage, with a history of TOT SLING in 2009. Fluid intake consists of 6-8 cups a day, with mild caffeine consumption. Patient states she has done Kegel exercises regularly for the past year, but it has not seemed to provide any symptom relief. The patient is A&Ox4, appropriate affect and appearance, well nourished and physically active 3-4x a week.

Encounter: Urodynamic testing provided includes a post void residual, uroflometry and cytometric tests, and a pressure flow study.
Cystometrogram: first sensation at 93 ml, first urge at 390 ml, no strong desire to void felt at max capacity (1 L), pressures remained normal throughout, no overactivity of the detrusor muscle, no evidence of leakage
Uroflowmetry: volume voided was 224 ml over 29 seconds with a PVR of 20 ml. Max flow rate was 29 ml/sec.
Pressure Flow Study: All 1000 ml were voluntarily voided, max flow rate was 34 ml/sec, average rate was 11 ml/sec

All results are normal, no indications as to the problem, next step is to do video urodynamic testing to get a visual of the area.

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 consumes an adequate amount of fluids, this should be maintained
Caffeine intake is mild, this is okay, important to avoid multiple cups
Continue with regular Kegel exercises and timed voids (don't exceed 3 hours between voids)
Taper fluid intake down in the evening to avoid urges at night
Wear pads during periods of exercise or when partaking in any activity that normally results in leakage
Follow-up with the urologist for video urodynamic testing and further evaluation

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

I thought all of the care provided was appropriate and adequate. If there was more time available, I would have let the fluid sit in the bladder for a little before prompting to void. More time with the bladder full could have led to incontinence symptoms and allowed us to see what the cause is.

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?

The goal for today was to have a complete understanding of all the different forms of urodynamic testing. This goal was met. I have a good understanding of the procedures, supplies/machines needed for the procedure, what results may indicate, and patient teaching points during the different tests.

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

My goal for the next continence clinical day is to correctly identify different diversion devices (fecal and urinary), along with the appropriate care for maintaining the diversion.

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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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