WOC Complex Plan of Care

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Preceptor: Adam Shaw

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
Patient is a 73-year male with a history of well differentiated and differentiated liposarcoma S/P multiple resections. Patient was admitted with a recurrent retroperitoneal liposarcoma presented for evaluation of tumor growth and surgical options. Past medical history Hypertension, primary hyperaldosteronism. BPH, Hyperlipidemia, Obesity Class 3 BMI40.30, Generalized anxiety disorder retroperitoneal mass, Obstructive sleep apnea and asthma. Past Surgical History: 1/8/25 exploratory laparotomy, extensive Loa, small bowel section x 3 with primary end to end anastomosis, right hemicolectomy with side-to-side functional end to end ileocolic anastomosis, sigmoidoscopy with end descending colostomy. Patient seen by this provider on 1/12/25 for intubate ostomy 16F foley placed for colostomy irrigation. 1/13 Low ostomy output 1/14 Low ostomy output 1/15 Ostomy output improving 1/16 D/C foley from stoma patient tolerating soft foods, pain minimal rate pain 2/10. Patient is urinating and ambulating independently. Will be discharged today to inpatient rehab.	**Labs 1/15/2025** Sodium 138 Potassium 3.5 Chloride 104 Co2 23 BUN 14 Creatine 1.04 Glucose 112 Magnesium 1.9 Phosphorus 2.6 Anion Gap 11 WBC 8.7 RBC 3.55 HGB 11.8 Hematocrit 36.7 Platelet 255

Allergies: Omega 3, Vancomycin, bacitracin, benzoin compound, Peruvian balsam **Medication:** Pantoprazole 40 mg tab daily Acetaminophen 500 mg Q 6hrs as needed for pain. Amlodipine 5 mg tab daily Atorvastatin 40 mg daily Budesonide-foroterol 160-4.5 mcg/actuation inhaler 2 puffs twice per day Bupropion AL 300 mg daily Cyclobenzaprine 10 mg BID Finasteride 5 mg daily Gabapentin 100 mg capsule BID for 60 days Lorazepam 0.5 mg as twice per day as needed for anxiety for 90 days Spironolactone 100 mg tab twice per day Tamsulosin 0.4 mg at bedtime Trazodone 100 mg bedtime Vilazodone 40 mg daily	PTT 33.4 INR 1.1

WOC Complex Plan of Care

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
End descending colostomy. The stoma measures 1 ½ x 1 ¾ inches and is located in the left upper quadrant (LUQ) with a protrusion and a budded appearance. The mucosal condition is red and moist. The mucocutaneous junction remains intact, and the peristomal skin is clear and dry. The peristomal contour is rounded, and the supporting tissue is semisoft. The output is characterized by a mushy consistency.	**Plan** **Patient to Discharge to inpatient rehab. Stoma nurse removed 16F foley from stoma with no resistance. Patient ostomy teaching session # 2 was completed.** Use Hollister new image 2 ¼ flat flange with tape collar, cera ring, drainage pouch. **Alternative pouching system** Coloplast Assura 2-piece system. This system includes a flat, flexible adhesive coupling plate with a comfortable, secure seal and a pouch with an integrated drain valve. The Assura system is designed to be user-friendly, offering a secure fit with the option for easy removal and replacement. Additionally, it features skin-friendly adhesive and is available in various pouch sizes and styles to accommodate different needs and preferences.	No peristomal skin problem observed during pouch change. Patient is adjusting well to colostomy her verbalized “this was the best describe to give me a better quality of life” Patient advanced to GI soft diet tolerating well. Pain is well controlled patient report pain as 2/10 on a scale of 0-10	The 2 ¼ flat flange with a tape collar ensures a secure fit around the stoma, helping to prevent leakage while offering a more comfortable and customizable option for the patient (Carmel et al., 2022. This system is designed to be easy to apply and maintain, allowing for effective care by both the patient and the nursing staff when he goes to inpatient rehab. It is especially important when the patient is transitioning from acute care to rehabilitation, ensuring the patient can manage their ostomy independently with minimal assistance. Regular monitoring of the stoma is essential to detect any complications like infection, necrosis, or changes in size, ensuring timely interventions (Carmel et al., 2022, p. 167-169).

	Educate patient on steps to change pouch wife was not present so patient video pouch change demonstration by stoma team. **Step 1** Gather your supplies (washcloth or paper towel eg bounty, Scott, Brawny, scissors with at least one blunt tips, plastic bag or newspaper for waste, new pouch, skin barrier and accessory product like adhesive remover, stoma powder and barrier ring) - Once per week for the first 6 weeks you will need to measure the size of your stoma. On the days that you measure you will need to perform step 3 before step 2 **Step 2** Prepare or new pouch – Trace the pattern on the cover paper of the sin barrier flange (size to fit within 1/8 pf stoma). Cut out the skin barrier flange, center the pouch opening over the skin barrier flange and snap firmly together, close the end of the pouch. Remove the skin barrier cover papers from the adhesive surface of the flange. Set the prepared pouch assembly	Patient denies any nausea he is ambulating without difficulty. Vitals Stable BP 131/70 HR 68 Temp 97.3 oral RR 17 Oxygen 95% on RA Patient verbalized understanding of teaching. He was able to video the teaching and participated in stoma care. He has his discharge paperwork;2 weeks supplies and script. Schedule to follow up in stoma clinic 1/21/25**.** Continue BIPAP for sleep apnea	Educating the patient empowers them to manage their stoma independently, reducing the risk of complications and improving overall care (Carmel et al., 2022, p. 144). Lieske et al. (2024) suggest tracking the output is critical for identifying any potential gastrointestinal issues (e.g., obstruction or dehydration) early on. . Adequate nutrition supports wound healing, stoma function, and overall recovery. Soft foods are helpful in preventing irritation to the stoma and bowels (Michońska et al., 2023). United Ostomy Associations of America (UOAA) - Provides education, support, and advocacy for individuals living with ostomies in the United States. Website: www.ostomy.org

	aside , sticky side up . Remove backing from ring stretch to the size of the hole cut into flange and press onto the back of the flange. **Step 3**- Remove the worn pouch (holding the pouch upright opens the end of the pouch. Empty the waste into the toilet, remove pouch b apply line lightly pressure on the skin with one hand, use adhesive removed as needed. Place the old pouch in plastic bad and discard. **Step 4**. Clean the skin around the stoma with warm water, pat dry, use skin barrier powder to sore skin as needed. Brush off excess powder **Step 5** Apply the prepared pouch. Center the pouch opening over the stoma and press into place, smooth the sticky surface of the skin barrier flange onto the skin. Hold the pouch firmly in place for a few moments or apply warm pack for 5-10 minutes. **Step 6** Change the pouch flange every 3-4 and as needed for leakage. Empty ouch when 1/3 or		Managing anxiety effectively can improve the patient's overall well-being, reduce stress, and enhance cooperation with treatment and recovery processes (Polidano et al., 2021). Hemoglobin (HGB) of 11.8 g/dL and hematocrit (Hct) of 36.7%, the patient is slightly anemic. Post-operative complications such as minor bleeding from the surgical site or from the stoma area may contribute to a slight decrease in hemoglobin and hematocrit levels. Malnutrition or insufficient intake of iron, vitamin B12, and folate can lead to anemia, which is common in colostomy patients who may experience difficulties with digestion or absorption of essential nutrients (Michońska et al., 2023). A nutritionist or dietitian can provide specific recommendations and follow up labs with monitor patient nutritional status

	½ full measure output for 2 weeks If pouch leaks or the skin around your stoma gets sore call ET/WOC Nurse at 216-444-6677 or 800-223-2273 ext. 46677. Continue regular assessment of the stoma for any changes in size, color, or irritation. Consult nutrition to discuss anemia Monitor nutritional intake: eat a balanced diet, particularly soft foods, to promote healing and ensure adequate nutrition following bowel surgery and stoma creation. Follow up for repeat lab tests (iron panel, ferritin, B12, and folate levels) to assess improvement in anemia and adjust dietary or supplemental intake accordingly.		

	Encourage patient to seek out support groups like United Ostomy Associations of America Patient concern about pouch odor- teach the patient odor can be a sign of leakage and odor when emptying the pouch is normal. Discuss deodorants and eliminator available in the form of droplets and liquid Continue visits with psychiatry for anxiety and continue lorazepam as needed Continue pain medication as prescribed		

	Patient lives at home with his wife she will assist with colostomy pouch changes Patient will be discharged to inpatient rehabilitation continue PT/OT		

References:

Carmel, J., Colwell, J., & Goldberg, M. T. (Eds.). (2022). *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed.). Wolters Kluwer.

Lieske, B., Marietta, M., & Meseeha, M. (2024, November 9). Large bowel obstruction. In *StatPearls* [Internet]. StatPearls Publishing. Available from https://www.ncbi.nlm.nih.gov/books/NBK441888/

Michońska, I., Polak-Szczybyło, E., Sokal, A., Jarmakiewicz-Czaja, S., Stępień, A. E., & Dereń, K. (2023). Nutritional Issues Faced by Patients with Intestinal Stoma: A Narrative Review. *Journal of clinical medicine*, *12*(2), 510. https://doi.org/10.3390/jcm12020510

Polidano, K., Chew-Graham, C. A., Farmer, A. D., & Saunders, B. (2021). Access to Psychological Support for Young People Following Stoma Surgery: Exploring Patients' and Clinicians' Perspectives. *Qualitative health research*, *31*(3), 535–549. https://doi.org/10.1177/1049732320972338