

## WOC Complex Plan of Care

Name: Yvan Fortunat Patient Encounter Date: 10/30/24

Preceptor for Patient Encounter: Kerry Sherman

Clinical Focus: Wound  Ostomy  Continence

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
<p>Patient is a 28 year old female, A&amp;Ox4 with history of Kallmann syndrome, chronic constipation, asthma, eczema. This is a follow up visit after patient had gone to the ER for severe impaction. As per patient she has been having constipation problems since she was 11 years old. She sometimes go up to 10 days without a bowel movement but on average she has about 3 to 4 bowel movements per week. However, she never feels completely empty. Stool is usually pellets like in presentation. Patient does not take medication to help with the constipation. Patient seen in the ER on 8/11/24 for fecal impaction. She needed manual dis-impaction before she was able to have a BM. Patient had a colonoscopy in 2020, no abnormality was found.</p> <p>Patient is well groomed, well appearing, alert, no acute distress, no sign of distress. She has been taken miralax which was prescribed to her after leaving the ER. Since then, she states she has a bit better luck going to the bathroom. She drinks about 30-40oz of fluid per day, one big cup of coffee on most days. Patient states she stains a lot when trying to go to the bathroom, she has to spend a lot of time relaxing and letting her body just naturally try to pass the stool. It is not unusual to spend an hour in the bathroom. She eats regular food, like cereals, cheese, bread, sometimes vegetables, meat etc. She drink soda at times but not always. Abdomen is soft and not distended,</p>	<p>KUB impression- large volume diffuse colonic stool</p> <p>WBC 7.1                      RBC 4.03  Hgb 12.0                      Hct 36.1  TSH 3.2</p> <p>Height 5'6"  Weight 155  BMI 25.01</p>

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she has regular bowel sounds, no pain. She was told she may have pelvic dyssynergia. Chronic idiopathic constipation (CIC) is an alternative diagnosis, possibly IBS.

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>Patient states she is having problems with constipation, she spends a lot of time on the toilet trying to go but her stool comes out like little pellets</p>	<p>Lifestyle changes                      -more bulk in the diet, more fruits and vegetables, high fiber about 25g/day at least,                      -hydration increase fluid intake to 1-2L of fluid per day</p> <p>-Toilet habits: come up with consistent time frame for a toilet routine with enough time to spare, preferably in a calming environment</p> <p>-Use a proper toilet position to optimize BM. Keep knees higher than hips, lean forwards and put elbows on your knees, bulge out your abdomen, straighten your spine</p> <p>Medicate as per order with laxative, stool softener, suppository</p> <p>Pelvic Floor Physical Therapy                      -biofeedback therapy to help with retraining the pelvic floor muscles so that they can relax more</p>	<p>Improvement in voiding frequency                      Less feeling of fullness</p> <p>Hydration helps soften stool, making it easier to have a BM</p> <p>Patient will have a set time when she goes to the bathroom, and she will not strain herself to have a BM</p> <p>With the help of medications, patient is having better results with BM</p>	<p>More fiber helps the bulking of stool by softening it and increasing its weight, making it easier to move through the bowel.</p> <p>First line treatment in constipation is healthy bowel habits and normalizing stool consistency</p> <p>Using the proper posture to optimize the likelihood of defecation will help in voiding</p> <p>Lifestyle modification may be insufficient. Adding laxative as needed will help with defecation</p> <p>Biofeedback is one alternative way to start helping the muscles around the pelvic to work more in unison</p>

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	<p>Pelvic floor exercises -tighten pelvic floor muscles for 3 second, then relax for 3 second. Gradually increase the time to to 5-10 second for 10 times.</p>	<p>Patient gets stronger and continue for practice more than 10 times daily the Kegel exercises</p>	<p>Kegel exercises can strengthen the pelvic floor muscle which can help with continence and incontinence issues</p>
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**References:**

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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> Using the Braden scale, assess for pressure injury risk. **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. <b>Wound and Continence Case Study Journal:</b> 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: See the course syllabus for specific requirements on references for all assignments	1	
	<b>Total Points</b> 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50		

**Additional comments:**

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