

WOC Complex Plan of Care

Name: Marina DeRosa Patient Encounter Date: 12/24/2024

Preceptor for Patient Encounter: Karen Francis APN CWON

Clinical Focus: Wound Ostomy Continence

Number of Clinical Hours Today: 12

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>Name: John Doe Age: 65 Gender Male</p> <p>Chief Complaint: Increased pain and drainage from the colostomy site.</p> <p>Mr D present to the ED with complications related to his colostomy for approximately two weeks. Prior to this hospitalization, he was recovering at home following an elective colostomy due to colorectal cancer. However, during this period, he began to develop symptoms increased pain, foul smelling drainage and discoloration of the stoma which progressed to necrosis. This is my first time seeing Mr. D.</p> <p>Medical History:</p>	<p>Laboratory Results:</p> <p>CBC WBC: 17.5 Hgb: 9.0 Hct: 28 PLT: 350 Chem Screen NA: 138 K: 4.0 CL: 95 CO2: 25 GLUCOSE: 180 BUN 30</p>

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<p>Colorectal cancer, history of bowel obstruction Chronic renal insufficiency Type 2 diabetes mellitus Hypertension History of coronary artery disease</p> <p>Surgical History: Elective colostomy was created following a partial colectomy due to colorectal cancer. Post-operative complications include wound infection and venous thromboembolism.</p> <p>Allergies: Allergic to penicillin.</p> <p>Chief Complaint: Increased pain and drainage from the colostomy site.</p> <p>Vital Signs Temp: 102°F , HR :95 bpm, BP:119/76, R 20 bpm</p> <p><i>What appliance is in place for this patient?</i> Hollister New Image Flex wear Standard Wear Flat Skin Barrier 2 ¾ inch New image Lock and Roll micro seal closure drainable pouch without filter Hollister New Image two Piece w cut to fit Ceraplus 2 ¼ inch with New Image Lock and Roll micro seal closure pouch</p>	<p>CREATININE 1.5 Blood Cultures: Pending Wound Culture: Positive for Methicillin-resistant Staphylococcus aureus (MRSA) and Escherichia coli.</p>
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Assements	Plan/Interventions/ Alternatives	Evaluation	Rationale
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Physical:

General Assessment:

Appearance:

The patient appears fatigued and anxious, demonstrating signs of discomfort due to abdominal pain. He is alert but slightly restless. ← *this is not good for this patient, could be septic due to colostomy failure. Make sure output and history is clear here.*

Stoma Assessment:

Location: Left lower quadrant

Type End colostomy.

Stoma Appearance:

Color: Dark brown with necrotic areas observed along the periphery of the stoma.

Size: Approximately 2.5 cm in diameter

Shape: oval; the size has been stable but irregular edges are noted due to necrosis.

Moisture: areas appearing moist due to necrosis

Surface: Irregular with necrotic areas at the base

Mucosa: Obscured with necrotic tissue and slough ← *this requires further*

assessment/documentation... is mucosa visible?

Test tube test or anything done to further visualize?

Patient was in abdominal pain and this test could not be performed. Sometimes there will be a

superficial membranous slough. If there is true

necrosis, output needs to be closely

monitored/recorded/observed, as well as stat page to surgical team

Output was scant liquid thin dark, Measuring

Wound Ostomy Nurse

do not use this term to describe the WOC professional, it is a legally protected acronym by the professional society. Use "WOC

nurse" **Recommendations:**

1. Immediate Care Needs:

Initiate dressing change using a hydrocolloid dressing to promote a moist wound environment and protect peristomal skin.

Collaborate with the surgical team for consideration of sharp or enzymatic debridement of necrotic areas. ← *where is this dressing indicated?*

Along the periphery of the stoma

2. Infection Management:

Administer prescribed IV antibiotics and monitor for systemic signs of infection closely. Document any changes in wound characteristics and vital signs. Report if patient has temp over 101 ← *and report?*

Report findings to Primary Medical team

3. Patient Education:

Educate the patient on proper stoma care. The patient was instructed on

In general, for this section, what is observed/would be observed to show that your ordered interventions from column 2 were/are working?

Example: "Peristomal skin maceration resolved"

As Wound Ostomy nurse the focus is on assessing the integrity of the stoma and the management of the surrounding skin, and the overall health of the wound. The evaluation considers not just the physical healing of the stoma site but also the psychological and educational needs of the patient.

Explanation

The JD case is particularly complex due to necrotic tissue skin integrity issues

1. Assessment of Stoma and Surrounding Skin:

Rationale:

Regular assessment of the stoma and surrounding skin is critical for early identification of complications such as necrosis, infection, and skin breakdown.

Understanding the condition of the stoma assists in determining appropriate interventions to enhance healing and prevent further deterioration.

(Salvadarena & Hanchett, 2022)

2. Maintaining a Moist Wound Environment:

Rationale:

Hydrocolloid dressings maintain a moist wound environment, essential for promoting healing. They facilitate autolytic debridement and help protect the tissue from external contamination and nutrient loss. ← *what*

is needed to be autolytically debrided here?

Moist environments have been shown to enhance

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<p>40ml Surgery was called for consult</p> <p>Bleeding: Minor bleeding observed at the edges.</p> <p>Odor: Malodorous smell emanating from the stoma, indicating possible decay or infection.</p> <p>Surrounding Skin Assessment: Condition: Color: Erythema and inflammation extending 2-3 cm around the stoma. Integrity: Exhibits slight maceration, particularly where moisture is trapped due to the colostomy appliance. Wound Edges: No visible signs of undermining but some erosion is noted around the stoma area. Skin is warm to touch compared to surrounding areas.</p> <p>Discharge: Purulent drainage from the erosion noted around the stoma (yellowish-green, malodorous) present, indicating ongoing infection. <i>← stoma isn't typically infected, surrounding tissue may be, necrosis also could indicate. Is this drainage or ostomy output?</i></p> <p>Purulent drainage was noted peristomal skin at 6 O'clock</p> <p>Abdominal Assessment: Abdomen is distended with visible bulging in the left lower quadrant.</p>	<p>proper stoma care including cleansing the stoma and surrounding skin gently with warm water and a soft cloth avoid using soap some wipes they contain alcohol and fragrances as they can irritate the skin. Pat dry with a clean towel. Inspect the stoma daily including surrounding skin for signs of irritation inflammation and necrosis. <i>← remember, you are the directing specialist, what is meant by this?</i> Signs and symptoms of infection redness and swelling. Increased warmth around the stoma or the skin. That couldn't indicate infection. Increased pain and discomfort. Pain at the stoma site. An unusual foul odor not attributed to stool. Pus or drainage, any drainage of possible fluid with unusual color or consistency. Change in the stoma appearance discoloration fever or any unusual bleeding. <i>← such as?</i> and importance of skin protection. <i>Contact your</i></p>	<p>and systemic infection signs. His multiple comorbidities complicate the healing processes and the management of his colostomy.</p> <p>As a Wound- Ostomy Nurse the approach encompasses not just the physical aspects of wound management but also the educational components required to empower the patient in their care. Collaborating with interprofessional teams ensures comprehensive management, integrating dietary, nursing, and medical interventions tailored to the patient's unique needs. By following the outlined orders and rationale, the WOC aims to create an optimal healing environment for JD, minimizing complications, managing infection, and promoting overall well-being.</p>	<p>epithelialization and decrease pain associated with the wound area. (Pittman, 2022). <i>Epithelialization suggests a partial thickness loss.</i></p> <p>3. Debridement of Necrotic Tissue: Rationale: Debridement removes non-viable tissue that can impede healing and be a source of infection. Effective debridement is essential for forming healthy granulation tissue and promoting healing. (Pittman, 2022)</p> <p>4. Infection Control through IV Antibiotics: Rationale: Antibiotic therapy is essential in treating identified infections (MRSA and E. coli) to prevent the systemic progression of infection, which could lead to sepsis. Administering antibiotics according to culture sensitivity ensures targeted treatment and promotes effective infection</p>
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<p>No visible surgical incisions aside from the stoma. Palpation: Abdominal palpation elicits tenderness in the left lower quadrant (localized pain). Bowel sounds are active in all quadrants, but slight decrease noted in the region of the colostomy.</p> <p>Psychosocial Assessment: Mental Status: Patient appears anxious and expresses fear regarding the care of the stoma and appearance. Some signs of depression noted; patient verbalizes concerns about quality-of-life changes and inability to engage in previous activities.</p> <p>Coping Mechanisms: Expresses concern about the outcome of the infection, dependency on healthcare providers, and frustration with dietary restrictions.</p> <p>Summary of Findings: Stoma: Necrotic with dark brown coloration; minor bleeding and foul odor present. Surrounding Skin: Significant erythema, maceration, and purulent discharge; skin integrity at risk. Abdomen: Distended and tender in the left lower quadrant; bowel sounds present but diminished. Psychosocial: Increased anxiety about body image and self-care impacting emotional well-being.</p> <p>Surgery consult - Patient did go to surgery</p>	<p><i>doctor if you notice any of the above signs and symptoms and go to the nearest emergency room.<-- what are your directions here?</i></p> <p>The patient was instructed in the use of barrier products such as Stoma powder to be sprinkled around the stoma and sealed with No sting barrier to protect from urine and stool exposure. The Stoma appliance must have a proper fit to proper fit to minimize leakage which can lead to skin breakdown and irritation. Avoid exposure to irritants including soaps lotions and detergent that may harm the skin. Make sure you do a daily inspection of the stoma and take prompt action if needed. Schedule a follow-up session for psychological support and adjustment counseling regarding the ostomy.</p> <p>4. Nutrition and</p>	<p>Education and empowerment are essential parts of the process, ensuring that the patient and his caregivers feel equipped to manage the healing of his ostomy effectively</p> <p>Infection no signs or symptoms of infection observed</p> <p>Colostomy - no visible sign of skin breakdown or leakage x5 days wear</p>	<p>resolution (Salvadaleña & Hanchett, 2022).</p> <p>5. Monitoring Vital Signs: Rationale: Regular monitoring of vital signs allows for early detection of infection or complications, such as sepsis, indicated by increased heart rate, fever, or hypotension. Vital sign trends provide critical information for ongoing assessment and treatment planning regarding the patient's stability (Salvadaleña & Hanchett, 2022).</p> <p>6. Education on Stoma Care and Signs of Infection: Rationale: Empowering patients with knowledge about their condition and self-care strategies enhances self-efficacy, promotes adherence to care practices, and prevents complications. Educating on infection signs promotes early recognition and timely intervention, improving outcomes and quality of</p>
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<p><i>How is output for this patient? Lack thereof would be emergent with the other assessment points.</i></p> <p><i>There is no focus on ostomy appliance here -a large component of the WOC role. ... – how is the patient managing stoma? What are your directions to change or continue such? (include in next column)</i></p> <p><i>What is an alternative to these peroducts?</i></p> <p><i>What evaluation criteria shows success of your intervention?</i></p> <p><i>Why did you choose to continue or change the current system? (rationale column).</i></p>	<p>Hydration: Collaborate with a dietitian to optimize the patient's nutritional intake for healing while considering his renal function.</p> <p>5. Psychosocial Support:- Provide resources for support groups for individuals with ostomies and consider involving a social worker or counselor to address emotional health.</p> <p>Ostomy changing Instrucrction Wash hands Press gently on the skin around the stoma with one hand, and remove the seal with the other hand. Cleans the stoma area with warm soapy water Pat dry Apply skin barrier. let dry Check the skin around the stoma and the stoma itself. It should be pink or red. Cut out the new wafer</p>	<p>life (Eiser & Morse, 2022).</p> <p>7. Nutritional Support and Hydration: Rationale: Adequate nutrition, particularly increased protein intake and optimal hydration, is crucial for wound healing. Appropriate nutritional support can enhance recovery and minimize malnutrition-related complications in patients with elevated metabolic demands due to infection. (Carmel & Scardillo, 2022)</p> <p>8. Psychosocial Support: Rationale: Addressing psychological well-being is vital in patients with significant lifestyle changes due to ostomy surgery. Emotional support can improve coping mechanisms, reduce anxiety, and foster a positive outlook towards self-management and recovery. (Carmel & Scardillo, 2022)</p>
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	<p>make sure the edges of the wafer are smooth Attach the pouch to the wafer Peel off the paper on the wafer Place the seal evenly around the stoma. Hold it in place for a few minutes. To make sure the seal sticks to the skin Make sure the pouch is sealed Wash hands</p>		<p>9. Ongoing Follow-Up Assessment: Rationale: Continual follow-up assessments allow for timely treatment adjustment based on the patient's progress, ensuring care is tailored to ongoing needs. Monitoring outcomes facilitates early intervention should complications arise, leading to better patient outcomes (Murphree & Jaszarowski, 2022).</p> <p>The rationale for the overall treatment plan: The overall treatment plan integrates all aspects of care necessary for JD's rehabilitation and recovery, recognizing both the physical and emotional challenges posed by his current condition.</p> <p>The rationale for this multi-faceted approach includes Holistic Care: Acknowledging the interplay between physical, nutritional, and psychosocial needs fosters comprehensive</p>
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			<p>healing. This understanding supports better patient-centered outcomes. Prevention of Complications: The treatment plan aims to minimize the risk of complications by proactively addressing issues such as necrosis, infection, and nutritional deficits, promoting more efficient recovery (Murphree & Jaszarowski, 2022).</p> <p>Empowerment Through Education: Fostering patient education and involvement in their care helps enhance compliance, reduces anxiety, and increases self-confidence in managing their condition. (Carmel & Scardillo, 2022. ← <i>ok. This patient may not be to this point yet, as they have minimal plan in place yet.</i></p> <p>Interdisciplinary Collaboration: Involving specialists such as dietitians and wound care consultants ensures that</p>
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		<p>interventions are grounded in best practices and evidence-based approaches, delivering the highest standard of care.</p> <p>In conclusion, the nursing rationales outlined above establish a foundation for efficient, effective, and empathetic care for JD. These rationales aim to promote healing, improve his quality of life, and empower him to manage his healthcare.</p>
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References:

Carmel, J., & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 202–214,14). Wolters Kluwer.

Salvadalena, G. D., & Hanchett, V. (2022). Peristomal skin complications. In *Wound, Ostomy and continence nurses society core curriculum ostomy management* (2nd ed., pp. 250–260, 16). Wolters Kluwer.

Colwell, J., & Hudson, K. (2022). Selection of pouching system. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 172–200, 12). Wolters Kluwer.

Ferri, L., & Fichera, A. (2022). Disease that lead to a fecal stoma: Colorectal cancer. In *Wound, ostomy, and continence nurses society core curriculum ostomy management* (2nd ed., pp. 44–58, 4). Wolters Kluwer.

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Murphree, R. W., & Jaszarowski, K. (2022). Professional practice for wound, ostomy and continence nursing. In *Wound, Ostomy, and continence nurses society core curriculum ostomy management* (2nd ed.,, pp. 4–5,1.). Wolters Kluwer.

Eiser, C., & Morse, R. (2022). Quality of life in patients with colostomies : The importance of nurse-led interventions. *International Journal of Nursing Studies*, 129. <https://doi.org/10.1016/j.ijurstu.2021.103997>

Pittman, J. (2022). Stoma Complications. In *Wound, Osotmy, and continence nurse society core curriculum ostomy management* (2nd ed., pp. 270–279,17). Wolters Kluwer.

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	Content	Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2	2	<i>See comments</i>
Assessment	Describe assessment findings	6	3	<i>See my comments</i>
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6	3	<i>See my comments – make sure that ostomy output, appliance types (specific) and alternatives are addressed.</i>
	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	<i>n/a</i>	
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	10	<i>See my comments – this is holistic, but missing some specific ostomy components. Remember, you are the directing specialist. State exactly what you need done.</i>
	Propose alternative products. Include generic & brand names	4	0	<i>This is not observed as no products are specifically mentioned (ostomy). This is a very important component here.</i>
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6	3	<i>This should be observed/observable points that show that your directed/POC interventions from the second column are effective. See my example.</i>
Rationale	Explain the rationale for identified interventions	6	6	<i>Present and thorough for current points</i>
Scholarly work	Rationales referenced & cited according to APA formatting guidelines	1	1	
	Proper grammar & punctuation used	1	1	
	References: See the course syllabus for specific requirements on references for all assignments	1	1	

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	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continenence: 40/50		<36	
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Additional comments:

Hi Marina – see my comments throughout this rubric and highlights/green text throughout the document. As this did not meet the 80% threshold, it is eligible for updates/resubmission. You are on the right track for this patient with a holisitc approach. Make sure you include all of the specific ostomy information (see my comments). You are the specialist, make sure you are as specific as possible. Reach out with any further questions, return to the dropbox whenever complete!

Reviewed by: Mike Klements 1/19 received Date: 1/22/25