WOC Complex Plan of Care

Name: _____Alexis Faria_____ Patient Encounter Date: ___ Monday January 20th____

Preceptor for Patient Encounter: _____Dr Spivak/Kelly Sherman_____

Clinical Focus: Wound ____ Ostomy ____ Continence __X__

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
61 year old female. Being seen for rectal bleeding, prolapse, and fecal incontinence. Patient states she has to wear adult diapers due to fecal incontinence up to 3 times daily. **Past medical history includes: HTN, depression, asthma, hernia repair (2023), ischemic left sided colitis, cystocele, enterocele s/p sacrocolpopexy, posterior colporrhaphy (2020), uterine cancer, hysterectomy.** **Patient with NKA** **Not taking blood thinners** **Patient has been taking Imodium without improvements.** **Patient seen in clinic as requested by Dr. Cohen. Patient complaints of bloating, some rectal bleeding (has since resolved), and possible prolapse. Patient has had 3 separate surgeries in the past for prolapse with most recent completed in 2020. Patients' main complaint is she "feels like everything is falling out and has to wear diapers because poop keeps leaking".**	**1/22/25 recent colonoscopy: tattoo seen in rectum from previous removal of large precancerous polyp. Biopsies taken from right and left colon for microscopic colitis. Biopsy results show no significant abnormalities.** **Patient to receive manometry study today after visit.**

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Patient struggles with occasional constipation but over the last few months has mostly had frequent loose stools. Patient was recently prescribed Imodium to assist with loose stools but stated she stopped taking as it did not help. Patient work history previously includes heavy lifting. She has history of multiple births with use of forceps and episiotomies. Digital rectal exam was performed during visit. Patient perineal and perianal skin are clear and intact. Anus was closed and with normal resting tone. Squeeze tone was week. No prolapse was noted at this time. Patient with rectocele and cystocele. Patient also endorses occasional urinary incontinence with coughing. **Patient walked over for manometry after visit in clinic. Was able to sit in and see procedure. Patient assessed for squeeze and when bearing down. Resting pressure was below normal range at 28 mmHg. Squeeze was below normal range at 56 mmHg. First sensation was low at 14 mL. First urge was low at 42 mL. and max toleratation was low at 50 mL. Patient was unable to expel balloon. Patient with abnormal pelvic floor movement.**	

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
Fecal incontinence (FI). Patient states she "feels like everything is falling out" Reports multiple episodes daily of fecal incontinence. Wears adult briefs Perineal/perianal skin intact	Provide self care after each incontinent episode. Cleanse skin with peri wipes or soap and water. Dry with soft cloth. Apply critic-aid clear moisture barrier ointment to avoid skin breakdown. Replace adult brief when soiled	Patient able to identify incontinent episodes and provided self-care. No development of skin breakdown or IAD.	Implementation of a structured skin care program can decrease the incident of IAD and reduce risk for pressure injuries (Park & Kim, 2014)
Manometry: Shows abnormal pelvic floor movement.	Pelvic floor physical therapy Schedule with Dr. Spivak in combo clinic for evaluation for possible surgical intervention	Patient able to complete physical therapy for pelvic floor and duplicate exercises for home regimen	Pelvic floor exercises may benefit patients who have difficulty retaining stool due to sphincter issues or weak muscles (Callahan & Francis, 2022).
	Estradiol vaginal cream 0.01% (0.1 mg/gram): Use 1 gram once	Increase daily fiber intake	Bulk-forming agents will assist in making the stool consistency

	daily.		thicker (Callahan & Francis, 2022).
		Drink fluids for fluid replacement after each loose stool episode. Avoid caffeinated or carbonated beverages.	Water, broth soups, and electrolyte drinks are good options for fluid replacements. Caffeine and carbonation can increase motility and worsen diarrhea (Callahan &n Francis, 2022).
		Try BRAT diet for short term diarrhea relief	A short term use of bananas, rice, apples (or applesauce), and toast can help slow motility (Callahan & Francis, 2022).

References:

Callahan, L. L. & Francis, K. (2022). Fecal incontinence: Pathology, assessment, and management. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nursing Society core curriculum: Continence management* (2nd ed., 484-519). Wolters Kluwer.

Park, K. H. & Kim, K. S. (2014). Effect of a structured skin care regimen on patients with fecal incontinence. *Journal of Wound, Ostomy & Continence Nursing*, *41*(2), 161–167. https://doi.org/10.1097/won.0000000000000005

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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: _____