

WOC Complex Plan of Care

Name: Malissa Goebel Patient Encounter Date: 2/13/2025

Preceptor for Patient Encounter: Therese "Terri" Cobb

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>Patient is a 31 year old male with double barrel ileostomy that is not ideally sited as site was not marked preoperatively, and patient's bowel was perforated during a colonoscopy on 1/7/2025.</p> <p>Patient had a previous ileostomy that was placed due to small bowel obstruction (SBO) and peritonitis.</p> <p>Patient diagnosed with Ehlers Danlos Syndrome type IV and has history of aneurysm 11/2019, right iliac artery dissection, and left iliac artery dissection.</p> <p>Patient is ambulatory.</p> <p>Braden Scale Sensory perception: 4 (no impairment) Moisture: 3 (occasionally moist) Activity: 4 (patient walks frequently and drove to the clinic) Mobility: 4 (no limitation)</p>	<p>Patient is an outpatient, and no recent labs were available.</p>

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Nutrition: 4
Friction and Shear: 3 (no problem)
Braden Score: 22 (I am not concerned about this patient due to Braden Score. This is a younger ambulatory patient.)

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
<p>Patient being seen for an appliance change today. Patient has been having some skin and wound issues related to previous surgery.</p> <p><u>Assessment:</u> Patient's ostomy is not ideally sited, and there are deep transverse creases that extend from the stoma at the 3 o'clock, and 5 o'clock positions. There was previously a wound at the 3 o'clock position that extended 3 cm transverse. This wound is epithelialized and possibly somewhat hypergranulated.</p> <p><u>Stoma:</u> 1x 1 1/8 inch oval. Os at 6 o'clock position and functions at skin level.</p> <p><u>Peristomal skin:</u> Mucotaneous junction intact. Narrow pseudoverrucous lesion at bottom edge of lesion from 3-9 o'clock position.</p>	<p>Patient to return to clinic in 2 days for appliance change.</p> <p>Appliance change to be completed every 2-3 days or PRN due to leakage.</p> <p>Domeboro soak.</p> <p>Apply strip paste to transverse creases near stoma.</p> <p>Apply Hollihesive wedges over paste.</p> <p>Apply hollihesive washer around stoma.</p> <p>Coloplast Sensura mio 1 1/4 in precut deep convex 1 piece appliance used. Cut area was extended slightly at sides as the stoma is oval and patient indicated decreased leakage if the hole is wider.</p> <p>(An alternative appliance option for patient would be a Marlen Deep Ultralite Deep Convex. If patient continues to have issues an oval NuHope convex appliance might be an appropriate option.)</p>	<p>Patient has a stated preference for Coloplast Sensura Mio appliance because of a preference for the look of the appliance.</p> <p>Patient was able to manage his previous ileostomy independently despite output being at skin level.</p> <p>Patient was not opposed to use of Domeboro soak, and nurses had used this product with him in clinic previously.</p> <p>Patient was aware of the function of stoma, and was comfortable providing self care related to stoma with the exception of current issues with leakage which were likely a function of the stoma combined with patient's body habitus.</p>	<p>Appliance rationale at this point was patient preference. Patient has tried both Marlen ultralite deep convex and Coloplast Sensura Mio Deep Convex. Since patient's stoma is oval the Coloplast Sensura Mio is easier to customize fit as it is a cut to fit. Marlen does have a cut to fit option, but it does not have the same contour as the precut option, and it has more of a plateau convexity than the precut deep convex option and the tension angle is different between these two options (Beitz et al., 2025).</p> <p>Domeboro soak is an aluminum acetate powder that is mixed into water, and used as a soak applied to skin, and it has astringent properties to reduce redness (Barry et al., 2021; Black et al., 2011). Domeboro solution was developed from Burow's solution which was developed in the 1800s by a</p>

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<p><u>Abdominal plane</u>: obese abdomen. Concave areas when supine, and deep transverse creases appear when sitting up.</p> <p><u>Treatment</u>: Domeboro soak. Applied strip paste to transverse creases near stoma. Applied Hollihesive wedges over paste. Applied hollihesive washer around stoma. Sensura mio 1 1/4 in precut convex 1 piece appliance used. Cut area was extended slightly at sides as the stoma is oval and patient indicated decreased leakage if the hole is wider. Multipore tape applied around pouch.</p> <p>Midline incision: Healed except for small opening near base of wound measuring 0.8cm deep with 1.8cm tunnel at 12:00 position. Tunnel packed with Mesalt, and covered with 4x4 gauze folded in quarters and medipore tape.</p> <p>Goal is 3-4 day wear time, but patient has been having leakage issues.</p>	<p>Apply Multipore tape around pouch.</p> <p>Wound near umbilicus: every 2 days of PRN due to soiling. Cleanse area. Apply Mesalt strip to pack tunneled area. Cover with folded gauze. Tape with multipore tape.</p>		<p>German surgeon, and it was used as an OTC preparation to treat otitis media, but it is no longer sold OTC for this use. Ther is some evidence indicating the use of this, but it was not mentioned in the textbooks, and truthfully I had difficulty finding much recent evidence supporting the use of this product. The patients did not seem to find this product obtrusive to use, but they did find the soak to be uncomfortable at times when it was being used on denuded skin. I feel that Domeboro's was unlikely to harm a patient, but I don't know that I have evidence that necessarily support's its use.</p> <p>Patient's diagnosis with Ehlers Danlos Syndrome type IV, which is the vascular subtype, likely contributes to the perforation that the patient had during colonoscopy as people with EDS tend to have generalized tissue fragility (van Dijk et al., 2024).</p> <p>The MASD in the peristomal area is an important concern as the pseudoverrucous lesions are consistent with prolonged exposure to ileostomy output, and indicate regular leakage from the</p>
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			<p>ostomy appliance (McNichol et al., 2022).</p> <p>Hollihesive wedges were used to help create a uniform surface for appliance to adhere to, and were to help deal with creases that were present due to skin folds that were present in the peristomal area.</p> <p>Leakage is one of the biggest concerns for patients after ostomy surgery, and support to fix the problems that a patient is having with an appliance system is an appropriate reason to be followed closely by an ostomy nurse especially when patient has not yet found an appliance system that has an acceptable wear time (Colwell et al., 2019).</p>
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References:

Barry, P. N., Ling, D. C., Beriwal, S. (2021). Definitive chemoradiation or radiation therapy alone for the management of vulvar cancer. *International Journal of Gynecological Cancer*, 32, 332-337. <https://doi.org/10.1136/ijgc-2021-002530>

Beitz, J. M., Colwell, J., Doughty, D., McNichol, L., Gray, M. (2025). Measurement of convexity characteristics: A transdisciplinary consensus conference. *Journal of Wound, Ostomy, and Continence Nursing*, 52(1), 36-44. <https://doi.org/10.1097/WON.0000000000001139>

Black, J. M., Gray, M., Bliss, D. Z., Kennedy-Evans, K. L., Logan, S., Baharestani, M. M., Colwell, J. C., Goldberg, M., Ratliff, C. R. (2011). MASD part 2: Incontinence-associated dermatitis and intertriginous dermatitis a consensus. *Journal of Wound, Ostomy, and Continence Nursing*, 38(4), 359-370. <https://doi.org/10.1097/WON.0b013e31822272d9>

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- Colwell, J. C., Bain, K. A., Hansen, A. S., Droste, W., Vendelbo, G., James-Reid, S. (2019). International consensus results: Development of practice guidelines for assessment of peristomal body and stoma profiles, patient engagement, and patient follow-up. *Journal of Wound, Ostomy, and Continence Nursing*, 46(6), 497-504.
<https://doi.org/10.1097/WON.0000000000000599>
- McNichol, L., Bliss, D. Z., Gray, M. (2022). Moisture-associated skin damage: Expanding practice based on the newest ICD-10-CM codes for irritant contact dermatitis associated with digestive secretions and fecal or urinary effluent from an abdominal stoma or enterocutaneous fistula. *Journal of Wound, Ostomy, and Continence Nursing*, 49(3), 235-239.
<https://doi.org/10.1097/WON.0000000000000873>
- van Dijk, F. S., Ghali, N., Chandratheva, A. (2024). Ehlers-Danlos syndromes: Importance of defining the type. *Practical Neurology*, 24, 90-97. <https://doi.org/10.1136/pn-2023-003703>

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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: _____