WOC Complex Plan of Care

Name: **Belinda Chapa** **Patient Encounter Date:** 8/8/2024 – 8/9/2024

Preceptor for Patient Encounter: **Jennifer Scheile**

Clinical Focus: Wound __ Ostomy __X__ Continence ____

Number of Clinical Hours Today: __12__

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
86 y/o male with past medical history of small bowel resection in his 20's, rheumatoid arthritis, hypertension, hyperlipidemia, cardiac bypass in his 50's and bilateral knee replacements. The patient underwent pelvic exenteration due to finding of bladder and colon cancer. **Patient currently lives with his wife that has mild dementia and has one daughter that lives nearby. The patient is retired and smokes cigarettes 1 pack per day and states he does not eat much due to lack of appetite.**	**CBC** **WBC: 6.7 (3.4 – 10.8)** **Hgb: 10.3L (13.0 – 17.7)** **Hematocrit: 32.3L (37.5 – 51.0)** **Plt count 338 (150 – 450)** **RBC: 3.42 (4.14 – 5.80)** **Hgb A1c: 5.6 (4.8 – 5.6)** **Chem profile** **Creatinine Lvl: 1.13 (0.76 – 1.27)** **EGFR: 60 (>59mL/min/1.73)** **BUN: 25 (8 - 27)** **Sodium: 142 (134 – 144)** **Potassium Lvl 4.9 (3.5 – 5.2)** **Glucose lvl: 86 (70 – 99)** **Total Protein: 6.8 (6.0 – 8.5)** **Albumin lvl: 3.5 H (3.7 – 4.7)**

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Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
The bowel and bladder function have been altered due to urostomy and colostomy placement. Upon assessment the patient was awake alert and oriented x4. The patient was surrounded by family but was open for assessment of his stomas and teaching. The patient underwent colostomy and urostomy placement. Both stomas were visible through the patients pouch and were red, moist, and round. On the right side of the patient's abdomen, you find the patient's urinary diversion as an Ileal conduit. The stoma is red, moist, and budded above skin level and measures 28mm. The stoma had two stents in place that will be pulled out in a few weeks as the patient stated. On the left side of the patient's abdomen, you find the patients fecal diversion in form of sigmoid colostomy. The stoma is red, moist, and budded above skin level and measured 44mm.	The plan is to provide education, resources, and assistance to the patient and the family what will help the patient with ostomy care. Assess pain on 1 out of 10 scale and need to premedicate prior to pouch changes. Plan for 2x daily Braden Scores and interventions being performed. • Sensory perception 4 No impairment. Encourage patient to report pain. • Moisture 3 Occasionally moist. Encourage toileting and since patient was up ad lib before surgery. • Activity 3 Walks occasionally. Encourage ambulation with PT/OT or tech. • Mobility 3 Slightly limited. Encourage ambulation, protect bony prominences with Allevyn gentle border dressings, repositioning q2 hrs. • Nutrition 2 Probably inadequate. Encourage patient to increase diet for	With the patients consent, the patient his daughter and wife were open and ready for learning. The patient states currently has no pain around either ostomy. Due to the patients recent surgery and co-morbidities, the patient scored a total of 17 on Braden Scale that indicates a mild risk for pressure injury. The patient has intact and blanchable bony prominences that are covered with Allevyn Gentle border heel cups and sacrum dressing. The patient has been up to the toilet with help and is walking with therapy, nurses, and family. The patient has a nutritionist visiting daily and is helping the patient add calories and protein to his diet.	The more support the patient has with him at bedside the better outcome he will have with his transition home with his new ostomies. While the patient is admitted in the hospital awaiting for discharge it is imperative for not only the primary nurse to assess the patient but for the WOC nurse to perform a daily skin check and assure interventions are being performed to avoid injury. Braden Scale is a widely used tool that scores for pressure injury risk and notifies the primary nurse that intervention is needed. Adequate intake of calories and protein is essential for wound healing and for energy to

Vertical midline incision is noted and secured with staples. Wound measures 20cm with small amount of serosanguinous drainage noted on island dressing. Abdomen is soft with no creases.	nutritional and healing purposes and consult a nutritionist. • Friction and shear 2 Potential problem. Keep linens dry and bed flat. Use glide sheet when repositioning. Total: 17 indicating mild risk for pressure sores. Severe risk <9 High risk 10-12 Moderate risk 13-14 Mild risk 15-18 Assess the patient's skin daily with wound ostomy nurse visits and per shift for primary nursing tasks/assessments. Day 1 Teach how to remove, clean, and change a pouching system. When to empty the pouch. If possible, have the patient and/or family be hands on during teaching. 1. Have all supplies gathered. 2. Using an adhesive remover gently to remove barrier from top to bottom. 3. Clean stoma and skin with warn water moistened and dry paper towel. 4. Allow to dry	Daily linen change and a glide sheet is used and provided for repositioning. Currently the patient is using hospital product SenSura Convex Light Flex barrier Xpro extended wear 2 piece for his urostomy. The patient and nurse verbalize that pouching system has been problem free with no leaks. Colostomy pouch being used is Coloplast Sensura Mio Convex Soft with drainable pouch. Patient and nurse verbalize that pouching system has been problem free with no leaks. The patient is active and participating in holding barrier in his hands to see, feel, and understand how the pieces go together.	rehabilitate the patient back to normalcy. The patient sliding himself on the bed could cause shearing and friction and could cause skin tears, developing more problems for the patient to endure. The choice of using Sensura Convex Light Flex barrier Xpro for his urostomy is appropriate due to the flexible barrier adapting to the patients body contours. Also, the extended wear provides a stronger more secure tacky seal for the constant flow of urine and the convexity will help the stoma from retracting to provide a leak free seal. Sensura Mio Convex Soft with adhesive drainable pouch for the patients colostomy is appropriate after surgery to maintain gentle convexity to pull the stoma outward and provide a better seal

	5. Measure stoma with included paper measuring guide for 4-6 weeks after surgery. 6. Cut the barrier wafter to the measured size. 7. Shape and mold protective seal (ring) if needed and place on the barrier. 8. Apply the barrier to the skin and then the pouch to the barrier. Goal: To change barrier/pouching system every 3 to 4 days and as needed in case of leaking under barrier. Discuss the difference in both stomas. One is constant urine flow while the other will eventually produce solid stools that can be irrigated to time their bowels in the future.	A picture diagram was drawn for this patient on his white chuck so he can read and see what the steps contain. The patient is actively going through and performing all steps himself while the family is standing at bedside watching while the nurse is explaining the steps. The patient performed emptying his urostomy pouch before removing and with guidance cleaned, measured, and reapplied his new barrier and pouch. The same was performed with the patient's colostomy while receiving help from his wife and ostomy nurse guidance. Patient verbalized understanding of the difference in stomas, stoma care, and questions were discussed regarding stoma irrigation.	on the patients soft belly. The 2-piece will allow patient to remove the pouch without removing the barrier. A large instruction diagram with the products laying on top in the order needed is a good learning style for those who are hands on and visual learners.

	Day 2 Discuss peristomal complications and demonstrate crusting technique. Discuss other complications that could occur. 1. Once peristoma has been cleansed with warm water and paper towel and dried, apply Brava ostomy powder to reddened area of irritation on peristoma. 2. Lightly brush off excess. 3. Using 3M Cavilon no-sting barrier Film pat around powdered area and let dry. This process can be layered with more than one layer of crusting depending on extent of skin damage. Discuss common problems such as barrier adherence problems, no stomal output, bleeding stoma, infections, dehydration. Teach one stoma at a time since they each have their own similarities and differences. Ileal conduit: common problem is **urinary infection** that can be	Crusting technique was introduced to patient and was performed on his hand. Patient then performed the crusting technique on ostomy nurses hand to demonstrate his learning. The patient verbalized understanding of common problems both stomas could have and also was open to learning about one ostomy at a time.	The patient is a hands on learner and is actively learning his own ostomy care. Teaching ostomy care to a patient with fecal diversion and urinary diversion can be quite overwhelming for the patient and family. Therefore, we started teaching for the Ileal conduit first and once all questions were

	preventable drinking cranberry juice or cranberry tablets. **Dehydration or acute kidney injury** can be preventable drinking 8-10 glasses of water a day throughout the day. **Odor** can be caused by certain foods such as fish, vitamins, and asparagus. Colostomy: **Gas** will be caused by different foods that are eaten or drinks such as cabbage, beans, cheese. Teach burping the pouch. **Odors** may be present depending on foods that are eaten or medications and vitamins. Explain many pouches have filters and discuss deodorants. **Constipation** may occur and may be preventable with oral hydration. Exercise and hydrate if constipation occurs. Common problems of both stomas that need ostomy nurse or doctor visit: Prolapse Retraction Bleeding Stenosis	The patient verbalizes that he understands the need to hydrate and prevent urinary infection and dehydration. He also mentioned that he would rather take the cranberry pills over the juice due to his dislike of cranberry juice. The patient was not concerned about odor in the bag says he takes many vitamins and eats beans and cabbage regularly. The patient asked questions about possible irrigation on his colostomy to make his bowel movement scheduled and regular and he verbalized his understanding that he has to wait about 6 weeks until irrigation can be attempted. The patient practiced burping his pouch and was happy to learn that some pouches have filters and that deodorizers are available. Regarding constipation, the patient says he knows to drink more water when constipated and that exercise or walking helps him. The patient verbalized that some problems will require additional help from either the doctor or the ostomy nurse and should call if any of the symptoms are present and or not	answered we moved on to the sigmoid colostomy.

	Injury Obstruction Stoma color or size changes Vomiting and cannot hydrate	resolving.	
	Day 3 Discuss resources such as coloplast care, UOAA, outpatient ostomy and wound clinic. Discuss how to order supplies and where to order supplies. Discuss different products and their use.	The patient has been given a handbook on living with an ostomy from the UOAA as well as a folder with a catalog book and a folder with many resources that can be accessed via QR code. The patient verbalized that he has his phone and was able to show us how he understands how to use the QR codes and how he has been doing his own research via his phone and the internet.	With a shortage of ostomy nurses much of the ostomates learning is coming from the internet. It is said that there are 200 ostomy patients per 1 ostomy nurse. (Pittman et al., 2017). Therefore, it is imperative that the patients learn as much as they can in the short time they are in the hospital and are well provided with resources to an ostomy nurse and good credible websites where they can learn to manage their ostomies.
	Arrange home health services upon discharge to help accommodate the patient and family until they are confident to take over on their own.	The patient verbalized that upon discharge he will have home health nurses helping him with changes and supplies but once home health is discontinued, he will have to resume responsibility of making orders himself.	The transition from the hospital to home with a new ostomy is not an easy one and it is vital for these patients to have access to ostomy care and support via a home health nurse, a home health WOC nurse, and/or an ostomy nurse at an outpatient clinic. Specialized ostomy care and education following discharge is what patients need to feel confident and be able to regain their independence. (Keng et al., 2021).
	Discuss what are the patient regular routine activities or hobbies.	The patient states he is retired and enjoys playing golf and taking care of his wife. The patient questioned going back to normalcy and was informed yes that he can go back to normalcy with a few new changes he	

		will have to add to his routine, but it is ideal to go back to his routine.	
	Encourage patient and family to write questions down on paper and to ask on daily ostomy nurse visits while in the hospital.	The patient and family verbalize understanding of ostomy care and seek reassurance that they were pouching correctly and who to call if they needed help.	
	Obtain a nutritionist consult. Discuss foods likes and dislikes.	The patient verbalizes the understanding of low albumin level and verbalizes that he understand what foods he should be eating but agrees a nutritionist would be beneficial to recommend other food options.	Optimal level of nutrition is necessary for wound healing. Protein is one important macronutrient that supplies the binding material necessary for wound healing. (Rijswijk., 2022)
	Evaluate for smoking cessation intervention/provide resources.	Upon admission the patient verbalized needing some intervention to help him stop smoking and was started on nicotine patch by the hospitalist and would like to continue smoking cessation.	
	Obtain consult for evaluation and treatment of PT/OT.	Due to the laying in bed post surgery for this patient a PT/OT consult would benefit him to help him mobilize safely and get his strength back. Patient verbalized his knees become stiff if he does not move and sometimes needs a walker for ambulation.	Smoking causes vasoconstriction that can slow down wound healing. Hence, the need for smoking cessation is vital for this patient and his condition. (Mufti et al., 2022)

	Encourage and make follow up appointment with ostomy nurse 1-2 weeks after discharge to ensure all is going well and/or intervene if needed.	The patient confirmed his appointment with the ostomy nurse at the outpatient clinic for follow up. Within three days of ostomy education with patient and family members the patients ostomies remained moist and red. Pouching has remained effective using Coloplast SenSura Convex Light Flex barrier Xpro extended wear 2 piece the his ileal conduit and Coloplast Sensura Mio Convex Soft with adhesive drainable pouch for colostomy. Abdominal incision wound is cleaned, dressed, and assessed daily, is intact and clean with staples. Alternative pouching system for ileal conduit would be Coloplast Sensura Convex light xpro 1-piece system. Alternative pouching system for colostomy would be Coloplast Sensura Mio 1-piece closed pouch.	Convex light xpro 1-piece will give the patient one less step to applying his system with the

			already attached pouch and continue to have strong seal with xpro extended wear. Some time after the patient has healed and his stoma is now stable size the patient will be able to learn to irrigate and therefore will only need to empty on a timed schedule. The closed pouch will benefit for this purpose.

References:

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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: References

Keng, C. J., Lee, J.,Valencia, M., McKechnie, T., Forbes, S., & Eskicioglu, C. (2021). Transition Home Following New Fecal Ostomy Creation: A Qualitative Study. *Journal of Wound, Ostomy and Continence Nursing 48*(6), 537-543.
https://doi.org/10.1097/WON.0000000000000814

Mufti, A., Maliyar, K., Ayello, E.A., & Sibbald, G. (2022). Anatomy and Physiology of the Skin. In L.L. McNichol, C.R. Ratliff, & S.S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound Management* (2nd ed., pp. 49). Wolters Kluwer.

Pittman, J., Nichols, T., & Rawl, S. M. (2017). Evaluation of Web-Based Ostomy Patient Support Resources. *Journal of Wound, Ostomy and Continence Nursing 44*(6), 550-556. https://doi.org/10.1097/WON.0000000000000371

Rijswijk, L.V. (2022). Patient and Caregiver Education for Wound Prevention and Healing: Teaching Strategies for Learning. In L.L. McNichol, C.R. Ratliff, & S.S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound Management* (2nd ed., pp. 124). Wolters Kluwer.

Reviewed by: _____ Date: _____