

## WOC Complex Plan of Care

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Date:  6/14/21

Pertinent Medical/Nursing History	Pertinent lab/diagnostic test results
<p>68-year-old postmenopausal female with bladder cancer discovered during a cystoscopy. Biopsy results indicated malignancy. Patient underwent radical cystectomy with ileal loop urinary diversion. Patient seen pre-operatively and stoma site marked. Being seen today, POD 1, for ostomy evaluation and teaching.</p> <p>PMH: bladder cancer, chronic UTI, CKD, diabetes mellitus, hypocholesteremia, hypertension, migraines, mitochondrial disease, obesity, polycystic liver disease, spinal stenosis, thyroid nodule, tinnitus, breast cancer.</p> <p>Surgical History: breast lumpectomy (2018, 2019), cystoscopy (2018), dilation and cutterage, exploratory laparotomy.</p> <p>Home medications: anastrozole, atenelol, basaglar insulin, Cardizem, chlorpheniramine, chromium picolinate, cinnamon, cranberry, desipramine, diphenhydramine, FeroSul, fluoxetine, fluticasone inhaler, gabapentin, gemfibrozil, hydrocodone, Lasix, losartan, Novolog Flex pen, omega-3, tamsulosin, Vitamin B12, Vitamin D3.</p> <p>Allergies to atorvastatin and sulfa.</p> <p>Patient noted to be sitting up in bed utilizing pillows for abdominal splinting. Patient instructed on visit plan and agreeable. Assessment notes Hollister two piece cut to fit 2 ¼ urostomy pouching system in place to RUQ loop urostomy. Light red colored urine in small amount noted in pouch. Two stents visible; one red, one blue. Noted to have bilateral JP drains in place to RLQ with serosanguineous drainage noted in bulb drainage collectors. Midline abdominal incision with intact island dressing, minimal amount of serosanguinous strike through drainage noted. Pt voices has had episodes of fecal incontinence. States “I feel like I am leaking stool”. Patient agreeable to dressing changes and ostomy teaching. Urostomy appliance removed. Peristomal skin intact and without irritation. Mucocutaneous junction intact. Sutures visible. Stoma beefy red in color, moist, and protrudes approximately ½ inch above skin level. Round in shape. Peristomal skin and stoma cleansed with water. Patted dry. Utilizing gauze pads to manage drainage from ureters. Stoma measures approximately 2 in utilizing measuring guide. Appropriate size opening cut in skin barrier wafer. Stoma and stents fed through skin barrier wafer opening. Pouch snapped onto flange. Explanation of appliance change provided with demonstration. Pt attentive. Questions answered to pt satisfaction. Pt encouraged to assist with emptying pouch. Additional appliance left at bedside for pt to practice applying and removing pouch from skin barrier wafer. Midline incision dressing removed. Incision measures 15 cms x 1 cm x 0.25 cms. Periwound without induration, redness, irritation. Surgeon at bedside at time of dressing removal and aware of clinical findings. Site cleansed with NS. Dressing hydrogel impregnated gauze applied to wound bed. Covered with ABD dressing. Secured</p>	<p>WBC 8.1            RBC 4.03  Hgb 12.0           Hct 36.1  Sodium 137        Potassium 3.6  Chloride 99        CO2 25  Anion gap 13      Glucose 98  Calcium 9.1  Magnesium 1.5    Phosphorus 3.7  Total protein 6.5   Albumin 3.7</p> <p>Height 160.02cm  Weight 97.7kg  BMI 38.1</p> <p>Vitals:  HR 66  Temp 99.1  BP 110/60  SaO2 97% room air  Finger stick glucose 101</p> <p>Pre-op CXR: unremarkable  Pre-op EKG: normal findings</p> <p>Abdominal CT: taken but report unavailable</p>

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<p>with silicone tape. Reinforced need for splinting with coughing and possible future need for an abd binder. Pt verbalized understanding. Pt states her abd is “tender” and is challenged to splint when coughing and to splint while repositioning. Encouraged to seek assistance of nursing with repositioning, deep breathing. Verbalized understanding. Perineal/perianal assessment notes anal area slightly red, blanchable, and without satellite lesions. Discussed use of soft clothes and/or peri bottle for cleansing. Skin barrier ointment left in room for use prn. Discussed possible use of BSC. Verbalized desire to not have this time. States “I will try the wipes and barrier first and check myself more frequently.” Identified foods which might help to thicken stool when able to ingest. Verbalized understanding. WOC Services to follow and continue to provide ostomy, wound and continence support.</p>	
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Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>1. Bladder cancer discovered during cystoscopy with the outcomes of biopsy indicates malignancy. The patient also undergone radical cystectomy with loop urinary diversion. The patient also has the diabetes mellitus.</p> <p>68-year-old male                      Braden:                      Sensory Perception: 2 very limited                      Moisture: 3 occasionally moist                      Activity: walks which happens occasionally                      Mobility: 3 slightly limited                      Nutrition: 2                      Friction and shear: 2 problems                      BM1: 54                      Pre- albumin 9.1</p>	<p>Arrangement for the local therapy to target the tumor and a small amount of surrounding tissues known as the margin. Work with the medical team to arrange for surgery and radiation therapy and the local treatment.</p> <p>The arrangement of systemic therapy for treatment entire body with cancer fighting medications to destroy cancer cells that may have spread from the bladder to other parts of the body. The immunotherapy for making the body immune system to respond to the BCG medicine in the lining of the bladder, forcing the immune system to assist fight off the cancer. The patients with advanced stage of the bladder cancer are likely to have poor</p>	<p>Pre-albumins WNL                      With the assistance from the doctor the patient will identify foods and chose the appropriate diet for boosting the immune system of the body to be able to fight bladder cancer.</p> <p>The initial evaluation process for the bladder cancer will comprise of imaging of the upper urinary track. The computation of tomography urography will be conducted to the patient.</p> <p>In the event that the case will be non-muscle invasive bladder cancer it will be treated with transurethral resection of the tumor or without interveinal installation of immunotherapy or chemotherapy. The urine sample from the patient will be subjected to further analysis</p>	<p>Need for the early diagnosis. The clinical grade and phase are the most critical determinants of the fate bladder cancer. The amount of tumor invasion in the bladder way the fundamental aspect of the phase and is time dependent. The delays in the detection can lead to the inaccurate outcomes in the diagnosis and treatment outcomes. The delay can be attributed by the factors like limited knowledge of the essential facts concerning the bladder cancer among the general population. The decision of when to take an intervention significantly influences the treatment and the survival of the patients particularly the elderly population.</p> <p>The early intervention always reflects on the improved survival</p>

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<p>Note: NANDA wording is not needed. The wording for the assessment can include bladder cancer, knowledge deficit and the like.</p>	<p>outcomes to the treatment therefore efficient therapeutic approaches are necessary (Latosinska et al., 2017). Close to fifty to sixty nine percent of the patients with nonmusical – invasive bladder cancer have a very good response to BCG drugs.</p> <p>Weekly period-albumins</p> <p>The treatments that are limited to the lining of the bladder but have a high risk of recurrence of the progression to higher stage. For effective treatment of the bladder cancer the medical practitioners need to comprehend its pathophysiology appropriately (Latosinska et al., 2017). The intervention to improve the physical health through enhancing the number of activity and mobility.</p>	<p>under the microscope to check for cancer cells in a process known as urine cytology. The imagine tests will be conducted because it is critical for the computation of the retrograded pyelogram to allow them medical team to review the system of the patient urinary track.</p> <p>The U.S. task force on the preventative service made the conclusion that the current evidence is not sufficient for assessment of the balance the benefits and harms of screening for bladder cancer in adults patients with no signs. The team will take into consideration the risk factors which include the age and the occupation when administering therapy and treatment.</p>	<p>despite the advancing in phases of the disease. Early detection and intervention involve the use of the appropriate tools. The contemporary detection tools for the bladder cancer have act as the game changer particularly in early detection. The use of cytology which is which is utilized particularly in the low grade and less invasive tumor has provide the help needed for the early stages of the bladder cancer. In the U.S. the cytology is cheap and accessible for many patients and can be utilized on the home-based context making it reach the elderly population with treatment at the comfort of their homes.</p>
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Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>Stoma can be caused by various issues. The common reasons for having a stoma include bladder cancer, obstruction of the bowel or bladder, bowel cancer or diverticulitis. Besides a stoma can be permanent or temporary. The changes in bowel function can be caused by secondary issues.</p> <p>Occurrence of abdominal splitting, astronomy pouching in place</p> <p>The patient has observed some changes in the pouching. Light red colored urine in small amount noted in pouch. The patient States “I feel like I am leaking stool”.</p>	<p>Nutritional consultation to give special diet that is easier on the patients’ intestines.</p> <p>Besides enemas of air and fluid can aid in clearing blockages through raising the pressure inside the bowels.</p> <p>Create a fluid diary that discourage bowel destruction or the patient to consume.</p> <p>The patient has a history of diabetes. therefore, it is important to consul a diabetes educator, nutritional consultant to manage poor diets and provide diet instruction. Diabetes requires specific diets and medications. Giving medical instruction without considering the diabetic recommendation can be dangerous to the patient health.</p> <p>Interventions</p> <p>There is need to use the right size pouch and skin barrier protection. The pulling system needs to be pulled away once in a day unless there is a problem it can be pulled away more than once. Following</p>	<p>Patient recognizes and selects fluids dense foods</p> <p>Choose appropriate foods to realize the diabetic diet requirements.</p> <p>Skin condition maintained</p> <p>Pouching system without leakage</p>	<p>Fluids are essential in in realizing hydration and preventing dehydration which is threat factor for pressure ulcer creation because of its effect on the blood volume and skin turgor is essential. Also when the body and the skin is hydrated it is easy to transport the proteins and other essential antibodies to protect the injured area. Beside reduced hydration denies the wound tissues the required nutrients for healing.</p> <p>Moisture needs to be controlled in the deep skin folds through the use of absorptive products. for example, the gauze and absorbent linens can be very helpful</p> <p>Knowing what to expect during the</p>

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<p>Surgeon at bedside at time of dressing removal and aware of clinical findings</p>	<p>the appropriate measures can fasten the healing process. The pouching system needs to change to avoid skin irritation and leaks. Skin leaks can be very dangerous and can also deteriorate the patients' health. The skin around the stoma can be cleaned with clean water. The patient should use fewer special skin care products. This ensures that skin problems are less likely to occur. That's because some skin care products can react negatively with the area and cause new challenges. The patient need to be educated on the steps of pouch changing. The facilitator may include how to prepare for a pouch changing, assembling the required equipment, removing back paper from the clean pouch. The pouch system need to be removed with the push and pull method through using the adhesive remover as required. The patient needs to understand the normalcy of a stoma and acknowledge how the stoma will feel and look to her. Besides it is essential for the patient to start participation in individual care through small steps</p>	<p>since the previous change The case taking part in ostomy care</p> <p>Patient returning to ordinary activities such as walking in the hall and around the compound</p> <p>Seeing the surgeon near the patient will give her confidence and that the medical professional are doing their best to provide quality services</p>	<p>healing process and how to deal with challenges helps the patient feel more of managing the situation. Subsequently increases the comfort of living with stoma. Everyone has a different method that works for them. Hence there is need to discuss various techniques to manage issues.</p> <p>The use of quality of life will serve as a technique to quantifying adjustment to living stoma, adapting to changes in the life of the patients can be demonstrated through return to ordinary hobbies and work.</p>
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	<p>including preparing a clean pouch, assembling necessary equipment's among others. These will empower the patient and also be part of the medical care provided to her.</p> <p>The patient is an aged adult of 68 years. Hence it is important to also involve family members for back up services. That's because the patient may require their help in the future. That's because elder adults can sometimes be forgetful and also risk medical errors thus they need someone around to help.</p> <p>Advice the patient to work with nursing professionals when emptying the pouch. The patient should be encouraged to empty the pouch before it is full. Nursing professional help in providing advice and appropriate measures to ensure that the patient receives the appropriate services.</p> <p>Clean the skin with warm water, use of non-oily soap if skin is soiled and rinse well with warm water. The skin needs to be dried thoroughly, insert pouch deodorant or lubricant and close the pouch. Barriers strips needs to be applied, along the edges of the pouching system, half on collar of the pouch and the other on the skin. The pouch needs to empty before it is</p>		<p>Sometimes errors may occur but if the surgeon is present it might be easy to identify such mistakes and make changes before the situation gets serious.</p>
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	full. Measure the outcome for the first weeks and record the changes. The surgeon needs to be aware of how the patients is going in the recovery process. Besides it through the clinical findings that the professional can determine whether the medication is bringing the appropriate effect and if the dressing is done appropriately		
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#### References:

Latosinska, A., Mokou, M., Makridakis, M., Mullen, W., Zoidakis, J., Lygirou, V., ... & Vlahou, A. (2017). Proteomics analysis of bladder cancer invasion: targeting EIF3D for therapeutic intervention. *Oncotarget*, 8(41), 69435.