Duties and Effective Practices of Wound Ostomy and Continence Nurses

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Introduction

This paper aims to discuss the healthcare, and relationship of a WOC nurse from that perspective. WOC stands for “Wound Ostomy and Continence” and a few questions will be studied throughout the paper regarding the topic. First of all, the paper will discuss the duties of a WOC nurse on a regular basis, and the effective methods a wound care nurse chooses to address her patients. Second, it will study the different stages of a pressure ulcer, and regarding that, the different types of beds will be studied that provide suitability for the patients. Third, the paper will further highlight the nursing practices used to teach patients about their wound ostomy. Eventually, a personal examination will also be shared. The paper will conclude with the different treatments and education related to nurses, PT, and dieticians.

A Brief Description of a WOC Nurse

“Wound, Ostomy, and Continence” nurses are usually prepared experts and a certain amount of clinicians who treat even complex wounds, incontinence, and ostomy issues. Hence, the WOC nurse on a daily basis manages to effectively treat incontinence, complex wounds, and issues related to an ostomy. A trained WOC nurse also helps in improving the patients across the board, and in order to find results, she does that on a daily basis. A WOC nurse requires a degree, or a certificate before starting this career choice. Moreover, it is advised that besides the degree several different courses must be studied regarding nursing, however, WOC is a highly complex job and therefore needs some experience too. There are complex wounds and ostomy issues to study and therefore, few internships and hospital experience are necessary. The second section will study the different stages of the disease, i.e. ulcer.

Stages of Pressure Ulcer & its Treatment

In stage one, the sores are not usually open wounds; therefore, the skin may result from a painful experience. It also has no breaks or tears and even the skin appears reddened, eventually losing color as well. In this stage, the skin breaks open, it also wears away, and then forms an ulcer. This sore

expands into several deep layers in the skin and usually looks like a scrape, shallow crater, or blister. At this stage, the ulcer is at the highest level and the skin is severely damaged. This is the most critical stage for the WOC to treat and diagnose the ulcer. In stage 3, the sore receives worse situations extends itself to the tissue underneath the skin, and usually forms a small crater. In stage 4, the pressure injury receives a deep pump and further reaches into the muscle bone. This causes extensive damage and may occur to the joints as well.

There are certain ways of treating pressure ulcers, however, the WOC nurse is responsible for providing the utmost patient comfort. For this purpose, she prepares and takes care of the specialty beds that could relieve pressure ulcers. Several specialty beds are available for this purpose; it has been studied that a WOC nurse must "reassure Relief Mattresses, Low Air Loss Mattress, Pressure Ulcer Prevention, Overlay, and Memory Foam. Pressure relief mattresses help individuals prevent the formation of pressure ulcers, also known as bedsores or decubitus ulcers. When patients are bed-confined, the lack of mobility and movement inhibits circulation."

Personal Experience with the Patient

This is a section where I share my personal experience with the patient in terms of WOC.

I had clinical at WOC Hendrix Hospital in Abilene. I helped one patient who had an ostomy on her abdomen for 6 months. I had a chance to change her ostomy on my clinical day. Hence, the experience was effectively knowledgeable and completely observational in nature.

In this experience, I further learned the way patients involve their families. The WOC Hendrix Hospital is highly welcoming and highly regarded for involving the family. They further create a separate session with the family to educate them and provide a certain treatment method that they as a family member of the patient could practice. I had been treating this patient for 6 months so I have a vast observation about how honestly the patient felt during the process. The patient's treatment resulted in effective and efficient results and even helped them to cure their emotional pain. Even I as a nurse helped the patient in dealing with the emotional problems which were led by the ostomy on her abdomen. Hence, overall, this was a very fulfilling and experiential experience that will help me excel in my career (Kaufman, 2001).

Conclusion

The paper has studied WOC from a different perspective. I also shared a personal experience regarding the WOC. My experience includes 6 months, which included clinical practice at WOC Hendrix Hospital Abilene. I assisted one patient who had an ostomy on her abdomen for 6 months. I had a chance to change her ostomy on my clinical day. Hence, the experience was effectively knowledgeable and completely observational in nature. Moreover, in this paper, different stages of pressure ulcers were studied. From my personal experience and the use of secondary resources, I

learned the daily duties of a WOC nurse, including how they effectively treat incontinence, complex wounds, and issues related to an ostomy. A trained WOC nurse also helps in improving the patients across the board, and in order to find results, she does that on a daily basis (Carlsson, 2010).

References

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