

Virtual Journal Entry with Plan of Care & Chart Note

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 Day/Date: 10/23/2025

 Setting: Hospital Ambulatory Care Home Health Care Other: _____

WOC nurses function as consultants and develop plans of care for other care givers as a guide to providing care in the WOC nurse's absence. For this assignment, a chart review and assessment information are provided for you. Use this information to write a chart note and to develop a plan of care.

Chart Review/History	<p><u>Age/sex:</u> 78-year-old Female</p> <p><u>PMH:</u> hypertension, COPD, dyslipidemia, diabetes, obesity, osteoarthritis, and GERD. Vaginal deliveries x 3; in 1970, 1972, and 1975. Mixed urinary incontinence (2021)</p> <p><u>CC:</u> Urine leak when sneezing or coughing, referral for pelvic muscle strength training. Has tried to manage symptoms. Referred to the outpatient continence clinic a few months ago for pelvic muscle strength training to improve bladder control. Patient is new to this health system and no previous urological records available.</p> <p><u>Meds:</u> Lisinopril 20mg PO daily, Rosuvastatin 20mg PO daily, Metformin 500mg BID with meals, Tylenol 325mg PO prn</p> <p><u>Social hx:</u> remote former social smoker, no ETOH or illicit drug use</p> <p><u>Labs:</u> None Relevant</p>
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<p>Assessment/encounter:</p> <p><u>LOC:</u> awake, alert, attentive</p> <p><u>VS:</u> Temperature: 98.6F oral, Pulse: 84, Respirations: 16, BP: 132/74, BMI: 33.1</p> <p><u>Initial interview:</u> Patient reports attempting Kegel exercises. Continues to leak urine when sneezing or coughing. Urgency issues experienced in the past are much improved. Drinks one caffeinated beverage (coffee) first thing in the morning. Avoids caffeine during the rest of the day. Reports an active lifestyle to “manage weight”. Independent in ADLs. Follows ADA diet.</p> <p><u>ROS:</u> negative</p> <p><u>GI/GU:</u> WNL No prolapse or hernia noted. Able to demonstrate Pelvic floor muscle training exercises as per previously directed to her by an unnamed</p>

provider. Holds for 5 seconds, releases for 30 seconds. Does 10 repetitions. States she repeats these daily. Reports having been instructed on a leg raise and pelvic thrust exercise. Does not perform because she cannot remember the steps.

Education: PFME and other, identify below

Suggested consults: identify below

Photo:

N/A

Using critical evaluation of the provided encounter data, identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

1. Identify what would you have done differently regarding assessment data collected, treatment recommendations, and education?

I would have conducted a comprehensive continence assessment, including a bladder diary and frequency–volume chart to document voiding patterns and leakage episodes. Measuring post-void residual (PVR) would also be essential, given the patient’s diabetes and age, which increase the risk of incomplete bladder emptying. Additionally, pelvic floor muscle strength should be quantified using the Modified Oxford Scale to establish a baseline and monitor progress. I would ask her to demonstrate contraction techniques to ensure that exercises are being performed correctly.

In terms of treatment, I would recommend formal referral to a pelvic floor physical therapist for supervised PFMT. Evidence shows that individualized instruction with biofeedback or electrical stimulation is more effective than unsupervised exercises, especially for patients who struggle to recall instructions. The “knack” maneuver—contracting the pelvic floor muscles prior to coughing or sneezing—should be taught as an immediate strategy to reduce leakage. Lifestyle modifications, including weight reduction, continued caffeine limitation, and glycemic control, would also support bladder health and symptom improvement.

For patient education, reinforcement is key. I would provide written materials or diagrams explaining pelvic anatomy and exercise steps to help her remember the routine. Teaching her to practice 30–80 contractions daily in different positions and to avoid straining would help build endurance and coordination.

Using the information from the encounter and your critical evaluation 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. (For example: *What dressing change regimen would you recommend?*)

2. WOC Plan of Care (include specific products used)

- Contract perivaginal muscles and anal sphincter as if trying to stop the flow of urine. Perform 10 pelvic floor contractions, hold 5–10 seconds, relax for 10 seconds. Repeat for 3 sets daily (morning, afternoon, evening). Practice in three positions: lying, sitting, standing.
- Perform “Knack” maneuver: contract pelvic muscles immediately before sneezing, coughing, or lifting
- If unable to correctly isolate muscles, initiate biofeedback-assisted PFMT twice weekly × 6 weeks.

- Limit caffeine to one 8 oz cup daily; replace with water or non-caffeinated fluids.
- Encourage fluid intake 1.5–2 L/day (unless contraindicated).
- Maintain ADA diet and continue weight management program.
- Reinforce bowel regularity with dietary fiber and hydration to avoid straining.
- Encourage 30 minutes of light activity (e.g., walking, stretching) 5 days/week.
- Refer to pelvic floor physical therapist for supervised PFMT and biofeedback training.
- Notify primary care provider for ongoing management of hypertension, diabetes, and obesity.
- Reassess at 6–8 weeks for progress, and again at 12 weeks for outcome evaluation.
- If no improvement, refer to urogynecology for potential pessary fitting or surgical evaluation.

Write a chart note giving careful consideration to the chart review information, how the patient was assessed, the problems, and the rationale behind the plan of care. The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow-up visit for..., evaluation and management of..., etc. Then, describe the visit. Be sure to include any physical assessment, interactions, and specific products used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

3. Chart note:

Reason for visit: Referred to continence clinic for pelvic muscle strength training and conservative management of leakage with coughing/sneezing.

Chart review/History: 78-year-old female with HTN, COPD, dyslipidemia, diabetes, obesity (BMI 33.1), OA, GERD; three prior vaginal deliveries. Reports prior urgency symptoms have improved; persistent stress leakage despite home Kegels. Meds: lisinopril, rosuvastatin, metformin, PRN acetaminophen. Remote social smoker; follows ADA diet; active with ADLs.

Patient is alert and awake. Able to demonstrate voluntary contraction but with breath-holding and abdominal co-contraction noted. Endurance ~5 seconds. Reports leakage with cough/sneeze; urgency much improved. No pelvic organ prolapse by exam; GI/GU WNL. No pain. Independent ambulator; motivated to learn exercises and self-manage.

Plan of care (with rationale):

1. Initiate 3-day bladder diary and frequency–volume chart; obtain single post-void residual at next visit to exclude incomplete emptying (clarifies pattern; rules out overflow).
2. Refer to pelvic floor physical therapy for supervised PFMT and cueing to eliminate breath-holding/abdominal strain. Home prescription: 10 contractions held 5–10 sec with 10-sec relaxation, 3 sets/day in lying/sitting/standing; teach “Knack” before coughing/sneezing (targets urethral support at moments of increased abdominal pressure).
3. If poor isolation persists at PT: Trial biofeedback and consider low-intensity intravaginal electrical

stimulation (improves recruitment/awareness).

4. Limit caffeine to one 8-oz coffee; hydrate 1.5–2 L/day unless contraindicated; continue ADA diet and weight-management plan; stool-softening fiber to avoid straining; cough control per (reduces pelvic load; optimizes continence).
5. Provided written PFMT instructions with diagrams, bladder diary template, and tips to avoid Valsalva during exertion and ADLs. Set expectation of 8–12 weeks for meaningful improvement.
6. Reassess in 6–8 weeks for PFMT technique, Modified Oxford score, and leakage frequency. If inadequate response by 12 weeks, discuss continence pessary fitting or urogynecology referral for further options.

The patient was cooperative and fully engaged throughout the visit. She demonstrated strong motivation to improve bladder control and was receptive to education and instruction. During the discussion, she openly shared her experiences performing Kegel exercises at home and expressed uncertainty about her technique. When observed performing a pelvic floor contraction, she was able to demonstrate the movement but tended to hold her breath and engage her abdominal muscles. After gentle coaching and verbal cueing, she was able to isolate the correct muscles with improved technique. The patient verbalized understanding of the importance of regular, intentional practice and was eager to incorporate the “Knack” maneuver into her daily activities to manage stress-related leakage.

Written educational materials were provided, including diagrams and a bladder diary template. She verbalized understanding of all teaching points and repeated key instructions back accurately. The patient agreed to complete the bladder diary and attend pelvic floor physical therapy for supervised training. Overall, she appeared motivated, confident, and ready to actively participate in her plan of care.

You should have a learning goal for each clinical day. What was your goal or reason for choosing this particular mini case study? Were you able to meet this goal? Why or why not?

4. What was your goal for choosing this case?

My learning goal for choosing this case study was to deepen my understanding of continence management in older adult females with stress urinary incontinence. I wanted to focus on how pelvic floor muscle training can be effectively taught to improve quality of life and reduce urinary leakage.

I was able to achieve this goal while working on this case study. It allowed me to identify common errors, such as breath-holding and abdominal straining, and to apply corrective teaching techniques. I also gained

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experience in developing a structured plan of care that incorporated both behavioral and physical interventions. This case reinforced the importance of patient-centered education, consistent follow-up, and interdisciplinary collaboration in managing urinary incontinence. Overall, the experience enhanced my confidence in providing evidence-based continence care.

Reviewed by: _____ Date: _____

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