

WOC Complex Plan of Care

Name: Janella Bryant Date: 2/6/25

Clinical Focus: Wound • Ostomy Continence •

Number of Clinical Hours Today: 8

One complex journal is required for *each* specialty in which you are enrolled. 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 enrolled 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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| 49y old female with a PMH of MDD, anxiety, PTSD, failure to thrive, TPN dependency, osteomas of the skull, tubal ligation and FAP with Gardner syndrome. She has undergone multiple abdominal surgeries including TPC, IPAA; resection of several abdominal surgeries and chest wall desmoids; insertion of abdominal mesh; near total duodenectomy with ampullary complex reattachment of pancreatic head. 2020: LOA, loop jejunostomy. 2021: subtotal enterectomy, isolated intestinal transplant, interposition grafts to infrarenal vena cava and infrarenal aorta, jejunostomy, end ileostomy 2023: ex lap, explant of transplanted bowel, excision of desmoid tumor, end duodenostomy 2025: current admission for ileal pouch excision and possible small bowel transplantation . | Labs from today WBC: 5.37 (4-11) HB: 7.8 (13-17) HCT: 23.2(40-52%) PLT: 138 (150-400) NA: 136 (135-145) K: 4.4 (3.5-5) CHLOR: 103 (95-105) CO2: 25 (23-29) BUN: 24 (8-21) CREAT: 0.87 (0.8-1.3) GLUC: 134 (65-110) MG: 1.9(1.5-2) |

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| Assessment | Plan/Interventions/Alternatives | Evaluation | Rationale |
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| <p>Pt seen resting in the bed with husband at bed side. Pt has a midline incision with JP drain to the LLQ, stoma located to the RLQ.</p> <p>Stoma type: End duodenostomy Location: RLQ Diameter: Measure 1 3/8 at base Protrusion: Budded Mucosal condition and color: red and moist Peristomal skin: erythema and denuded Location of skin impairment: 9 o'clock Peristomal contour: flat and soft with depressions Character of output: yellow effluent- high volume Current system: one piece Coloplast post op pouch with window. Current wear time: one day-leaking at 9 o'clock.</p> | <p>Use soft, shallow convex drainable pouching system:</p> <p>Patient is already educated on the steps of pouch change since this is an established ostomy.</p> <p>Stoma care:</p> <p>Skin care:</p> <ul style="list-style-type: none"> • Stoma and peristomal area cleaned with soap, rinsed with water and dried • Stoma powder applied and excess removed. • No- sting skin sealant applied <p>Pouching:</p> <ul style="list-style-type: none"> • Hollister ceara ring strips to creases. • Holliheasive petaling circumferentially 1 3/4 Convatec Convex- IT pre cut 1 3/8 flange. • Hollister CeraRing to the back of the Flange • HVOP pouch attached to gravity drain <p>Midline incision care:</p> | <p>Peristomal skin problems noted during pouch change r/t high volume stoma and poor pouch fit.</p> <p>Pt reports understanding of peristomal skin care and application of protective products.</p> <p>Pt states frequent pouching system leakage and normal wear time is 1 day.</p> | <p>Management of peristomal skin issues requires assessment, identify the underlying cause, and correction of contributing factors (improper fit, moisture management, topic therapies, convexity) (Salvadalea & Hanchelt, 2022).</p> <p>Proper measurement and convexity are important to achieve a good fit and decrease the changes of leakage (Colwell & Hudson, 2022).</p> <p>Skin barriers provide protection to peristomal skin and increase seal (Colwell & Hudson, 2022).</p> |

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| <p>Midline incision:</p> <ul style="list-style-type: none"> • Well approximated • With sutures • No drainage present, dry wound bed • Dressing: DSD with Abd pad and <p>JP drain:</p> <ul style="list-style-type: none"> • Located LLQ • Sanguineous drainage • Incision site: CDI • Dressing: DSD <p>Nutrition:</p> <p>On Chronic TPN for nutritional support r/t poor po intake and failure to thrive. Pt has a single starch diet for please feedings.</p> | <ul style="list-style-type: none"> • Cleaned with water. No drainage observed. • DSD applied <p>JP drain care:</p> <p>Split gauze removed and new one placed. No drainage observed. Skin clean and dry.</p> <p>Long term goals: Wear time 3-4 days changing pouching system prn for leakage.</p> <p>Discussed foods that will allow thickening of stool as well as added agents to thicken stool and decrease volume.</p> | <p>Wounds remain approximated without evidence of infection.</p> <p>Pt educated and states understanding of new pouching system and steps required for changes.</p> <p>Observe for any complications of stoma prolapse or decrease in output.</p> | <p>High volume pouching systems are designed to have stronger adhesive and larger size to accommodate liquid stool (Colwell & Hudson, 2022).</p> <p>Absorbent products can be place inside the stoma pouch to help thicken the stool to a jellylike substance. This can be helpful in protecting peristomal skin by keeping the seal intact longer (Colwell & Hudson, 2022).</p> |
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| | <p>following this pt.</p> <ul style="list-style-type: none">• Uses distraction methods and relaxation methods to manage pain. <p>Monitor incisions for signs of potential dehiscence and infection: signs/symptoms for wound infection (increased warmth, redness, WBC level, and pain at site), increased wound drainage, pulling on suture line.</p> <p>Educate on importance of splinting of incision. Encourage splinting. Consider use of abdominal binder for support to abdominal incision.</p> | | |
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References:

- Chunduri, A., Aggarwal, A., K. (2022). Multimodal Pain Management in Orthopedic Surgery. *Journal of Clinical Medicine*, Article 6386. <https://doi.org/10.3390/jcm11216386>
- Colwell, J., & Hudson, K. (2022). Selection of Pouching Systems. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy Management* (2nd ed., pp. 172-188). Wolters Kluwer.
- Salvadarena, G., D., & Hanchett, V. (2022). Peristomal Skin Complications. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy Management* (2nd ed., pp. 250-269). Wolters Kluwer.

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