

WOC Complex Plan of Care

Name: __Alexis Faria__ Patient Encounter Date: __January 13th, 2025__

Preceptor for Patient Encounter: _____Karen O'Brien_____

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
<p>66 year old female with history of metastatic rectal cancer with metastasis to liver, uterus, small bowel, and peritoneum. Patient has history of GERD and osteoporosis. Patient with history of chemotherapy and radiation. Daughter is at bedside and is supportive with care at home. Patient also receiving home health care weekly.</p> <p>Patient with recent history of exploratory laparotomy with loop colostomy takedown, LAR with end ileostomy placement with hepatic artery infusion pump placement in August of 2024.</p> <p>Patient had some post op complications leading to readmission for dehydration x2 due to high output of stoma. Since then has improved appetite, weight has stabilized, and no further signs or symptoms of dehydration.</p>	N/A

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Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>Patient into clinic for follow up visit. Complaints of leaking pouching system. Patient initially had an end colostomy that was revised and patient now with loop ileostomy. Patient still using closed end system and having frequent leaks and having to change multiple times a day.</p> <p>Stoma slightly budded, red, oval, and is located at inferior aspect. Capillary bleeding occurring on stoma. Gas and effluent noted in pouch. Effluent is semiliquid and brown. Peristomal skin breakdown from leakage, and semisoft. Discussed with provider who believes discoloration is from liver history. No varices present. Mucocutaneous junction intact.</p> <p>When in sitting position there is a shallow depression at inferior aspect and small creases at both 3 and 9 o'clock.</p>	<p>Use Marlen Ultra Lite precut 1-1/4" deep convex drainable pouch system</p> <p>Per provider, patient to follow up with oncology for further chemo management.</p> <p>Used silver nitrate to cauterize bleeding friable tissue on stoma.</p> <p>Follow up in 1 month with physician and stoma nurse for reassessment – may call and make sooner appointment if bleeding resumes</p> <p>Plan and educate patient for every 3-5 day system change including:</p> <ol style="list-style-type: none"> a. Remove old system with adhesive remover and push/pull method. b. Site care: cleanse with soap and water, rinse, and pat dry. c. Apply powder to areas of peristomal irritation and dust off excess powder. d. Apply skin barrier film over powder application and let dry. e. Apply Marlen appliance 	<p>Patient able to bend and move without system leakage. Flexible convex system to aid with leakage and peristomal depression. Also ordered patient new supplies while in office and provided supplies for use in the meantime. Will help since patient has been using old system that is no longer appropriate.</p> <p>After silver nitrate application – no noted bleeding from stoma</p> <p>Powder application to aide in healing of peristomal skin breakdown.</p>	<p>Patient with semisoft abdomen with leakage when bending may benefit from convexity as it aides in flattening the peristomal skin and decreases leakage. Convexity also aides in directing the os for output to enter the pouching system (Stoia-Davis et al., 2022).</p> <p>Depending on the location of stomal trauma and preference of provider, bleeding may be managed with the use of silver nitrate (Beitz & Colwell, 2016).</p> <p>Managing peristomal skin breakdown can be done by use of correct products to manage patient body contours and use of accessory products to help with moisture management. Topical products such as barrier powder can help to absorb excess moisture (Salvadalena & Hanchett, 2022).</p>

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	<p>from bottom to top.</p> <p>Acknowledge patient frustration and concerns of stoma bleeding and discuss plan of care</p> <p>Monitor mental health needs and assess for depression due to continued complications.</p> <p>Continue Home Health care as needed</p>	<p>Patient with complaints of issues since surgery and fear of doing normal things and seeing family and friends due to ostomy leakage.</p>	<p>Ostomy patients report social isolation due to changes in daily life, dependence on others for care, and feeling like a burden on other family members and caregivers (Cengiz & Bahar, 2017).</p>
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References:

- Beitz, J. M., & Colwell, J. C. (2016). Management approaches to stomal and Peristomal complications. *Journal of Wound, Ostomy, & Continence Nursing*, 43(3), 263–268. <https://doi.org/10.1097/won.0000000000000215>
- Cengiz, B., & Bahar, Z. (2017). Perceived barriers and home care needs when adapting to a fecal ostomy. *Journal of Wound, Ostomy, & Continence Nursing*, 44(1), 63–68. <https://doi.org/10.1097/won.0000000000000271>
- Salvadarena, G. D., & Hanchett, V. (2022). Peristomal skin complications. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nursing Society core curriculum: Ostomy management* (2nd ed., 250-269). Wolters Kluwer.
- Stoia-Davis, J., Colwell, J. C., Emodi, K., Fellows, J., Mahoney, M., McDade, B., Porten, S. P., Raskin, E. R., Norman, H. S., Kelly, M. T., & Sims, T. (2022). Survey results on use of a convex pouching system in the postoperative period. *Journal of Wound, Ostomy, & Continence Nursing*, 49(3), 247–250. <https://doi.org/10.1097/won.0000000000000877>

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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: _____