

WOC Complex Plan of Care

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Pertinent Medical/Nursing History	Pertinent lab/diagnostic test results
<p>52 y/o female patient admitted for fever with unknown etiology and sepsis rule out. Patient has a medical history of recurrent vulvar cancer, anxiety, depression, cellulitis, complex endometrial hyperplasia, hypertension, migraine, morbid obesity, and nephrolithiasis. Patient’s surgical history includes a posterior pelvic exenteration with end colostomy, radical vulvectomy, urethrectomy, clitorrectomy, and L VRAM with mesh placement on 7/28/2023, laparoscopy cholecystectomy in 2017, hysterectomy in 2017, and vulvar surgery in 2022.</p> <p>Patient is at a moderate pressure injury risk using the Braden Scale. The scoring for this patient is as follows: Sensory perception: 3 slightly limited Moisture: 3 occasionally moist Activity: 2 chairfast Mobility: 3 slightly limited Nutrition: 2 probably inadequate Friction and Shear: 1 problem.</p>	<p>Pelvic MRI prior to surgery: ulcerated area along the right vaginal introitus extending towards the perineum could represent a combination of residual/recurrent neoplasm and post treatment changes. No findings suspicious for metastatic disease.</p> <p>WBC 6.0 Hgb 7.0 Lactate 2.2 Creatinine 1.07 AST 264 ALT 144 A1c 5.6%</p>

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>With the end sigmoid colostomy, there is a complete separation wound around stoma. The stoma is red and moist with slight protrude, leveled with peristomal skin. The wound separation measures at 1.2cm x 6.7cm x 1.3cm with 80% red moist and 20% attached yellow slough. The abdomen is semisoft with creases in the peristomal skin at 3 and 9 o’clock. On removal of the old pouching system, there is tan semi liquid stool present.</p>	<p>Peristomal skin and wound bed cleansed with normal saline and gauze. Aquacel Extra Plain applied to open wound bed around stoma covered with rectangular Hollister Hollihesive washer cut to fit with inner radial slits. Stoma paste to caulk seams to prevent leakage to the wound bed. Hollister New Image Convex 1 ¾” Flange cut to fit leaving a 5/8” border around stoma applied. High volume output pouch attached to flange. Mefix tape</p>	<p>In evaluating the effectiveness of treatment for the colostomy and the peristomal wound separation, should be recorded to show whether the size is getting smaller and the extended wear time of the colostomy appliance. The wound bed should be documented to record of any changes such as amount of drainage, size of the wound, color of the wound bed, presence of odor, and presence of pain. The goal is for the peristomal separation wound to is heal and close. Also, the goal wear time of</p>	<p>Each pouch changing the peristomal separation wound and stoma should be cleansed. Preferably with normal saline and gauze since a wound is present. The Aquacel extra plain is a highly absorbent hydrofiber for wounds with moderate to large exudate. Using the hydrofiber will help keep the wound bed clean and balance the moisture to promote wound healing. The hollihesive washer provides a barrier to cover the peristomal separation wound bed and creates a leveled area for the ostomy</p>

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	<p>applied to belt tabs of pouching system to secure flange.</p> <p>Alternative products: Hydrofera Blue to open wound bed around stoma covered with Hollister Premium Skin Barrier cut to fit washer with inner radial slits. Eakin cohesive paste to caulk seams to prevent leakage to the wound bed. Apply Coloplast SenSura Mio Click Barrier soft convex 1 3/4" cut to fit leaving a 5/8" border around stoma. Coloplast Sensura Mio Click High Output pouch attached to flange. Brava Elastic Barrier Strips apply to belt tabs to secure flange.</p>	<p>the colostomy appliance should be 3-4 days without signs of erosion or leakage.</p>	<p>flange to adhere to. Caulking the seams of the hollihesive with Stoma paste can prevent output from the stoma to leak under the appliance and into the wound bed which can further breakdown the wound and delay healing. The convexity of the Hollister New Image flange will allow the stoma to protrude slightly above the skin level and allow output to drain into the pouch instead of leaking under. A high volume output pouch was attached to the flange due to the amount of output the patient has been having. Mefix tape is appropriate to use to secure the flange if an ostomy belt is not tolerated. In this scenario, an ostomy belt is not appropriate to use due to the abdominal wound with NPWT.</p> <p>For alternative products, hydrofera blue would be appropriate for the wound bed for its absorbency and antimicrobial properties that aid in wound healing. The Hollister premium skin barrier is another type of skin barrier that can be cut to fit like a washer to cover the wound bed and fit closely to the stoma to prevent leakage. Eakin cohesive paste is another type of stoma paste to caulk the seams of the washer and flange. The Coloplast SenSura Mio Click has a soft convexity flange and high output pouch that is similar to the Hollister New Image pouching system. Instead of mefix tape, Brava elastic barrier strips may extend the wear time on the</p>
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			pouching system longer than using the tape.
<p>Midline abdomen wound is being managed by Plastic Surgery. NPWT is currently in place. The dressing is clean, dry, and intact with no evidence of air leak. Moderate serosanguineous drainage present in canister.</p>	<p>NPWT in place with contact layer to wound bed covered with black foam and transparent film drape. Programmed to 125mmHg continuously.</p> <p>Alternative product: Saline moistened gauze to wound bed covered with abdominal pads and secured with medipore tape.</p>	<p>In evaluating the effectiveness of treatment for the abdominal fold, the wound bed should be documented to record of any changes such as amount of drainage, size of the wound, color of the wound bed, presence of odor, and presence of pain. The goal is for the depth and size of the wound should become smaller so that NPWT can be discontinued, and other wound treatments can begin.</p>	<p>WOC and nursing staff should follow Plastic Surgery orders on the NPWT. As of now plastic surgery is taking care of NPWT changes for the abdominal wound. However, nursing staff should check to make sure the NPWT is programmed to 125mmHg continuously. Also, assessing for dressing leakage will be important as well.</p> <p>If NPWT was no longer appropriate or unable to use, then an alternative of using saline moistened gauze to wound bed covered with abdominal pads and secured with medipore tape. This type of dressing depending on the amount of drainage may need to change 2-3 times a day to maintain appropriate moisture and cleanliness to the wound bed.</p>

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<p>Foley catheter remains intact. Ordered to stay in place for the next 8 weeks. The surrounding skin is clean and intact with no noted redness or skin breakdown. Adequate clear, yellow urine output.</p>	<p>Perform hand hygiene and apply clean gloves prior to handling foley for cares or maintenance.</p> <p>Foley care provided by cleansing with SureStep Post Insertion Foley Care Wipes.</p>	<p>In evaluating the effectiveness of treatment for the foley catheter, foley catheter care should be recorded as being completed twice a day, proper hand hygiene done when handling foley catheter, recording amount of output, the color of the urine, and the clarity. The goal is for the patient is to reach the 8 weeks to foley catheter removal without developing a CAUTI and being success with spontaneous voiding after foley catheter removal.</p>	<p>The patient's foley much remain in place for 8 weeks. For the time being, foley catheter care should be completed by nursing staff twice a day. Providing foley catheter care should prevent CAUTI. SureStep post insertion foley care wipes is an appropriate product to use in decreasing bacteria that can cause CAUTI. Nursing staff performing foley care or managing the foley should always perform hand hygiene and apply clean clothes when handling the foley.</p>
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