

WOC Complex Plan of Care

Name: Jasmine J. Lee Patient Encounter Date: January 21, 2025

Preceptor for Patient Encounter: MaldonadoVillalobos

Clinical Focus: Wound Ostomy x 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>P.K. 74M ileostomy h/o atrial fibrillation on anticoagulation with Eliquis, hyperlipidemia, and hypertension who came to the emergency department initially as a trauma gray after he suffered a mechanical fall, slipping on some wet tile, and struck his head, arm, and back. His trauma scans were negative, and the patient was being considered for discharge when he was found to be in atrial fibrillation with rapid ventricular response. Upon further probing ED physician reported that patient was experiencing some chest pain while having episodes of A-fib RVR, he said this chest pain was different from the way it normally feels when he has atrial fibrillation.</p> <p>74 yo M with PMH: A Fib (on Eliquis) & ileostomy, presented to ORMC ED (12/27) after mechanical fall. CT A/P with evidence of ischemic colitis. Gen Sx consulted. 12/29: s/p Ex-Lap with schemic Cecum, R Hemi-Colectomy & End-Ileostomy. 12/31: NGT for SBO vs ileus. 1/7: Re-opening of Laparotomy, ileostomy revision 2/2 tight fascial opening 1/8: RRT due to lethargy. Intubated for airway protection. A Fib RVR s/p Amiodarone infusion. Levo initiated. Heparin infusion initiated. 1/9: Care Tx to SCC. 1/12: Off pressors, postop ileus improving. Ongoing AKI. PNA on cefepime. Weaning vent support. 1/13: Ileus resolved. Afib RVR overnight. Restarted on amio gtt. 1/15: Extubated. Rocephin course complete. Amio gtt do'd. Transitioned to PO amio</p>	<p>Labs 1/21/25</p> <p>WBC 17.2 RBC 3.47 Hgb11.3 HCT 35.9 Chloride 111 Ca 7.9 Mag 1.5</p> <p>Xray abdomen for follow up ileus: Hyperdense material in the epigastric region, stable in comparison to the prior study. Few air-distended small bowel loops measure up to 3.9cm</p> <p>CXR- improved aeration of the lungs, elevation left hemidiaphragm with left lower lobe atelectasis and small left pleural effusion</p>

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Continue with diltiazem drip at 15 mg/h, Lopressor 5 mg IV every 6 hours as needed, amiodarone IV and heparin drip
 Per surgery Replace NGT/hold on any tube feeds until distention resolves
 Repeat KUB 1-2 days after NGT placed to assess progression On IV reglan for gastric motility
 NPO
 Intermittent WTD packing to midline laparotomy, change BID if drainage, obtain culture/ monitor ostomy output
 1/20 Started CLD per surgery / Wean card drip / start PO

Arrived to patients room with patient in bed and primary RN at bedside. Patient found with incorrect appliance on the stoma. External male urinary pouch found on the stoma with green colored effluent found leaking out of the pouch and onto the patients midline dressing. *← ok, definitely sounds like a need to address below, as well as staff education (outside the medical record)*

Assessment	Plan/Interventions/Alternatives	Evaluation	Rationale
Alteration to bowel function due to new ileostomy	<p>Ostomy care orders: Change q 3-4 days Nursing to assess q4h Change immediately for leakage Nursing to assist patient with emptying appliance as needed Empty when 1/3 full</p> <p>Ostomy appliance orders: 1. Remove appliance with sensicare adhesive remover 2. Cleanse peristomal skin gently with warm water + gauze. No Bath Wipes... will leak. 3. Pat dry 4. Apply skin prep 5 Measure stoma with measuring guide 6. "Crust" only if skin is irritated (with Stomahesive powder and no sting Cavilon spray 7. Mold Eakin ring around stoma 8 Mold and apply moldable Flat 57mm</p>	<p>Patient should be able to have pouch wear for 3-4 days .</p> <p>Abdomen is not flat but not overtly round with no dips noted within the peristomal area. Stoma is above skin level.</p> <p>Less incidence of leakage noted.</p>	<p>The use of the 57mm moldable wafer is the appropriate size for the patient's stoma and with the stoma above skin level, the moldable ring will be able to hug the stoma and help to prevent leaks. The high output pouch aids in containing large amount of effluent. This is important because find the right system that works for the patient can reduce leaking and increase quality of life (Colwell, 2022)</p> <p>The effluent from an ileostomy is very caustic to the skin and will cause irritation when prolonged contact occurs. Once leaking is noted, the whole appliance system should be replaced. barrier extender strips can be used in order to maintain adherence of the wafer</p>

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	<p>when they have an output greater than 1500mL per day. <i>Typically this is 1,200ml in 24 hours.</i></p> <p>Consults should be made to OT as the patient shows decrease dexterity, rendering him less likely to be able to change pouch on his own. A consult to a nutritionist should also be made to help the patient in understanding the importance of how adjusting dietary</p>	<p>than 1500mL of effluent per day.</p> <p>Patient is able to maintain adequate electrolyte balance. <i><- how will we measure this? What hydration solution should the patient take?</i></p> <p>Patient will maintain normal renal function <i>Labs order/should the nurse report them to you?</i></p>	<p>fluids and eat complex carbohydrates and well as eating food that are higher in sodium and potassium (Carmel & Scardillo, 2020)</p> <p>The patient with an ileostomy is at risk for electrolyte imbalance such as hyponatremia, hypokalemia, hypomagnesemia. The presence to an ileostomy will lead to decreased absorption of bile salts and vitamin B12. The decreased absorption of B12 will lead to deficits such as peripheral neuropathy, optic atrophy, and dementia (Babakhanlou et al, 2022). The long-term deficiency of B12 will lead to anemia. <i>← good note here, make sure this is addressed in the plan</i></p> <p>Dehydration that is caused by high output from the stoma. This dehydration will lead to a decrease in the patients GFR and an increase in serum creatinine. Periods of dehydration leads to short term injury to the renal system known as acute kidney injury. The patients underlying health status and age also determines the patient's risk for kidney injury (Rhemouga et al, 2021)</p>
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	<p>choices will help maintain optimal health. – <i>do you have any directives/orders in the meantime?</i></p> <p>Ostomy nurse should be reconsulted if there is increased in the pouch leaking, as we will be able to troubleshoot the issue by resizing the stoma and assessing the need for appliance system change, or the need for accessories when pouching.</p>		
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References: *See reference requirements – make sure at least 3 scholarly references are used to back your actions (rationale)*

Babakhanlou, R., Larkin, K., Hita, A. G., Stroh, J. & Yeung, S. (2022). Stoma-related complications and emergencies. *International Journal of Emergency Medicine*. 15(17), <https://doi.org/10.1186/s12245-022-00421-9>

Carmel, J., Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In J. E. Carmel, J. C. Colwell & M. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 201-222). Wolters Kluwer.

Colwell, J. C. (2022). The importance of pouching system barrier fit. *WCET® Journal Supplement*, 42(1), S5-S7. <https://doi.org/10.33235/wcet.42.1.sup.s5-7>

Mehaffey, K. (2020). About the leaky ostomy pouch, *MedSurg Nursing*, 29(5), 347,354.

Rhemouga, A., Buettner, S., Bechstein, W.O., Woeste, G., & Schreckenbach, T. (2021). The association of age with decline in renal function after low anterior resection and loop ileostomy for rectal cancer: A retrospective cohort prognostic factor study. *BMC Geriatrics*, 21(1), 1-9. <https://doi.org/10.1186/s12877-020-02001-z>

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Content		Possible Points	Awarded Points	Comments
Summary of Selected Patient	Summarizes pertinent medical and surgical history	2	2	
Assessment	Describe assessment findings	6	5	<i>Updates noted – be as clear as you can here.</i>
	List current products and interventions addressing WOC needs reflective of the specialty scope of practice (wound, ostomy, or continence)	6	5	<i>Ok- what should the patient have been wearing? Make sure to include them in their care.</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	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	10	<i>See comments.</i>
	Propose alternative products. Include generic & brand names	4	2	<i>This is noted for some.</i>
Evaluation	Identify plan of care evaluation parameters that demonstrate the desired outcomes	6	5	<i>See comments</i>
Rationale	Explain the rationale for identified interventions	6	6	
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	
	Total Points 80 % or higher is required to pass. Minimum scores: Ostomy: 36/45 Wound and Continence: 40/50		37/45 (-1 resub)	

Additional comments:

Hi Jasmine – this assignment is much improved – see my comments throughout and apply to future work/studying/practice as needed. You have reached the 80% threshold on this assignment and no further work is needed on it. The only remaining ostomy journal needed is your revisions from 1/20/25 journal.

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Reviewed by: Mike Clements 2/7/25 received 2/24/25 revisions Date: 2/26/25