

WOC Complex Plan of Care

Name: Paige Newquist **Date:** 5/22/24

Clinical Focus: Wound Ostomy Continence

Number of Clinical Hours Today: 8-32

One complex journal is required for *each specialty you are enrolled/registered*. This assignment evaluates the transition from bedside nurse to that of a specialist/consultant. Critical thinking skills and understanding of evidence based, best practices should be evident. Rationales should be cited and referenced using current APA formatting.

Choose a patient from your clinical experience that exhibits multiple care needs allowing for development of an expanded, holistic plan of care. It is recommended this complex plan of care be your last journal for each specialty allowing for incorporation of previous instructor feedback. Reach out to your Practicum instructor for any questions.

Pertinent Medical/Nursing History	Pertinent lab/diagnostic test results
<p>Pt is a 73 yo female admitted on 5/21/2024 with relevant PMH of colon polyps, colostomy, diverticulitis of small and large intestines with perforation and abscess, GERD, HLD, and L kidney mass. Past surgical history includes adenoidectomy, blepharoplasty, cataract extraction, cesarean section, colon resection with end colostomy creation, colonoscopy, endoscopy, tonsillectomy, and tubal abdominal ligation. Pt came to the hospital for elective surgery with a plan of robot assisted colostomy takedown with diverting loop ileostomy creation. Pt was last seen in 04/2024 to discuss the surgery completed during this admission.</p> <p>Pt had a lower anterior end colostomy created in 11/2023 for severe diverticulitis and pelvic abscess. A renal mass is also present and the pt understands that it is likely malignant. A doctor at UofL discussed this finding and the pt is also seeing First Urology. Pt received IV abx to treat the abscess.</p> <p>Wound care was consulted postoperatively for ostomy management of a loop ileostomy. Upon assessment, pt is A&Ox4, GCS-15. Pt is overweight with a soft abdomen. PERRLA, RR-16, room air, and appears to be comfortable. Skin is dry and elastic. Surgical sites present on the LLQ, URQ, and LLQ. Ileostomy is present on URQ. Thin liquid diet (water, broths, jello, juices, soda-cannot be red or purple). Current pouching system was removed and skin assessed. Pt preferred no</p>	<p>May 14, 2024</p> <p><u>CBC (no diff)</u> WBC- 7.56 Hgb- 15.3 Hct- 46.8 Platelets- 246</p> <p><u>BMP</u> Glucose- 84 BUN- 23 Creatinine- 1.01 Sodium- 141 Potassium- 4.3 Chloride- 106 CO2- 25.2 Calcium- 9.7</p>

WOC Complex Plan of Care

adhesive remover and pt removed it independently after stressing use of adhesive remover to reduce pain and maintain peristomal skin integrity during changes. Peristomal skin was intact with no breakdown, redness, or signs of yeast or fungal rash. Stoma was edematous, which is to be expected postop day 1, deep red, and double barrel shaped. There was about 20mL of watery, dark green output. No odor. Peristomal skin and stoma cleansed with washcloth and water.

A 2-piece Hollister 2¾ flat CeraPlus pouching system was applied. The skin barrier was cut to size. Pt was educated on expected output from an ileostomy versus a colostomy, nutrition, and fluids, and when to empty. Pt had questions about other dressings and surgical sites present on her abdomen and was educated about what each one was from. Pt verbalized understanding of each education point. Pt tolerated the pouching system change and is resting comfortably.

Current Medications

Acetaminophen 1000 mg PO tab q6h
Aspirin 81 mg PO tablet daily-hold for 5 days before surgery
Cefoxitin 2,000 mg in NaCl 0.9% 100mL IV, 200mL/hr
Celecoxib 200 mg PO capsule 1x (time that one-time dose is given is not noted)
Chlorhexidine 4% external liquid 236mL-Apply topically BID the day before surgery
Erythromycin 500 mg PO tab- dosage not noted
Evolocumab autoclick injector- Inject 1mL subQ every 14 days
Gabapentin 300mg PO capsule TID
Heparin 500U/mL subQ injection q8h
Ibuprofen 200 mg PO tab- 400 mg q8h PRN for pain
Loratadine 10 mg PO tab- 1 tab PRN for environmental allergy sx
Neomycin 500 mg PO tab- frequency not noted
Omeprazole 40 mg PO capsule BID
MiraLax 17g packet- mix in water, PRN
Probiotic 1 tab (dosage not noted) BID
Scopolamine patch 1mg/72hr- 1 transdermal patch q72h
Valacyclovir 500 mg PO tab PRN BID for cold sores
Zolpidem 10 mg PO tab daily at night

Wound Care Recommendations

-Monitor stoma for edema and color changes. If stoma becomes purple or dusky, notify provider

Misc

Total Protein- 6.5
Prealbumin-
Albumin- 4.3
HgbA1C- 4.60

11/16/23 Abdominal surgery

Sigmoid diverticulitis dx confirmed, 5cm pelvic abscess cavity drained, L fallopian tube removed because adhered to sigmoid colon. Open sigmoid colostomy created with end colostomy. Wound culture of sigmoid colon and rectum obtained.

1/19/2024 CT Abdomen/Pelvis

No abscess present around rectal stump

3/1/2024 Barium Enema

Intact rectal stump without leakage

5/21/2024 Wound Culture-Sigmoid Colon and Rectum

Not resulted

WOC Complex Plan of Care

-Change pouching system 2x/wk and PRN for leakage or soilage (2-piece Hollister, flat 2 ¾ CeraPlus)
 -Reassess pt on 5/23/2024 and provide pt education about nutrition, hydration, and pouch management.

Nursing:
 -Monitor output volume, consistency, and color. Empty pouch when ½-½ full.
 -Notify wound care if the pouch is leaking. Reinforce with barrier rings or change the pouching system if leaking and wound care is not available. If the system is changed, cleanse with water to remove adhesive remover and pat dry prior to pouch application.

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p><u>Loop Ileostomy</u> -Edematous stoma postop day 1 in double barrel shape above skin level -Stoma dark red, no signs of purple or dusky coloration -Peristomal skin intact, no redness. -Stoma producing watery, dark green output. ~20mL -Pouching system changed. Hollister 2-piece 2¾ flat CeraPlus applied after cleansing with water. Pt refused adhesive remover pads. -Robot surgical sites and colostomy closure surgical sites are intact with no drainage present.</p>	<p>1-Remove and apply new pouching system (Hollister 2-piece 2¾ flat CeraPlus) -Assess newly created stoma for edema and color -Cleanse peristomal skin with water and pat dry -Assess and resize stoma skin barrier to accommodate edema.</p> <p>2- Change the pouching system 2-3x/wk and PRN if soiled or leaking. -Hollister 2-piece 2¾ flat CeraPlus pouching system used, cleanse with water.</p> <p>3-Provide pt education about ileostomy output, nutrition, fluid intake, and how to cut a pouch skin barrier to fit stoma.</p> <p>4- Educate pt that the stoma size will</p>	<p>-Stoma remains above skin level and red.</p> <p>-Peristomal skin intact, stoma red and edematous, and no complications present during pouch change.</p> <p>-Surgical sites intact, no signs of infection.</p> <p>-No pouch leakage noted by pt or nursing staff.</p> <p>-Pt observed ostomy care, but did not like touching the ileostomy. Need to gradually encourage pt to participate.</p> <p>-Pt education completed. Pouch management, nutrition, hydration, expected stoma color and shape discussed. Pt verbalized understanding, but needs reinforcement.</p>	<p>1- Soaps and oils should be avoided and if they are used they should also be rinsed off with water and patted dry so the pouch adheres well (Carmel & Goldberg, 2022). Stomas should be remeasured each pouch change for 4-6 weeks postoperatively (Carmel & Goldberg, 2022).</p> <p>2- Pouching systems should be changed every 2-3 days to avoid peristomal skin complications (Ambe et al., 2018).</p> <p>3- Pt education for new ostomies regarding nutrition, general postoperative education, complications, pouching system management, medications and foods to manage output, and daily living resources reduced pt readmissions and improved quality of life (Kato &</p>

WOC Complex Plan of Care

	<p>change for up to 4-6 weeks</p> <p>5-Consult dietetics for consult regarding oral rehydration solutions</p>	<p>-Pt. is resting in bed and empties pouch independently by ambulating to the bathroom.</p>	<p>Siegmund, 2022).</p> <p>4- Stomas should be measured for 4-6 weeks postoperatively because edema is decreasing (Carmel & Goldberg). When the measurements don't change for a few consecutive changes, measurements are no longer needed (Carmel & Goldberg, 2022).</p> <p>5- Hydration is key for high output ileostomies and dehydration is a common complication (Ambe et al., 2018). Fluid balance is essential to prevent readmission to the hospital (Ambe et al., 2018). A dietetics consult can help ensure hydration needs are met and hydration education is reinforced.</p>
--	---	--	--

WOC Complex Plan of Care

References

- Ambe, P. C., Kurz, N. R., Nitschke, C., Odeh, S. F., Möslin, G., & Zirngibl, H. (2018). Intestinal ostomy: Classification, indications, ostomy care and complication management. *Deutsches Ärzteblatt International*, *115*, 182–187.
<https://doi.org/10.3238/arztebl.2018.0182>
- Carmel, J. & Goldberg, M. T. (2022). Postoperative education for the patient with a fecal or urinary diversion. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 189-200). Wolters Kluwer
- Kato, I., & Siegmund, L. A. (2022). Empowering new ostomy patients through a novel inpatient group education class. *Journal of Wound, Ostomy and Continence Nursing*, *49*(4), 347–351. <https://doi.org/10.1097/won.0000000000000887>

WOC Complex Plan of Care

	Content	Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2		
Assessment	Describe assessment findings	6		
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6		
	Wound and Continence Case Study Journal: Using the Braden scale, assess for pressure injury risk. **You must submit your completed Braden risk assessment with your care plan.	5		
Planning	Formulate a comprehensive management plan based on the assessment and the specialty (wound, ostomy, or continence) needs. Wound and Continence Case Study Journal: Include specific Braden sub-scale scores	12		
	Propose alternative products. Include generic & brand names	4		
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6		
Rationale	Explain the rationale for identified interventions	6		
Scholarly work	Rationales referenced & cited according to APA formatting guidelines	1		
	Proper grammar & punctuation used	1		
	References: See the course syllabus for specific requirements on references for all assignments	1		
	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50			

Additional comments:

Reviewed by: _____ Date: _____