WOC Complex Plan of Care

Name: Susan Minter **Date:** 7/18/2024

Clinical Focus: Wound _X___ Ostomy ____ Continence ____

Number of Clinical Hours Today: 8.0

One complex journal is required for each specialty in which 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
This is a 50 year old female with a history of cigarette smoking 0.1 pack per day, IDDM, and HLD, who presented to Cleveland Clinic with a four day history of right foot pain and leg pain, redness, warmth and right 2nd toe gangrenous changes. Patient states she "stepped on a nail" in her home four days prior, and did not seek medical treatment at the time. Patient endorsed intractable pain in the right foot at time of admission. Patient underwent an I&D on 7/10/2024, due to an abscess of the 2nd right toe, and an MRI which showed osteomyelitis of the distal phalanx of the second toe. She was taken for a repeat I&D and possible amputation but she was noted to have purulence again and amputation was delayed at that time. Patient receiving pain medication, and IV antibiotics at this time. WOC nursing was consulted for application of a negative pressure wound therapy (NPWT) per surgeon's request, while awaiting possible amputation. Patient was encountered laying in bed, supine. Wound on right 2nd toe covered with mesalt dressing and kerlix, removed. Wound on right 2nd toe, plantar surface at base of 1st metatarsal. Wound measured 3.0cm x 1.6cm x 1.6cm. Wound surface area 4.8 cm. Wound depth 1.5cm, undermining 2.3 cm. Undermining clock 1o'clock. Periwound is noted to be macerated. Wound shape is irregular. Noted to have red drainage, small amount.	WBC 14.07 RBC 4.58 Hemoglobin 14.2 Hematocrit 42.8 MCV 93.4 MCH 31.0 MCHC 33.0 RDW 13.0 PLT Count 218 Protein total 6.5 Albumin 3.4 Calcium total 8.8 Bilirubin total 0.6 Alk Phos 101 AST 21 ALT 18 Glucose 100 BUN 11

Current Medications:
Zofran 4mg IV Q6 hours PRN
Heparin 5000 units SQ Q12 Hours
Cholecalciferol 4000 u daily PO
Gabapentin 400mg PO TID
Pantoprazole 40mg po Daily
Rosuvastatin 20mg po QPM
Oxycodone IR 10mg Q4hours PRN pain
Hydroxyzine 25mg po Q6hours PRN
Cefazolin 2gm IV Q8hours
Senna S 8.6m-50mg 1 tablet BID
Lispro SQ with meals

IV Drips:
NACL 0.9% IV KVO

Traumatic Right 2nd Toe Injury
-Periwound maceration
-Osteomyelitis and Cellulitis

WOC service/wound care will continue to follow

Creatinine	0.61
Sodium	137
Potassium	4.0
Chloride	102
CO2	25
Anion Gap	10
EGFR	109
HgAIC	not obtained
Prealbumin	not obtained

MRI RIGHT FOOT:
Impression:
1. Cutaneous ulceration plantar to the level of the second toe proximal phalanx with associated packing material. Edema and enhancement diffusely throughout the subcutaneous tissues of the forefoot extending to the second toe compatible with soft tissue infection/cellulitis.
2. Acute osteomyelitis of the second toe distal phalanx.
3. Mildly increased STIR signal and postcontrast enhancement of the second toe proximal phalanx could be reactive due to the adjacent soft tissue infection or could represent early osteomyelitis. Follow-up as indicated.
4. Diffuse edema throughout the plantar and interosseous musculature which may represent myositis.

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
Traumatic Right 2nd Toe Wound Periwound maceration **Braden Score** Sensory Perception-No impairment (4) Moisture-Very moist (2) Activity-Chairfast (2) Mobility-Slightly Limited (3)	1) Cleanse wound with normal saline. 2) Outline shape of wound with cover of NPWT dressing plastic cover to ensure appropriate fit 3) Skin prep on periwound border 4) Place small piece of NWPT white foam in wound on top of exposed bone. Place black NWPT foam dressing in wound around white foam where there is no exposed bone. 5) Apply NWPT transparent drape over wound, taking care to obtain good seal-reinforce areas as	Wound exudate noted to be decreased on follow up visit. Periwound maceration was improved after wound vac application, wound edges no longer white. Patient tolerating wound vac, endorses no increased pain with wound vac use, discomfort occurs only with wound vac dressing changes NWPT machine maintains a good seal, no leaks, and adequate suction	**NWPT:** Optimizes wound healing, reduces inflammation and exudate, promotes granulation tissue (Zaver & Kankanalu, 2023) **Alternative to NWPT: Hydrofera Blue™** (generic: polyvinyl alcohol foam dressing)-pack wound cavity, then wrap with Kerlex and secure-if patient's insurance does not approve/qualify, or self-pay, polyvinyl dressing is an alternative. Draws moisure from wound (Saraiva, 2023). Heel pressure ulcers can cause pain, reduced mobility, longer hospital stays, amputation and

Nutrition-Adequate (3) Friction and Shear-No Apparent Problem (3) Total: 17-At Risk for Pressure Injuries	necessary with dressing. 6) Set suction on NPWT at 150mm/Hg (due to white foam needing a setting of 150mm/Hg) 7) Change NWPT M,W,F and as needed 8) Apply Truvue™ boots, generic: pressure offloading boots to keep heels offloaded **Alternative product: Position pillows under lower legs to offload heels.** 9) Help patient to turn and reposition Q2 hours right to left. 10) Obtain registered dietician consult for tdietary recommendations for healing 11) Monitor blood sugar and treat per sliding scale	Patient' heels remain free of skin breakdown or redness The patient's labwork and blood sugar results are optimal for healing	sepis (Greenwood et al., 2023). Nutrition is critical for wound healing, insufficient intake of energy, protein, and vitamins have been linked to delayed wound healing (Martínez García, 2021) Tight glycemic control is critical for adequate wound healing in diabetics (Basiri, et al., 2022)

References

Basiri, R., Spicer, M. T., Ledermann, T., & Arjmandi, B. H. (2022). Effects of nutrition intervention on blood glucose, body composition, and phase angle in obese and overweight patients with diabetic foot ulcers. *Nutrients*, *14*(17), 3564.

Greenwood, C., Nixon, J., Nelson, E. A., McGinnis, E., & Randell, R. (2023). Offloading devices for the prevention of heel pressure ulcers: A realist evaluation. *International journal of nursing studies*, *141*, 104479

Martínez García, R. M., Fuentes Chacón, R. M., Lorenzo Mora, A. M., & Ortega Anta, R. M. (2021). La nutrición en la prevención y curación de heridas crónicas. Importancia en la mejora del pie diabético [Nutrition in the prevention and healing of chronic wounds. Importance in improving the diabetic foot]. *Nutricion hospitalaria*, *38*(Spec No2), 60–63.

Saraiva, M. M., Campelo, M. D. S., Câmara Neto, J. F., Lima, A. B. N., Silva, G. A., Dias, A. T. F. F., Ricardo, N. M. P. S., Kaplan, D. L., & Ribeiro, M. E. N. P. (2023). Alginate/polyvinyl alcohol films for wound healing: Advantages and challenges. *Journal of biomedical materials research. Part B, Applied biomaterials*, *111*(1), 220–233.

Zaver, V., & Kankanalu, P. (2023). Negative pressure wound therapy. In *StatPearls*. StatPearls Publishing.

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: _____