Cleveland Clinic

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

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ____Anthony Mariniello_____ Day/Date: __1/13/25_____

Number of Clinical Hours Today: _10___ Number of patients seen__**5**__

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

Preceptor: ___Carol Mocniak_____

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.

My clinical today was spent in the outpatient urology procedure lab and one case in the operating room; dealing with patients with continence and urological issues. The WOC nurses in our hospital often are responsible for post-op education and act as a resource for these patients, so my preceptor thought it would be beneficial to see some of these procedures first hand. It is also helpful to have knowledge of these procedures in case any future patient will need to undergo one of these procedures so I can help to educate and answer any questions they may have. Most patients follow-up in clinic after their procedures, which I will be getting to see some of these clinic visits later this week. 5 total cases were observed. Activities included going to meet the patient in the procedure lab waiting room, asking if they had any questions about the procedures, transporting them back to the procedure room, positioning them on the table ensuring adequate offloading and pressure prevention measures were implemented, working in conjunction with anesthesia and x-ray during the case, ensuring the correct supplies were available for each case, and transporting the patients to the recovery room upon completion with hand-off the to post procedure nurses. Cases observed included a right ureteroscopy for a patient with a kidney stone who failed to pass the stone on her own with medications, a cystoscopy with hydrodistension and bladder instillation for a patient with interstitial cystitis, a left ureteral stent insertion for hydronephrosis, an inflatable penile prosthesis revision for pain and device malfunction, and a right ureteroscopy with laser lithiasis and stent exchange for urinary retention and stones in a neurogenic bladder patient.

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,

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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.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	4
Moisture	3
Activity	4
Mobility	4
Nutrition	4
Friction/Shear	3
Total	22

Patient is a 29 y/o female with a past medical history of chronic pelvic pain, overactive bladder, bilateral congenital absence of fallopian tube, and ADHD. Patient presents to the urology procedure lab for cystoscopy with overdistension and bladder installation for diagnostic and therapeutic work for her interstitial cystitis. This patient came in for the procedure and was discharged the same day, so I was not sure about filling out a Braden score. I completed one anyways to be safe. Patient reports some urge incontinence for which she was started on Gemtesa 75mg PO daily. According to the patient this has helped with the incontinence issue reducing the frequency of episodes, but the chronic pain has not subsided. On assessment, patient did not have any skin breakdown or damage related to incontinence; patient still encouraged to use a dimethicone based barrier ointment to help protect her skin if she continues to have episodes of incontinence. Rest of the Braden scale scores were scored as high as possible, and patient is not at risk for developing a pressure injury. Prior to procedure start, the room was prepped ensuring all needed instruments, devices, and medications were present in the room. We then went and confirmed patients name and DOB, as well as making sure consent for the procedure was properly signed and in the patients chart. Patient was then taken into the procedure room and transferred onto the table using a slide sheet. Patient was positioned supine with legs in stirrups. Patient had on SCD's, pillows were used for offloading of the head, a gel-like cushion was placed under both patient arms. A timeout was performed prior to procedure start. A lidojet was used to anesthetize the urethra. A cystoscope was then introduced into the bladder allowing full visualization. No stones, masses, or diverticula were observed. The bladder was then filled twice and emptied; once with 800cc and once with 900cc. No ulcers or lesions were noted during hydrodistension. A bladder instillation was then performed through the scope using 16mL of Sensorcaine, 8mL of 4.2% sodium bicarb, 40,000 units of heparin, and 200mg of Solu-Cortef. This "cocktail" of medications aims to reduce inflammation and discomfort in the bladder. Upon completion of the instillation the procedure was finished. Patient was on the table for roughly 20 minutes before being transferred back onto a cart using a slide sheet. Patient tolerated the procedure well and did not verbalize any pain or discomfort upon completion. Patient was taken to the recovery area where hand-off was given to the nurse. Patient to be discharged later in the afternoon, pending urination and ambulation.

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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)

As this patient is having the procedure and discharged in the same day, I am going to focus on education and signs and symptoms to have the patient look out for after discharge. These would be the same things the nurse in recovery would want to keep an eye on as well.

- The instillation should be held in the bladder for 15-30 minutes, at which point you should empty your bladder
- Common side effects of the procedure are temporary discomfort when passing urine, which should resolve after 24-48 hours.
- Frequency and urgency in the immediate post procedure period can also be common but should reside.
- Monitor for signs of a urinary tract infection such as burning or pain when urinating after the 24-48 hour mark, fever, chills, or backache. If any of these symptoms occur, report to a provider's office or ER.
- There may be a scant amount of blood from instrument insertion in the immediate post procedure period. Please contact a provider if this persists.
- Follow-up in two weeks for symptom check (these instillations are often planned once a week for 4-6 weeks if they provide pain and symptom relief).
- If this procedure does not provide relief, options such as pelvic floor and behavioral / cognitive therapy should be explored.

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

This was my first time being in a procedure lab / operating room so the whole experience was new to me. While my preceptor and provider's did a good job explaining things to me I did not want to interrupt the procedure with my questions as I know they are trying to concentrate. This led to me asking all of my questions upon the completion of the procedure and some of what I wanted to ask I ended up forgetting. I was later informed by my preceptor and the attending that I should feel free to ask my questions when they arise as we work in a teaching hospital (although she did mention some providers like it quiet in the room). I will be sure to voice my questions more going forward. Another thing I would have done differently is see more

of the recovery process. There were a fair amount of cases to observe and were often one right after the other. Seeing how the patient recovers and what that process is like would be useful for my knowledge. In terms of care, I would have liked to do a bit more for offloading and pressure injury prevention. Even though this patient was 29 years old with low Braden risk and only on the table for a short time I feel as though more padding/cushioning could have been used especially around her legs that were hoisted in the stirrups. There was also nothing placed underneath the patient when on the table and I know there are cushions designed specifically for this purpose. If it were up to me, it would have been placed under the patient.

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 from the last clinical day was to see ostomy or continence related patients as my first day was all wound focused. This was met as this clinical experience was all continence and urology focused patients. I additionally mentioned collaborating with other departments more. Today involved working alongside anesthesia and the x-ray department although they were present in the room for the cases so there was nothing I needed to coordinate. It was nice to see how all of these departments come together to complete cases.

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

My learning goal for the next clinical experience is to be a bit more vocal and ask more questions. Being as this is all new to me and I am in settings I am not familiar with I tend to be a bit hesitant. For one I do not want to interrupt or bother those involved in cases and I also do not want to feel like I am asking silly questions. As my preceptor and attending mentioned to me, we work in a teaching facility so asking questions comes with the territory and everyone needs to learn. I will try to voice my questions more going forward.

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	✓	

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• 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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