

**CONKLIN, BARBARA**

56 Y old Female, DOB: 06/21/1963

Account Number: 264735

43 BROAD ST APT 1, P.O. BOX 2402, MIDDLETOWN, NY-10940

Home: 845-313-9035

Guarantor: CONKLIN, BARBARA

Appointment Facility: HMG Goshen Surgery

02/18/2020

Progress Note: John Peralo, MD

Reason for Appointment

1. Wound on back of left leg

History of Present IllnessWound:

56 year old female presents with c/o Wound.

The wound has been present the patient stated that he has had a wound on the left posterior leg since december of 2019.

The location of the wound is located on posterior lower left leg.

Onset of the wound has been progressive.

Severity of the wound is severe.

The nature of the wound is contaminated.

Aggravating factors include peripheral vascular disease lymphedema.

Alleviating factors include antibiotics by mouth, dressing change, debridement.

Associated symptoms include limited range of motion, pain.

Medication(s) include antibiotics by mouth.

Prior testing include no prior testing.

Overall condition is worsening.

Current Medications**Taking**

- Multaq 400 MG Tablet 1 tablet with meals Orally Twice a day
- Eliquis 5 mg tablet daily orally twice a day
- Metoprolol 50 mgm 1 po bid
- Furosemide 20 mg 1 tab qd
- Medication List reviewed and reconciled with the patient

Past Medical History

Atrial Fibrillation.

Lymphedema.

Surgical History

Cardiac Inversion 06/12/2019

Family History

No Family History documented.

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a *nonsmoker*Drugs/Alcohol:

Alcohol Screen

Points 0

Interpretation *Negative*

Allergies

Vancomycin: Allergy

Ceftriaxone: Allergy

Ibuprofen: Allergy

Silk: Allergy

Adhesive: Allergy

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

General/Constitutional:

Change in appetite denies. Chills denies. Fever denies.

Endocrine:

Cold intolerance denies. Excessive thirst denies. Heat intolerance denies. Weight loss denies.

Respiratory:

Cough denies. Shortness of breath denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Leg Swelling admits. Arrhythmias Admits. hypertension admits. Chest pain denies. Irregular heartbeat denies. Shortness of breath denies.

Gastrointestinal:

Abdominal pain denies. Diarrhea denies. Nausea denies. Vomiting denies.

Musculoskeletal:

Pain in extremities Admits. arthritis Admits. Painful joints denies. Weakness denies.

Skin:

Dry skin denies. Itching denies. Rash denies.

Vital Signs

BP 170/90 mm Hg, Ht 60 in, Wt 330 lbs, BMI 64.44 Index.

Examination

*General Examination:

GENERAL APPEARANCE: well developed, well nourished, in no acute distress, alert, well hydrated, in no distress, in good spirits, pleasant, well developed, well nourished, well hydrated, female, comfortable.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation, sclera non-icteric.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: normal.

HEART: regular rate and rhythm, S1, S2 normal, no murmurs.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: soft, nontender, nondistended, bowel sounds present, normal, soft, nontender, nondistended, liver edge one finger breadth below costal margin, negative Murphy's sign, no ascites, no guarding or rigidity, no hepatosplenomegaly, no hernias present, no masses palpable, no organomegaly, no rebound tenderness.

EXTREMITIES: bilateral lymphedema left posterior leg three ulcers with large amount of slough and necrotic tissue.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

1. Wound of left lower extremity, initial encounter - S81.802A (Primary)

Treatment**1. Wound of left lower extremity, initial encounter**

Continue Multaq Tablet, 400 MG, 1 tablet with meals, Orally, Twice a day

Continue Eliquis tablet, 5 mg, daily, orally, twice a day

Continue Metoprolol, 50 mgm, 1 po, bid

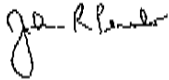
Continue Furosemide, 20 mg, 1 tab, qd

Start Doxycycline Hyclate Capsule, 100 MG, 1 capsule, Orally, BID, 10 day(s), 20 Capsule, Refills 1

Notes: Continue medications as instructed by prescribing physician instructions. patient scheduled for debridemtn of left lower leg wounds, patient scheduled for surgery. We discussed the alternatives such as observation and local wound care with risk of sepsis or infection. We discussed the risks, benefits and alternatives including but not limited to bleeding, open wound, delayed wound healing pain neuroathy, recurrent infection she understands and wishes to proceed with the surgery as discussed.

Follow Up

Reason: patient scheduled for surgery



Electronically signed by John Peralo, MD on 02/18/2020 at 02:29 PM EST

Sign off status: Completed

HMG Goshen Surgery
30 HATFIELD LANE
GOSHEN, NY 10924-6766
Tel: 845-692-3111
Fax: 845-294-0118

Patient: CONKLIN, BARBARA DOB: 06/21/1963 Progress Note: John Peralo, MD 02/18/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Consent for Surgical/Invasive Procedures and Sedation

Barbara Conklin
DOB: 08/21/1963

Pt. Label

I hereby give my consent and authorize: Dr. *[Signature]* and those who he/she may designate as associates or assistants to perform upon me or the named patient the following operation/procedures:

Removal of left lower part of
which

The nature, intended purpose, benefits, significant foreseeable risks, complications and consequences of such operation/procedure, as well as the alternatives if the above operation/procedure is not performed, have been explained and discussed with me by (Name of Physician) *John*

I give permission with full knowledge and understanding thereof. I understand that medicine is not an exact science and that there is the possibility that the operation/procedure may not have the benefits or results intended. I am also aware that there are always risks and dangers to life and health associated generally with surgery, use of medication, medical procedures and treatments which can cause adverse consequences not ordinarily anticipated in advance, but I give this permission with full assent nevertheless.

It has been explained to me and I understand that during the course of the operation/procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other procedures in addition to or different from those contemplated. I therefore request and authorize the above named physician or his/her designees to perform such additional surgical or other procedures as are deemed necessary or desirable.

- I understand that the procedure may require that I undergo some form of sedation, which may have its own risks. Prior to my procedure my doctor will inform me of the course of sedation that is recommended (if any) along with its risks, benefits, discomforts, and potential complications.
- I consent to photographing, videotaping, televising or other observation of the operation/procedure/treatment as may be purposeful for the advance of medical knowledge and or education, with the understanding that my/the patient's identity remain anonymous and all photographs and videotapes remain the property of ORMC and/or the responsible physician.
- I consent to the presence of Vendors/Salespersons/Students during the procedure/operation.
- I consent to the administration of blood/blood components if deemed necessary. The Surgeon has explained to me the need for, risks of and alternatives to a blood transfusion if blood or blood components are needed.

By signing below, I confirm that I fully understand the information provided to me, my questions have been answered, and I give my consent to the procedure(s) specified above.

I further grant permission for the use of such tissues and/or organs as it may be necessary to remove during the procedure, for purposes of pathological diagnosis and thereafter for the advancement of medical science and education, and their disposal, at this Hospital or at such other institution as this Hospital may designate.

2/18/20 2:59 AM
(Date) (Time) *Barbara Conklin*
(Patient/Health Care Agent/Surrogate/Guardian Signature)

Barbara Conklin (self)
(Printed Name) (Relationship to Patient)

2/18/20 2:59 AM
(Date) (Time) *[Signature]*
(Witness Signature)

Angelina Wilk
(Printed Name)

Mark this box if telephone consent

Mark this box if interpreter was involved.

Interpreter ID #

I have discussed the nature and purpose and the reasonably foreseeable risks and benefits of the procedure, the alternatives, including not performing the procedure, as well as the risks and benefits of the alternatives; and I am satisfied that the patient or the patient's legal representative who signed above understands them.

1/1 PM
(Date) (Time) *[Signature]*
(Signature of Physician/ Appropriately Credentialed Practitioner Providing Explanation)

4/18/2020 1436
(Printed Name)

