

## WOC Complex Plan of Care

Name:     Doris Elliott     Patient Encounter Date:     10/11/24    

Preceptor for Patient Encounter:     Patti Grossnickle    

Clinical Focus: Wound  Ostomy  Continence

Number of Clinical Hours Today:     10    

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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| <p>Patient is a 95 year old gentleman who walked into the clinic seeking help with his ileostomy. Patient presented with no appliance, but rather some toilet tissue paper covering the stoma. The patient expressed concern over being unable to get an appliance to stay in place the last two days. The patient visited the emergency department the day prior and was informed about the out-patient ostomy clinic. The patient was taken into the exam room and stated he has had the ileostomy for many years as a result of an anal fistula and complications from ulcerative colitis that resulted in a colectomy. The patient lives alone after his wife's passing three years ago, has home health that visits once per week, and is typically comfortable with managing his ostomy and appliance changes. The patient did state that he currently has no power in his home due to the recent storm, that is has been hot and dark, which has made appliance changes more difficult.</p> <p>The patient is noted to have severe denudation and contact irritant dermatitis to the peri-stomal area and into the right groin, with hypertrophic skin noted at 9-3 o'clock. Patient expressed severe discomfort and hesitancy to allow skin to be cleansed due to the pain. Lidocaine applied to the peri-stomal area prior to cleansing and appliance application. Patient brought supplies from home including Convatec 33-45 mm 2-piece appliance. Patient stoma measured at 25 mm and round.</p> | <p><b>Vital signs</b><br/>           BP: 130/64<br/>           HR: 66<br/>           RR: 18<br/>           Temp: 36.7 C (98.1 F)</p> <p><b>Labs from day prior</b><br/>           WBC: 7.62<br/>           Glucose: 95<br/>           BUN: 34<br/>           Creatinine: 2.34<br/>           Sodium: 143<br/>           Potassium: 4.2<br/>           Chloride: 106<br/>           Magnesium: 2.1<br/>           CO2: 27</p> |

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| <p>Patient skin cleansed with water and CHG soap after application of lidocaine 4% to the peri-stomal plane. Crusting technique applied using Hollister adapt ostomy powder and Medline SurePrep no sting barrier wipes. Hollister 25 mm two-piece convex appliance applied.</p> | <p>Anion gap: 10<br/>Calcium, total: 9.1<br/>GFR: 25</p> |
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| Assessment   | Plan/Interventions/Alternatives   | Evaluation  | Rationale   |
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| <p><b>Knowledge deficit regarding Ostomy care</b></p> <p>Inappropriate supplies brought from home with wafer size too large, increasing risk for leakage and peri-stomal skin irritation</p> <p>Hypertrophic skin noted at 9-3 o'clock due to inappropriate sizing.</p> <p>Patient unfamiliar with crusting technique to be used when minor irritation occurs.</p> | <p>Patient stoma measured at 25mm, patient fitted for 25 mm pre-cut appliance to ensure proper fit and peri-stomal skin protection.</p> <p>Home health agency contacted for ordering of supplies that are different than the supplies the patient has been using.</p> <p>Educated on crusting technique using Medline SurePrep no-sting skin barrier wipes and Hollister adapt stoma powder. Cavilon no sting barrier film wipes provided as an alternative option.</p> <p>Educated on how to change appliance with added crusting technique and to lift skin on abdomen during application to ensure flat peri-stomal surface for application.</p> | <p>Patient observed wearing recommended appliance based on stoma measurements.</p> <p>Patient stated new supplies containing Hollister 25mm convex appliances have been delivered.</p> <p>Patient stated that the crusting technique has been utilized by himself and the home health agency.</p> <p>Patient stated that he has been using one hand to pull abdomen up and flat while using other hand to apply appliance. Home health applies appliance while patient is lying down.</p> | <p>The opening of the appliance should be fit to the stoma-skin junction to avoid effluent coming in contact with the skin (Colwell &amp; Hudson, 2022).</p> <p>Ostomy powder is a hydrocolloid that will help to treat the denuded skin (Colwell &amp; Hudson, 2022).</p> <p>The two-piece appliance allows for the patient to better visualize the stoma and center the appliance for proper fit, all two piece appliances are also equipped with belt tabs (Colwell &amp; Hudson, 2022).</p> |

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| <p><b>Alteration in peri-stomal skin</b></p> <p>Denudation and contact irritant dermatitis noted in right lower quadrant and into right groin.</p> | <p>Prevent leaking by using the correct size appliance, a Hollister 25 mm convex appliance.</p> <p>Increased home health visits scheduled while denudation present to prevent further break down.</p> <p>Educate on crusting technique to help the skin heal and prevent further break down.</p> <p>Follow up appointment scheduled in clinic in ten days for closer monitoring.</p> <p>Ostomy belt applied for further protection and comfort.</p> <p>Nutrition consult placed for education on how to thicken stool.</p> | <p>Patient reports appliance has now been able to stay in place for 2-3 days at a time before leaking occurs.</p> <p>Patient stated home health nurse is coming twice a week now, which is an increase of the previous weekly visits.</p> <p>Patient stated he has been utilizing the crusting technique and has found relief from pain with this method.</p> <p>Peri-stomal skin plane with decreased irritation and denudation observed.</p> <p>Patient appears more comfortable during appliance change and application of lidocaine is no longer needed.</p> <p>Patient with ostomy belt on at arrival and proper fit confirmed with being able to fit two fingers comfortably under belt.</p> | <p>The decision of which pouching system to use and how often to change it are driven by if the skin is intact, and due to the severe denudation the patient would benefit from closer monitoring and assistance until the skin is healed (Colwell &amp; Hudson, 2022).</p> <p>The enzymes found in stool are irritants that can cause damage so severe that the skin is weepy and an appliance will not adhere, in this case crusting technique should be utilized (Berti-Hearn &amp; Elliott, 2019).</p> <p>Crusting using a stoma powder and barrier wipe with absorb moisture from the weepy skin while also providing a new skin barrier for the appliance to adhere to (Berti-Hearn &amp; Elliott, 2019).</p> <p>The elderly population is at an increased risk for peri-stomal skin complications due to the changes associated with aging (Berti-Hearn &amp; Elliott, 2019).</p> <p>An ostomy belt will help to push the convex barrier into the abdominal wall and assist with</p> |
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|  |  |  | adherence (Berti-Hearn & Elliott, 2019).<br><br>Patients with watery stool are at an increased risk for leakage and by thickening the stool less leakage should occur (Berti-Hearn & Elliott, 2019). |
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#### References:

Berti-Hearn, L., & Elliott, B. (2019). Ileostomy Care. *Home Healthcare Now*, 37(3), 136–144.  
<https://doi.org/10.1097/nhh.0000000000000776>

Colwell, J. & Hudson, K. (2022) Selection of pouching system. In J. Carmel, J. Colwell, & M. Goldberg (Eds.) *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management*. (2nd ed., pp. 172-188) Wolters-Kluwer

### WOC Complex Plan of Care

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

**Additional comments:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_