

**Daily Journal Entry with Chart Note & Plan of Care**Student Name: Anthony Mariniello Day/Date: 1/23/25Number of Clinical Hours Today: 5 Number of patients seen 9Care Setting: Hospital  Ambulatory Care  Home Care  Other Preceptor: Carol MocniakClinical Focus: Wound  Ostomy  Continence 

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.**

This was another clinical day in the urology clinic seeing patients with a variety of continence issues. 6 of the patient's seen were inpatient visits, and three were telehealth visits. Prior to their appointment, patient charts were reviewed including any recent imaging and current medication lists. A urine sample and PVR were obtained on those who were willing. Patients were then asked to describe what was bothering them, before reviewing any pertinent medications or testing results. Patient questions were answered as well as providing patient education and resource materials about treatment recommendations. Patients would then be scheduled for follow-up appointments. Types of patients include a 68 y/o female for yearly follow-up and ultrasound results for kidney stones, a 77 y/o female with gross hematuria, a 63 y/o female for her annual follow-up related to overactive bladder, a 57 y/o female with chronic UTI's, a 49 y/o male with BPH, urgency, and weak stream, a 51 y/o female with concern for Lichen Sclerosus, a 63 y/o female with OAB and multiple sclerosis, a 54 y/o female with OAB, mixed incontinence, and frequent UTI's, and an 85 y/o female with urge incontinence currently using a neuromodulator.

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:****Braden Risk Assessment Tool**

Sensory Perception	
Moisture	
Activity	
Mobility	
Nutrition	
Friction/Shear	
Total	

Patient is a 63 y/o female who presents for follow-up on her overactive bladder. Pertinent past medical history includes neurogenic bladder and multiple sclerosis. Patient was prescribed Myrbetriq and Solifenacin succinate however patient reports she stopped taking them months ago when she was pretty much symptom free. Was able to feel like she was symptom free for a month or two even without the medications, however in the past few weeks she is getting up 2-3x per night and having episodes of urge incontinence. Patient could not provide a urine sample this visit despite feeling like she needed to void. Bladder scan revealed 269mL. No discomfort noted from patient. Patient will be started on tamsulosin to try and help her empty her bladder more fully when she urinates. Patient was also encouraged to try timed voiding every 2 hours, even if she did not feel like she needed to void. Patient was also educated on sitting on the toilet with her legs a little wider than her hips and elbows on her knees. This position can also help to better empty the bladder. Patient also educated on using her palm to press on the bladder at the end of voiding to try and manually help push the last of the urine out. Patient was taught that one of the common side effects of tamsulosin can be dizziness and orthostatic hypotension, and to alert her primary or the urology provider if these symptoms occur. Given patient has a history of MS, her coordination is already a bit compromised and at an increased risk for falls. Patients MS was also discussed as a possible reason why she is beginning to experience incontinence symptoms again after feeling like she was symptom free and off of medications. Patient receives infusions for her MS every 6 months, and is due for her next one in about 6 weeks time. The patient was asked to start trying to keep track of when her symptoms begin in relation to how far away from an infusion she is. Per the urology provider, some MS patients will begin to experience increases in incontinence symptoms when they are getting closer to the time of their infusion. Likely related to the medication wearing off and needing another dose to help treat the symptoms. Patient will likely still encounter some episodes of incontinence until she receives her next infusion as the MS is thought to be the likely cause. Patient will be scheduled for a repeat appointment in 4 weeks time to assess the tamsulosin's ability to help her empty her bladder, as well as to see if her number of incontinence episodes continues to increase as she gets closer to her infusion date.

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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)

- Take prescribed tamsulosin 0.4mg tablet PO daily at bedtime.
  - Watch out for dizziness, especially when changing positions. Change positions slowly, and sit at side of bed (couch or chair) for a few seconds before going to stand and walk.
- Attempt to void every 2 hours while awake, even if you do not feel the urge to urinate.
- When attempting to void: sit with legs spread slightly wider than hips and with elbows on knees. When you feel like you are done voiding, taking the bottom of your palm and gently press into your bladder to see if you can manually force any more urine out. Push hard enough to feel some pressure, but do not cause yourself harm.
- Avoid fluid intake roughly 2 hours before bed, as well as avoiding caffeinated and carbonated beverages throughout the day.
- Keep track of if frequency of incontinence episodes / symptoms increase as you get closer to your infusion date
- Follow-up in 4-weeks time

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

I have mentioned it before, but I really like the amount of education that patients in the clinic receive. Whether it is about certain medications, or alternative therapies, or just about a better way to go to the bathroom. I like that they take the time to not just prescribe or recommend something but to educate the patient as to why they are taking this pill or getting this treatment.

One thing I would have done differently is the MS patient I talked about above came to the appointment with her husband. The husband ending up answering most of the questions and was the one a lot of the information was targeted towards. The patient did have some signs of slight cognitive impairment from the MS, however she was still able to participate in the conversations. At one point she even stopped her husband and said, let me answer this one please. While it was nice on one hand to have her husband there to clarify some things (like how many times throughout the night she was actually waking up), I did not appreciate that all of the information ended up being directed at him and not her, the actual patient. I get that you want to make sure the information is being understood and received, but I still feel like you should talk to the patient first and then can go to her husband to clarify things if there are questions. I do understand and respect the fact that people's social and family dynamics are up to them and will differ greatly among patients.

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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 see an IAD or contact dermatitis patient. This was not met, although certain patients would not allow me in the room during the physical exam portion. I will likely get to see IAD or contact dermatitis during my wound clinicals, seeing patients for consults in the hospital setting. One thing I remember from our courses is how IAD and pressure injuries can often be confused and misdiagnosed by nurses. So, I will not be surprised if I encounter this during one of my clinical days.

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

My next clinical experience will be a wound day. I will try and look for an IAD patient to assess. If the patient consult was placed for pressure and it ends up being a continence related issue, I would also like to help educate the nurse or provider who placed the order on the differences between the two to help better direct treatment and care in the future.

**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	✓	
• 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	✓	

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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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