

WOC Complex Plan of Care

Name: Jen Ennyl E. Gomez Patient Encounter Date: January 21, 2025

Preceptor for Patient Encounter: Amy Folk

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>Age:71 years old Sex: Male Code status: Full code PMH: History of prostate ca s/p prostatectomy 2002, TUD, HLD, CAD, emphysema, history of skin squamous cell carcinoma s/p excision, HLD, and peripheral neuropathy. Admission date and origin: 12/19/24 - ED Reason of admission: new generalized rash since late October, night sweats, chills, unintentional weight loss, fevers and found to have widespread lymphadenopathy and splenomegaly on CT w/ biopsy c/f T follicular helper lymphoma. He was transferred to the ICU on 1/4/25 after a condition was called for worsening dyspnea, increased O2 requirement, confusion, hypotension, and elevated lactate and found to have distributive shock 2/2 T cell lymphoma/secondary Hemophagocytic lympho-histiocytosis and c/f mycobacterial infection.</p>	<p>Na- 138 Albumin:3.3 K – 3.7 Cr- 0.4 Glucose – 115 Ferritin- 1436 WBC- 0.1 Hgb- 8.6 Hct- 25.0</p> <p>Peripheral blood flow 12/20: Flow cytometric immunophenotypic studies performed on peripheral blood reveal an abnormal population of T cells. There are also many granulocytes, some monocytes, few NK cells and some possible plasma cells. The abnormal T cells account for 2.5% of total</p>

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events (roughly 70% of T cells). These findings are consistent with an abnormal T cell population in the circulation.

Skin biopsy 12/19: Deep dermal perivascular peri-adnexal mixed atypical T-cell infiltrate and focal medium vessel vasculitis.

Examination of the biopsy reveals a deep dermal and perivascular mixed infiltrate that extends to the subcutis and base of the biopsy, composed of lymphocytes, histiocytes, plasma cells and scattered eosinophils, with some possible granulomatous areas. In the deep dermis bordering on the subcutis there is a thick-walled medium sized blood vessel with the wall focally infiltrated by mixed inflammatory cells. The infiltrate is predominantly CD3 positive with an increased Ki67 proliferation index. Rare CD20+, CD138+, CD123+ and CD30+ cells are seen. Neither fungal microorganisms nor basement membrane changes are seen with interpretation of pathology histochemical stain. Microorganisms are not identified on Gram, AFB, Fite, GMS and Treponema stains. A colloidal iron stain does not show an increase in dermal mucin and does not show an elastic fiber abnormality. IgG4: IgG ratio is not increased. Kappa lambda demonstrate a polytypic expression. Overall, the findings are consistent with involvement by a T-cell lymphoproliferative disorder but correlation with the forthcoming excisional biopsy for classification.

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Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
-Upper and lower lip, including whole tongue mucositis, dry, necrotic without drainage.	- Give oral care every 4 hours or as needed. May give ice chips as tolerated (Pre-medicate patient before doing)	The patient will enhance oral health by ensuring adequate moisture is maintained within the oral cavity and prevent infection.	Providing oral care helps to retain moisture and remove debris that can cause oral infections. Utilizing ice chips as necessary can offer significant symptomatic relief and enhance cooling oral comfort in patients.
- lower back skin tear red, dry without drainage measuring 0.5x0.5x0.1	- Cleanse with vashe and dry, cover with gentac, change every 3 days	The patient will enhance skin integrity and facilitate the healing process.	Wound bed preparation starts with a thorough cleansing process to prevent bacterial growth. Silicone island dressings are an economical option and can serve as prevention in shearing to the affected area.
-Right thumb vascular, black , flaky, dry eschar open to air	- Cleanse with vashe and paint with iodine and leave open to air	The patient will enhance skin integrity, reduce bacterial load and facilitate the healing process.	Wound bed preparation starts with a thorough cleansing process. Iodine facilitates the reduction of bacterial count in eschar and contributes to the desiccation necessary for the maintenance of wound integrity.
	- Continue with preventive		

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<p>-Coccyx, buttock and heels are intact</p>	<p>measures</p> <ul style="list-style-type: none"> >Turn every 2 hours in bed and every 1 hour in chair. >Elevate heels off of bed surface > Skin prep to heels BID, >HOB elevated at least less than 30 degrees >Check for incontinence every 2 hours and apply sween barrier cream every episode. >Assist patient with meal trays and encourage oral supplement. 	<p>The patient will mitigate the risk of skin injury by adhering to the outlined preventive interventions.</p>	<p>Frequent turning will help in preventing pressure injuries by minimizing tissue loads and shear forces on the skin.</p> <p>Elevating heels will promote pressure redistribution.</p> <p>Skin prep to heels prevents friction between the bed and the heels.</p> <p>Using a barrier cream creates a protective layer that keeps external irritants from coming into contact with the skin.</p> <p>Proper nutrition and hydration are essential for preserving skin integrity and facilitating wound healing.</p>
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References:

- Bates-Jensen, B. M. (2022). Assessment of the patient with a wound. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 61-83). Wolters Kluwer.
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- Edsberg, L. (2022). Pressure and shear injuries. In L. L. McNichol, C. R. Ratliff & S. S. Yates (Eds.), (2022). *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp.373-424). Wolters Kluwer.
- Ermer-Seltun, J. M., & Rolstad, B. S. (2022). General principles of topical therapy. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 136-156). Wolters Kluwer.
- Jaszarowski, K., & Murphee, R. W. (2022). Wound cleansing and dressing selection. In L. L. McNichol, C. R. Ratliff & S. S. Yates (Eds.), (2022). *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp.156-171). Wolters Kluwer.
- Mackey, D., & Watts, C. (2022). Therapeutic surfaces for bed and chair. In L. L. McNichol, C. R. Ratliff & S. S. Yates (Eds.), (2022). *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp.425-445). Wolters Kluwer.

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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: _____