Review Calculations related to medications, Basic Safety and Infection Control, and National Patient Safety Goals.

Review assessment, interventions, monitoring, and care for conditions commonly encountered in WOCN practice, including:

- Arterial insufficiency – risk for skin breakdown in response to trauma greatest in most distal (toes)
- Diabetes – risk for foot ulceration, monofilament testing
- Incontinence, fecal and urinary
- Neuropathic ulcer
- Pre-operative ostomy site marking
- Pre-term neonate
- Pressure ulcers
- Enterocutaneous fistula – cost-effective pouching system, protection of peri-fistular skin
- Ostomy, sexual intimacy concerns: give information about options, supplies, and equipment.
- Ileostomy – measures to prevent food blockage
- Venous stasis ulcers
- Arterial ulceration, characteristics
- Pressure ulcers, staging
- Unavoidable pressure ulcers at end-of-life due to skin failure
- Healing of partial thickness wound – epithelial proliferation and migration (re-surfacing)
- Risks for skin breakdown – incontinence, immobility, obesity, advanced age
- Factors favoring healing – pre-albumin

Supplies, Equipment, Treatments, and Procedures

- Antifungal powder and moisture barrier to treat candidiasis with incontinence-associated dermatitis –
- Closed bowel management system – high output fecal incontinence in C. diff diarrhea and multisystem failure
- Compression therapy to manage edema in full thickness ulceration venous stasis ulcer with 3+ pitting edema
- Conservative sharps debridement, contraindicated with anticoagulants
- Convex extended-wear barrier with drainable pouch and belt, for flush stoma with shallow peristomal creases, fluid effluent and soft uneven peristomal plane
- Dry sterile dressings and povidine iodine (Betadine®) solution to treat non-revascularized arterial wounds w/dry intact eschar
- Emollients or transparent film, encourage family to hold infant to protect occipital skin of preterm infant with
- Features of ideal pouching system
- Initial preventive action for pressure ulcers, modify or eliminate causative factors
- Moisture barrier ointment to prevent chemical injury to skin in fecal incontinence
- Moist wound environment, key factor for healing
- Fitting for protective footwear, patient who has diabetes and lack of protective sensation (LOPS)
- Stage I pressure ulcer treatment: relieve pressure
- Stage II pressure ulcer treatment: hydrocolloid, hydrogel
• Prevention of shearing force damage with foam dressing
• Neuropathic ulcer, standard of care
• WOCN role in cost-effective decision making

Review action, preparation, monitoring, and precautions related to medications commonly used in WOCN practice such as
  • Anticoagulants – contraindication for conservative sharps debridement
  • Ceftriaxone (Rocephin®), calculation and administration
  • Ketorolac (Toradol®), tablet calculation for dose

Review principles and practices of communication with patients and family, including
  • Patient satisfaction
  • Importance of HA1C follow-up testing for patient who has diabetes and lack of protective sensation (LOPS)
  • Appearance of healing wound, beefy granulation tissue
  • Loop stoma – purpose of plastic rod

Review age-specific Considerations
  • Stoma/ostomy teaching with 4 year-old child
  • Ostomy teaching with a teenager
  • Elderly, risk created by alkaline soaps, malnutrition, corticosteroid use

Review Laboratory Results commonly encountered in WOCN practice, such as
  • Serum pre-albumin

Review principles and practices related to safety and infection prevention, including
  • Patient identifiers
  • Handwashing w/ C. Diff

Review measures to prevent CMS Hospital Acquired Conditions, including
  • Pressure ulcer, staging