

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
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)

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>Midline incision:</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 ¼ • 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> <ul style="list-style-type: none"> • Cleaned with water. No drainage observed. 	<p>Peristomal skin problems noted during pouch change r/t high volume stoma and poor pouch fit. <u>Janella, this section is to share how you know your plan is working. In this case, you want to see _____ No peristomal skin breakdown noted</u></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. <u>-Convatec convex system remains intact for 3-4 days</u></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) (Salvadalena & Hanchett, 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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<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> <p>Support and outside resources:</p>	<ul style="list-style-type: none"> • 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>Use open-ended questions</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. <u>Patient changing new pouching system with minimal assistance or without help or with husband assistance</u></p> <p><u>Not sure why this is here....</u></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>Pt and husband are very active in the care of her ileostomy. She is a well established ostomy patient and she is able to care for her ostomy independently at home. Pt husband is also well educated on the care of the stoma.</p> <p>Pt reports receiving support from palliative care and psych as needed.</p> <p>Pain management :</p> <p>Pt is currently on a Hydromorphone PCA with basal rate for acute pain management.</p>	<p>Acknowledge patient feelings as normal. Pt has anxiety and MDD. Pt encouraged to voice feeling and concerns.</p> <p>Monitor for need for further psych intervention <u>& call MD if patient overwhelmed.</u> Pt reports feeling hopeful for the future and possible small bowel transplant soon. Support systems appear adequate.</p> <p>Pain prior to pouch changes was 5/10 using numerical pain scale (1-10).</p> <ul style="list-style-type: none"> • Pt is currently on a Hydromorphone gtt for acute pain management. • Multimodal pain management is also being used. • Pain management team is following this pt. 	<p>Pt states the ability to care for stoma with the help of her husband.</p> <p>Monitor for changes to inability to care for stoma. <u>This would be a plan & then if your are monitoring what are you going to do w info?</u></p> <p><u>Pt reports feeling hopeful for the future and possible small bowel transplant soon.</u></p> <p>Pt. reports pain as 6/10 at completion of pouch/dressing changes using the numerical pain scale (1-10)</p> <p><u>Aren't we looking for better results?</u></p>	<p><u>What is the rationale for the psych interventions?</u></p> <p>Managing post operative pain is important. The use of multimodal pain management decreases the risk of opioid dependence and decrease the risk of adverse effects. It is also shown to increase recovery time (Chunduri & Aggarwal, 2022).</p>
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	<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. <u>And do what w info if there is an issue?</u></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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WOC Complex Plan of Care References:

Janella, remember in Word docs the reference list in APA is hanging indent & double spaced. I put an example below

Chunduri, A., & Aggarwal, A., K. (2022). Multimodal pPain Management in Orthopedic Surgery. *Journal of Clinical Medicine*, Article e6386. <https://doi.org/10.3390/jcm11216386> there is a volume & issue for this

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. these 3 women are not the editors for this book

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. same here

American Cancer Society. (2020). *Colorectal cancer stages*. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/staged.html>

Anwar, M., Ahmad, S., Akhtar, R., Mahmood, A., & Mahmood, S. (2017). Antioxidant supplementation: A linchpin in radiation-induced enteritis. *Technology in Cancer Research & Treatment*, 16(6), 676-691.
<https://doi.org/10.1177/1533034617707598>

Highlight the above references, go to Home & select the Paragraph tab & see the setting selections that do the indent & correct spacing

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Content		Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2	<u>2</u>	
Assessment	Describe assessment findings	6	<u>6</u>	
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6	<u>6</u>	
	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	<u>0</u>	N/A
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	<u>9</u>	
	Propose alternative products. Include generic & brand names	4	<u>0</u>	You did not do this
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6	<u>4</u>	Not always an evaluation parameter
Rationale	Explain the rationale for identified interventions	6	<u>5</u>	
Scholarly work	Rationales referenced & cited according to APA formatting guidelines	1	<u>.2</u>	Mult errors in format
	Proper grammar & punctuation used	1	<u>1</u>	
	References: See the course syllabus for specific requirements on references for all assignments	1	<u>.5</u>	Used article but referenced incorrect text
	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50		<u>33.7</u> New score will be -1 for resubmission	

Look at the areas where you did not achieve max points & make appropriate changes.

Patricia A. Slachta 2/10/25