

WOC Complex Plan of Care

Name: NANCY NDAMUKONG Patient Encounter Date: 09/26/2024

Preceptor for Patient Encounter: Kerry Sherman

Clinical Focus: Wound Ostomy Continence YES

Number of Clinical Hours Today: 8

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 |
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| 26 y/o female with c/o constipation, incomplete defecation, and rectal/pelvic pressure. Past medical history of ankylosis spondylitis, nutritional deficiency, grave’s disease, gastritis and small intestinal bowel overgrowth (SIBO) with severe constipation, rectal dysfunction, UTI, hiatal hernia, iron deficiency, endometriosis, hysterectomy, adhesiolysis for adenomyosis, gastroparesis, constipation and endometriosis. Surgical history include: Breast lumpectomy, and Laparoscopic cholecystectomy and colonoscopy. | Labs: WBC 6.22, Hgb 14.1, Hematocrit 41.5, platelet count 229. Diagnostic tests: Anorectal manometry test, rectal sensory, EMG recruitment, colonoscopy and endoscopy. |

| Assessment | Plan/Interventions/Alternatives | Evaluation | Rationale |
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| Patient seen in the out-patient clinic for complain of constipation, incomplete defecation and rectal/pelvic pressure. Medication reviewed, patient is taking baclofen suppository. Had sitz marker | <ul style="list-style-type: none"> ❖ Wear transmitters for 3-5 days until the capsule is completely expelled. ❖ Do not use laxative until the study is complete. | <ol style="list-style-type: none"> 1. Patient has been wearing transmitters for more than 5 days. Sitz markers expelled except for one left in the lower colon. | <ol style="list-style-type: none"> 1. Wearing transmitter with sitz markers at all time helps record bowel activities (pressure activity, transit time, PH and |

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| <p>capsule last week. Lab results reviewed, no abnormal value noted. Patient complaint of both bladder and urinary incontinence. She stated that what bothers her most is the inability to defecate and completely empty her bowel. Patient agreed for assessment to be done. No erythema, induration or excoriation. No fissure, fistula or external hemorrhoids. Patient lying in a side-lying knee chest position. Digital exam done by gently inserting a gloved and lubricated finger into the rectum by the physician. High acute sensation with less contractility. Anorectal Manometry done with average pressure interpretation of 85mmHg at rest, which is higher than normal (35-50 mmHg), Squeeze pressure of 170 mmHg, also too high (normal: 75-100). A high resting and squeeze pressure may indicate high pelvic floor tension. The incremental change in resting and squeeze pressure can indicate a good pelvic floor movement with squeeze. Sensory test for sensation volume, first sensation 22ml (normal range of 40-80ml). First to defecate at 36ml (normal range at 80-120ml). Maximum tolerable volume 78ml (120-180ml). Recto-anal inhibitory reflex noted. This exhibits hyperacute rectal sensation with at least 2/3 sensory tests. Patient tolerated all procedures well, with minimal distress.</p> | <ul style="list-style-type: none"> ❖ Return for follow up X-Ray tomorrow. ❖ Continue seeing physical therapy for pelvic floor muscle exercise. ❖ Start fiber with 15g/day and improve gradually. ❖ Nutrition: Dietary consult. Dietitian evaluate and treat. ❖ Moisture: -Use absorbent pad -Clean the perianal area with a PH balance cleanser. -Protect skin with incontinence products (barrier cream) -Wear incontinence brief. ❖ Activity: Perform regular activities like yoga. <p style="text-align: center;">Alternatives</p> <ul style="list-style-type: none"> ❖ Provide psychological support for coping with incontinence while following up with treat. ❖ Establish bowel routine to regularize bowel movement. | <ol style="list-style-type: none"> 2. She stopped the use of bowel regimen (MiraLAX) on the first day that sitz marker capsule was ingested. 3. Patient agrees to come back tomorrow for follow-up X-Ray. 4. Patient stated that when she is done with pelvic floor physical therapy (PT) in the past, she feels that her muscles were less tense for one to two days and then they go back to feeling tight and contracted again. Thus, the pelvic floor exercise has been effective to some extent. 5. Patient has been satisfied with increasing fiber gradually. 6. Dietary management help improve nutritional intake and provide adequate nutrient to the body and weight management. 7. Using absorbent pad, cleaning the perianal area with PH balance skin cleanser and wearing incontinence pad promote skin integrity. | <p>temperature change). This gives accurate transit time, reduce radiation exposure and increased patient comfort. “advantage of the WMC is its capacity to assess motility and transit times for the entire gut” (Lee, 2021).</p> <ol style="list-style-type: none"> 2. Laxative should not be used with sitz marker because it can mask or alter natural bowel motility, compromising the assessment of gastrointestinal function. For obtain an accurate result, “patients are advised to discontinue medications that could interfere with gastric motility for at least two days before the test” (Mandarino et al., 2023) 3. An X-Ray follow-up appointment is highly required to determine if the sitz marker is still in the colon and at what location. Also to see the amount of stool burden in the colon. This will determine the colon transit time. |
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| <p>Braden score assessment: Sensory perception: this patient scores a 4 in this area as she has no sensory deficit that could limit her ability to feel pain or any discomfort. Moisture: 3 in this area as patient has occasional leakage and is moist periodically. She changes one to two pad a day. Activities: 3 here, patient walks occasionally but spend majority of the time in the chair. Mobility: 4 for this area, patient is able to transfer self from wheelchair to bed. Nutrition: 2 for nutrition as patient as patient only eats about half of her meals. She restrict herself from what to eat. She is worried about constipation. Friction and shear: 3 on this area, she is capable of transferring self from chair to bed and back to chair independently. She has a total Braden Score of 19.</p> | <ol style="list-style-type: none"> 4. Pelvic floor exercise helps to relax the muscle of the bladder, controls urinary incontinence and improve quality of life (Nicoletti, 2020). 5. Adding fiber gradually to the diet helps improve stomach discomfort (Khesin, 2020). 6. Involving a dietitian/nutritionist will improve patient outcome and overall health (Khesin, 2020). |
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References:

Khesin, A. (2020). Nutritional Considerations in Spinal Cord Injury. *Journal of Nurse Life Care Planning*, 20(1), 16–22.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.cookie.url.uid&db=rzh&AN=142254203&site=ehost-live>

Lee, Allen. (2021). The use of wireless motility capsule in the diagnosis and monitoring of gastroparesis. *Gastroparesis*, 2021, pp. 143–159, <https://doi.org/10.1016/b978-0-12-818586-5.00012-0>.

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Mandarino, F. V., Testoni, S. G., Barchi, A., Azzolini, F., Sinagra, E., Pepe, G., Chiti, A., & Danese, S. (2023). Imaging in gastroparesis: Exploring innovative diagnostic approaches, symptoms, and treatment. *Life*, *13*(8), 1743. <https://doi.org/10.3390/life13081743>

Nicoletti, M. (2020). Improving Quality of Life among Women with Overactive Bladder Through Pelvic Floor Muscle Therapy with Electric Stimulation. *Urologic Nursing*, *40*(4), 187–193. <https://doi.org/10.7257/1053-816X.2020.40.4.18>

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| 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: _____