Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ___Birgitte Kammerdiener____ Day/Date: __Tuesday September 23rd___

Number of Clinical Hours Today: __8__ Number of patients seen__**3**__

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

Preceptor: __Urodynamics – Jessica Synovetz 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, and any additional activities.

Today was spent with outpatient Urodynamics. My preceptor today was Jessica Synovetz RN. They had a slow day, a couple of cancellations and spaced-out time slots for patients where the testing was being done. Two of the patients were there for uroflowmetry and one was there for a video urodynamics test. With the patient's permission I was able to sit in for the entirety of the video urodynamics test. I was given packets of information on different kinds of urodynamics tests and what they are looking for and what information they can provide. I was also shown different parts of the clinic and the other procedures they perform. For some patients they provide Botox injections in clinic. Another large part of their clinic is education. In the Nurse Treatment area patients are educated on many different things. The patient I observed for a large portion of the day was taught how to self-catheterize after her exam. Jessica also sat down with me and explained what they were looking for during the video urodynamics test. She also provided me with examples of different patient exams and what they look for during the exam. She provided abnormal verses normal results and the results for different diagnosis. My journal today focuses on the patient who had the video urodynamics test done as I was able to see it from start to finish.

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.

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

Chart note:

Age/sex: 83 year old female
PMH: CAD w/ stent, asthma, atrial fibrillation, breast cancer, cervical cancer, hysterectomy, vaginal vault prolapse, myasthenia gravis
CC: worsening in urinary incontinence, especially at night. States using three pads at a time and changes them about five times a day. Gets up to the bathroom about four times a night and is usually unable to reach the bathroom in time. Experiencing leakage with coughing and laughing. Has had nine UTIs in the past six months. Previously received Botox injections (100 u) but states it made her incontinence worse.
Social hx: former smoker of 1 pack per day for 15 years. States having less than one standard alcoholic beverage per week. No drug use. Uses a cane and wheelchair to get around.

Assessment/encounter:
Presents to clinic for video urodynamic testing
Does not feel that her bladder completely empties, urinates and then states having to go back again after just a few minutes and urinates again
States having to run to the bathroom and does not make it majority of the time
Uses three pads at a time and changes them about five times a day
States getting up to use the restroom about four times a night
Has had nine UTI's within the past 6 months.

Skin breakdown assessment:
Location: vaginal to anal area
Skin breakdown type: incontinence associate dermatitis
Extent of tissue loss: minor, slight erythema
Pain: mild pain
Urodynamic studies completed:
Uroflowmetry: Voided volume- 59mL, PVR- 200mL
Cystometrogram: first sensation- 131mL, strong desire- 262mL, max capacity- 340mL. No detrusor overactivity associated with urge or leakage. No leaks with stress. No reflux noted with test.
Pressure-flow voiding study: voided with catheter in place. Voided- 106 mL. Remaining in bladder- 234 mL
Interpretation: Dysfunctional voiding of urine, incomplete emptying of bladder, retention of urine, underactive detrusor muscle.

Education:
Self-catheterize first thing in the morning and before going to bed
Discontinue Botox injections
Continue Vaginal cream

Chart Note:
Patient is an 83 year old female with a history of CAD w/ stent, asthma, atrial fibrillation, breast cancer, cervical cancer, hysterectomy, vaginal vault prolapse, and myasthenia gravis. She is a former smoker of 1

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pack per day for 15 years, states having less than one standard alcoholic beverage per week and no drug use. Patient presents to the clinic for frequent urinary incontinence episodes. She was previously treated with Botox injection (100u) that she states did not help but seemed to make the problem worse. Patient states that this is the worst her incontinence has ever been, especially at night. States having to use three pads at a time and change them about five times a day. Patient states having to get up to the bathroom about four times a night and is usually unable to reach the bathroom in time. She has been experiencing leakage with coughing and laughing. She has also had nine UTIs in the past six months. At today's visit, patient underwent a Video Urodynamic Test. Patient came to the clinic with a full bladder. The Uroflowmetry test was conducted where patient voided 59mL and was then straight cathed for a PVR of 200 mL. A catheter was then placed into the urethra, and another catheter was placed into the rectum. The rectal catheter balloon was inflated slightly. The patient's bladder was then slowly filled with contrast. X-rays were taken throughout the procedure. Patient stated first sensation at 131 mL, strong desire at 262 mL, and maximum capacity at 340 mL. Throughout exam patient was asked to cough, no leaks were noted with stress. No urge was noted on the exam as well. Patient voided with catheter in place for 106 mL voided voluntarily. 234 mL remaining in the bladder. Interpretation was dysfunctional voiding of urine, incomplete emptying of bladder, retention of urine, and underactive detrusor muscle. Once the exam was complete, the doctor came in and explained to patient he wanted her to continue taking the prescribed antibiotics for the recurrent UTI. He also had the patient sent over to Nurse Treatment where she would learn to straight catheterize. Plan is for patient to learn to straight catheterize at home before bed and in the morning. Patient is also to continue antibiotics, and probiotics. Patient has been experiencing diarrhea with antibiotics and was prescribed probiotics that patient states she continues to take. Patient is also to continue use of vaginal estradiol cream three times a week. Patient is to discontinue Botox injections. Patient is to follow up with Urology in one month to discuss self-catheterization and further treatment plans.

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)

- Begin teaching on self-catheterization twice daily (once in the morning and once before bed)
- Follow up with urology in 1 month to assess how self-catheterization is going and discuss further treatment plans
- Continue to intake and adequate amount of fluids, at least 2L per day
- Continue use of probiotics for gut health with antibiotics usage
- Consult to physical therapy for pelvic floor therapy
- Continue use of vaginal estrdoil cream three times a week
- Apply barrier cream with each incontinence episode and before bed
- Avoid bladder stimulants- alcohol and caffeine
- Consult to physical therapy to assist with improvement in patients strength and gait

Describe your thoughts related to the care provided. What would <u>you</u> have done differently

Due to the patient having diarrhea, mostly due to the antibiotics for the UTI, I would have prescribed her and explained the use of anti-diarrheal medication as well as the BRAT diet. Educating the patient that when diarrhea is occurring, she should intake foods that will help bulk up stool during episodes of acute diarrhea.

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The patient could eat foods such as bananas, bread-white bread, rice or apple sauce. If the food does not work or the patient would like to do a combination, anti-diarrheal medication can be taken as well. The patient has already been prescribed probiotics. I would have also educated her on the importance of continuing the use of antibiotics as they help bring back the healthy gut bacteria that the antibiotics kill off. I would also explain that after a period of time the type of probiotic needs to be switched as the gut become too familiar with it and the antibiotic may kill off the good bacteria again.

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 get to see different urodynamics tests and understand when and why they are done. This goal was met. I got to watch different tests, and the team provided me with packets explaining the different tests they do and a few patient examples of what they exam results look like for different incontinence problems.
What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor) Tomorrow I am back with the in-patient WOC team. My goal is to continue practice with pouch changes as well as get to observe/preform either colostomy irrigation or ileo lavage while looking into why the patient requires it.

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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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