

## WOC Complex Plan of Care

Name: Marina DeRosa Patient Encounter Date: 12/24/2024

Preceptor for Patient Encounter: Karen Francis APN CWON

Clinical Focus: Wound  Ostomy  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  |
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| <p>Name: John Doe<br/>Age: 65<br/>Gender Male</p> <p><b>Chief Complaint:</b> Increased pain and drainage from the colostomy site.</p> <p>Mr D present to the ED with complications related to his colostomy for approximately two weeks. Prior to this hospitalization, he was recovering at home following an elective colostomy due to colorectal cancer. However, during this period, he began to develop symptoms increased pain, foul smelling drainage and discoloration of the stoma which progressed to necrosis. This is my first time seeing Mr. D.</p> <p><b>Medical History:</b></p> | <p><b>Laboratory Results:</b></p> <p>CBC<br/>WBC: 17.5<br/>Hgb: 9.0<br/>Hct: 28<br/>PLT: 350<br/>Chem Screen<br/>NA: 138<br/>K: 4.0<br/>CL: 95<br/>CO2: 25<br/>GLUCOSE: 180<br/>BUN 30</p> |

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| <p>Colorectal cancer, history of bowel obstruction<br/>         Chronic renal insufficiency<br/>         Type 2 diabetes mellitus<br/>         Hypertension<br/>         History of coronary artery disease</p> <p><b>Surgical History:</b><br/>         Elective colostomy was created following a partial colectomy due to colorectal cancer.<br/>         Post-operative complications include wound infection and venous thromboembolism.</p> <p><b>Allergies:</b>Allergic to penicillin.</p> <p><b>Chief Complaint:</b> Increased pain and drainage from the colostomy site.</p> <p><b>Vital Signs</b><br/>         Temp: 102°F , HR :95 bpm, BP:119/76, R 20 bpm</p> | <p>CREATININE 1.5<br/>         Blood Cultures: Pending<br/>         Wound Culture: Positive for Methicillin-resistant Staphylococcus aureus (MRSA) and Escherichia coli.</p> |
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| Assements | Plan/Interventions/<br>Alternatives | Evaluation | Rationale |
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| <p><b>Physical:</b><br/><b>General Assessment:</b></p> <p><b>Appearance:</b><br/>The patient appears fatigued and anxious, demonstrating signs of discomfort due to abdominal pain. He is alert but slightly restless.</p> <p><b>Stoma Assessment:</b><br/>Location: Left lower quadrant<br/>Type End colostomy.</p> <p><b>Stoma Appearance:</b><br/>Color: Dark brown with necrotic areas observed along the periphery of the stoma.<br/>Size: Approximately 2.5 cm in diameter; the size has been stable but irregular edges are noted due to necrosis.<br/>Texture: The surface is irregular, with some areas appearing moist due to necrosis.</p> <p><b>Bleeding:</b><br/>Minor bleeding observed at the edges.</p> <p><b>Odor:</b><br/>Malodorous smell emanating from the stoma, indicating possible decay or infection.</p> <p><b>Surrounding Skin Assessment:</b><br/>Condition:<br/>Color: Erythema and inflammation extending 2-3 cm around the stoma.<br/>Integrity: Exhibits slight maceration, particularly where moisture is trapped due to the colostomy appliance.<br/>Wound Edges:</p> | <p><b>WOCN Recommendations:</b></p> <p><b>1. Immediate Care Needs:</b><br/>Initiate dressing change using a hydrocolloid dressing to promote a moist wound environment and protect peristomal skin. Collaborate with the surgical team for consideration of sharp or enzymatic debridement of necrotic areas.</p> <p><b>2. Infection Management:</b><br/>Administer prescribed IV antibiotics and monitor for systemic signs of infection closely. Document any changes in wound characteristics and vital signs.</p> <p><b>3. Patient Education:</b><br/>Educate the patient on proper stoma care, signs of infection, and importance of skin protection. Schedule a follow-up session for psychological support and adjustment counseling regarding the ostomy.</p> <p><b>4. Nutrition and Hydration:</b><br/>Collaborate with a dietitian</p> | <p>As a WOCN, the focus is on assessing the integrity of the stoma and the management of the surrounding skin, and the overall health of the wound. The evaluation considers not just the physical healing of the stoma site but also the psychological and educational needs of the patient.</p> <p>Explanation<br/>The JD case is particularly complex due to necrotic tissue skin integrity issues and systemic infection signs. His multiple comorbidities complicate the healing processes and the management of his colostomy.</p> <p>As a WOCN, the approach encompasses not just the physical aspects of wound management but also the educational components</p> | <p>1. Assessment of Stoma and Surrounding Skin:<br/>Rationale:<br/>Regular assessment of the stoma and surrounding skin is critical for early identification of complications such as necrosis, infection, and skin breakdown. Understanding the condition of the stoma assists in determining appropriate interventions to enhance healing and prevent further deterioration.<br/>(Salvadarena &amp; Hanchett, 2022)</p> <p>2. Maintaining a Moist Wound Environment:<br/>Rationale:<br/>Hydrocolloid dressings maintain a moist wound environment, essential for promoting healing. They facilitate autolytic debridement and help protect the tissue from external contamination and nutrient loss. Moist environments have been shown to enhance epithelialization and decrease pain associated with the wound area.</p> |
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| <p>No visible signs of undermining but some erosion is noted around the stoma area.<br/>Skin is warm to touch compared to surrounding areas.</p> <p><b>Discharge:</b><br/>Purulent drainage (yellowish-green, malodorous) present, indicating ongoing infection.</p> <p><b>Abdominal Assessment:</b><br/>Abdomen is distended with visible bulging in the left lower quadrant.<br/>No visible surgical incisions aside from the stoma.<br/>Palpation:<br/>Abdominal palpation elicits tenderness in the left lower quadrant (localized pain).<br/>Bowel sounds are active in all quadrants, but slight decrease noted in the region of the colostomy.</p> <p><b>Psychosocial Assessment:</b><br/><b>Mental Status:</b><br/>Patient appears anxious and expresses fear regarding the care of the stoma and appearance.<br/>Some signs of depression noted; patient verbalizes concerns about quality-of-life changes and inability to engage in previous activities.</p> <p><b>Coping Mechanisms:</b><br/>Expresses concern about the outcome of the infection, dependency on healthcare providers, and frustration with dietary restrictions.</p> <p><b>Summary of Findings:</b><br/>Stoma:</p> | <p>to optimize the patient's nutritional intake for healing while considering his renal function.</p> <p><b>5. Psychosocial Support:-</b><br/>Provide resources for support groups for individuals with ostomies and consider involving a social worker or counselor to address emotional health.</p> | <p>required to empower the patient in their care.<br/>Collaborating with interprofessional teams ensures comprehensive management, integrating dietary, nursing, and medical interventions tailored to the patient's unique needs. By following the outlined orders and rationale, the WOCN aims to create an optimal healing environment for JD, minimizing complications, managing infection, and promoting overall well-being. Education and empowerment are essential parts of the process, ensuring that the patient and his caregivers feel equipped to manage the healing of his ostomy effectively</p> <p align="right"><b>Robert Jo.</b></p> | <p>(Pittman, 2022)</p> <p>3. Debridement of Necrotic Tissue:<br/>Rationale:<br/>Debridement removes non-viable tissue that can impede healing and be a source of infection. Effective debridement is essential for forming healthy granulation tissue and promoting healing. (Pittman, 2022)</p> <p>4. Infection Control through IV Antibiotics:<br/>Rationale:<br/>Antibiotic therapy is essential in treating identified infections (MRSA and E. coli) to prevent the systemic progression of infection, which could lead to sepsis. Administering antibiotics according to culture sensitivity ensures targeted treatment and promotes effective infection resolution (Salvadalena &amp; Hanchett, 2022).</p> <p>5. Monitoring Vital Signs: Rationale:<br/>Regular monitoring of</p> |
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| <p>Necrotic with dark brown coloration; minor bleeding and foul odor present.</p> <p>Surrounding Skin:<br/>Significant erythema, maceration, and purulent discharge; skin integrity at risk.</p> <p><b>Abdomen:</b><br/>Distended and tender in the left lower quadrant; bowel sounds present but diminished.</p> <p>Psychosocial:<br/>Increased anxiety about body image and self-care impacting emotional well-being.</p> |  |  | <p>vital signs allows for early detection of infection or complications, such as sepsis, indicated by increased heart rate, fever, or hypotension. Vital sign trends provide critical information for ongoing assessment and treatment planning regarding the patient's stability (Salvadaleña &amp; Hanchett, 2022).</p> <p>6. Education on Stoma Care and Signs of Infection: Rationale: Empowering patients with knowledge about their condition and self-care strategies enhances self-efficacy, promotes adherence to care practices, and prevents complications. Educating on infection signs promotes early recognition and timely intervention, improving outcomes and quality of life (Eiser &amp; Morse, 2022).</p> <p>7. Nutritional Support and Hydration: Rationale:</p> |
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|  |  |  | <p>Adequate nutrition, particularly increased protein intake and optimal hydration, is crucial for wound healing. Appropriate nutritional support can enhance recovery and minimize malnutrition-related complications in patients with elevated metabolic demands due to infection. (Carmel &amp; Scardillo, 2022)</p> <p>8. Psychosocial Support:<br/>Rationale:<br/>Addressing psychological well-being is vital in patients with significant lifestyle changes due to ostomy surgery. Emotional support can improve coping mechanisms, reduce anxiety, and foster a positive outlook towards self-management and recovery. (Carmel &amp; Scardillo, 2022)</p> <p>9. Ongoing Follow-Up<br/>Assessment: Rationale:<br/>Continual follow-up assessments allow for timely treatment</p> |
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|  |  |  | <p>adjustment based on the patient's progress, ensuring care is tailored to ongoing needs. Monitoring outcomes facilitates early intervention should complications arise, leading to better patient outcomes (Murphree &amp; Jaszarowski, 2022).</p> <p>The rationale for the overall treatment plan: The overall treatment plan integrates all aspects of care necessary for JD's rehabilitation and recovery, recognizing both the physical and emotional challenges posed by his current condition.</p> <p>The rationale for this multi-faceted approach includes Holistic Care: Acknowledging the interplay between physical, nutritional, and psychosocial needs fosters comprehensive healing. This understanding supports better patient-centered outcomes. Prevention of Complications: The treatment plan aims to</p> |
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|  |  |  | <p>minimize the risk of complications by proactively addressing issues such as necrosis, infection, and nutritional deficits, promoting more efficient recovery (Murphree &amp; Jaszarowski, 2022).</p> <p>Empowerment Through Education: Fostering patient education and involvement in their care helps enhance compliance, reduces anxiety, and increases self-confidence in managing their condition. (Carmel &amp; Scardillo, 2022).</p> <p>Interdisciplinary Collaboration: Involving specialists such as dietitians and wound care consultants ensures that interventions are grounded in best practices and evidence-based approaches, delivering the highest standard of care.</p> <p>In conclusion, the nursing rationales outlined above establish</p> |
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|  |  |  | a foundation for efficient, effective, and empathetic care for JD. These rationales aim to promote healing, improve his quality of life, and empower him to manage his healthcare. |
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#### References:

Carmel, J., & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 202–214,14). Wolters Kluwer.

Salvadarena, G. D., & Hanchett, V. (2022). Peristomal skin complications. In *Wound, Ostomy and continence nurses society core curriculum ostomy management* (2nd ed., pp. 250–260, 16). Wolters Kluwer.

Colwell, J., & Hudson, K. (2022). Selection of pouching system. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 172–200, 12). Wolters Kluwer.

Ferri, L., & Fichera, A. (2022). Disease that lead to a fecal stoma: Colorectal cancer. In *Wound, ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 44–58, 4). Wolters Kluwer.

Murphree, R. W., & Jaszarowski, K. (2022). Professional practice for wound, ostomy and continence nursing. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed.,, pp. 4–5,1.). Wolters Kluwer.

Eiser, C., & Morse, R. (2022). Quality of life in patients with colostomies : The importance of nurse-led interventions. *International Journal of Nursing Studies*, 129. <https://doi.org/10.1016/j.ijurstu.2021.103997>

Pittman, J. (2022). Stoma Complications. In *Wound, Osotmy, and continence nurse society core curriculum ostomy management* (2nd ed., pp. 270–279,17). Wolters Kluwer.

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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><br>Using the Braden scale, assess for pressure injury risk.<br><b>**You must submit your completed Braden risk assessment with your care plan.</b>                       | 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: \_\_\_\_\_