

WOC Complex Plan of Care

Name: Jasmine J. Lee Patient Encounter Date: January 30, 2025

Preceptor for Patient Encounter: Maldonado-Villalobos

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>A.R. 3F Neurogenic Bladder Allergies: Banana, Polyester fibers, latex Pmhx: History of neurogenic bladder secondary to myelomeningocele. She has a VP shunt. Breakthrough seizure, Cerebral palsy, Chronic stridor, Dysphagia, Epilepsy, Focal seizures, GERD without esophagitis, Hydrocephalous, Meningomyelocele, Lower urinary tract infections, lumbar spina bifida, Seizure, Shunt malfunction, Stridor, Umbilical hernia without obstruction and gangrene Past surgical history: Right ventriculoperitoneal shunt, shunt revision x2. PR Transect corpus callosum, PR stereotactic comp assist proc, cranial intradural, bilateral eye muscle surgery, sedated Botox injections to bilateral biceps, adductor magnus, adductor longus, adductor brevis, with U/S and e-stim guidance, Myelomeningocele repair</p> <p>Bladder management:</p> <ul style="list-style-type: none"> - CIC every 3 hours with 8 Fr catheters. - Reports being dry in between catheterizations. - Bladder irrigations with gent 30 to 40 mL instilled each evening. No issues with UTs since starting this regimen - Takes Oxybutynin 1 mL BID. No issues. Flushing with 1.5 BID <p>Bowel Regimen:</p> <ul style="list-style-type: none"> - Milk of magnesia and enema nightly - Denies constipation o 	<ul style="list-style-type: none"> o VCUG 05/2022: No VUR. Filled to 125cc. o UDS 03/2021: Greater than expected capacity, low pressure filling with intermittent detrusor overactivity noted at volumes 52cc. No leakage. EMG increased activity with contractions. o RBUS 1/08/24: Right kidney 8 cm, previously 8.6 cm; Left kidney 7.9 cm, previously 8.6 cm; Urinary bladder volume 6 ml: Urinary bladder wall thickness 4 mm. No hydronephrosis. o RBUS 8/7/24: RK 9 cm, LK 8.2 cm. No hydronephrosis. Bladder wall 3mm. Small amount of echogenic material in bladder.

WOC Complex Plan of Care

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
Urinary disfunction	Continue with clean intermittent catheterization at regular intervals, every 4- 6 hours using proper hand hygiene with each catheterization.	Parent can perform clean intermittent catheterization with clean technique.	CIC will help to reduce the amount of urinary tract infections the patient has as well as prevent retrograde hydronephrosis. It mimics bladder function in order to maintain renal function as well as prevent overfilling of the bladder (Kent & Holderbaum, 2022)
Patient at risk for urinary tract infection	Monitor for signs and symptoms of UTI such as fevers, flank pain, and malodorous urine. Inform physician if this occurs.	Patient will be able to decrease incidence of urinary tract infection.	Frequent urinary tract infections are very common in individuals' who perform intermittent catheterization. This will require that the patient intake prophylactic antibiotics to reduce the number of UTI's (Newman, 2022)
	Hydration is still important in maintaining health of the individual as well as the urinary system. Please try to drink at least 5 cups of water daily.	Patient will be able to remain continent while maintaining relatively normal bowel function.	Patient is receiving oxybutynin at a dose that is appropriate for age. This medication can also lead to anticholinergic effects such as constipation, and dry mouth, dizziness, and headache (Wooldridge, 2022).
Altered Bowel function	Patient able to hold appropriate amount of fluids. It was noted that once bladder had reached capacity, the patient became visibly uncomfortable. Fluid was then allowed to drain, and patient became calm again.		
	Mother is aware of and is considering initiation of Peristeen irrigation. Mother would like to revisit this topic once the patient is 4yo, as there are no issues with current regimen.	Patient can stay clean and dry during the day without incontinence. Patient can remain dry without the use of body worn absorbent products.	The use of intra-anal irrigation such as Peristeen, can help with social development in children. it allows them to remain continent during wake hours. Its use increases the individual's quality of

WOC Complex Plan of Care

<p>Patient at risk for pain due to procedure</p> <p>Branden Q: 25 Mobility:4 Activity:3 Sensory Perception:3 Moisture:4 Friction / shear:4 Nutrition:3 Tissue perfusion and oxygenation: 4</p> <p>The patient is a low risk for pressure injury. She is able to make significant movements but was seen being carried by mom during the whole appointment probably due to fear. Patient was seen standing, although for a short amount of time after the procedure ended. The patient is able to remain continent during the day per her mother. Patient is only 4 years old, but she is picky with intake as mom states that she only eats chicken nuggets and fries.</p>	<p>Mother is close to patient aiding in keeping her calm and comfortable.</p> <p>The patient would benefit from a dietary consult to help maintain a more normal bowel function by figuring out which fiber containing foods would be best for the child, as well as to eliminate foods that would lead to constipation. The patient would also benefit from Occupational therapy to assist with learning how to self-catheterize herself, by helping improve dexterity, and help with other adaptations needed to be able to self-catheterize and the need for adaptive equipment (Kent & holderbaum, 2022).</p>	<p>Parent is close to patient and aids in keeping her calm during the exam. Although there were some indications of bladder contractility, clinician was able to associate the contractility with movement or crying which she labeled on the exam.</p>	<p>life (Gibbins et al, 2020)</p> <p>Holding this young patient during this exam helps in decreasing discomfort felt by the child. this also helps in obtaining accurate results as the child is less likely to move or become uncooperative (Park et al, 2023).</p>
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References:

Gibbons, C., Coyle, D., White, C., Aldridge, E., Doyle, M., & Cascio, S. (2020). Assessment of neurogenic bowel symptoms with the bowel dysfunction score in children with spina bifida: A prospective case-control study. *Pediatric Surgery International*, 36(7), 773-777. <https://doi.org/10.1007/s00383-020-04670-8>

Park, J., Lee, H., Han, S. W., & Choi, E. K. (2023). Effects of parental holding on pain response in young children during cystometry: A randomized control trial. *Neurology Urodynamics*. 43, [HTTps://Doi.org/10.1002/nau.25284](https://doi.org/10.1002/nau.25284)

WOC Complex Plan of Care

Newman, D. K. (2022). Indwelling and intermittent urinary catheterization. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 404-431). Wolters Kluwer.

Wooldridge, L. S. (2022). Overactive bladder/urgency ui: pathology, presentation, diagnosis, and management. In J. Ermer-Seltun, & S. Engberg *Wound, Ostomy, and continence nurses society core curriculum: Continence Management* pp110- 132.

WOC Complex Plan of Care

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: _____