AHUMADA, ALFREDO

PMS ID:	Sex:	DOB:	Phone:	MRN:
116247PAT000057169	Male	05/25/1954	(520) 488-6531	52878

Alerts
Under pain management.
No pacemaker, no allergy to shellfish/iodine, no allergy to adhesive, no allergy to latex, no blood thinners, and no defibrillator.

Allergies
No known drug allergies

Medications
None reported.

Medical History
Arthritis
Diabetes mellitus

Podiatric Foot/Ankle Family History
Diabetes mellitus

Surgical History
Coronary artery bypass graft
Total replacement of left hip joint

Social History
EtOH none
Single Question Alcohol Screening: 0 days
Smoking status - Never smoker
Healthcare Proxy: No
Living Will: No

Advance Care
Full Cardiopulmonary Resuscitation
Driving status:
Drives in the Daytime
Drives at Night

ROS
Provider reviewed on Jan 11, 2024.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Eyes, Gastrointestinal (G.I.), Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, Psychiatric, and Respiratory and was notable for joint pains.

No Rheumatoid Arthritis, No Rsd, No Joint Swelling, No Joint Stiffness, No Unsteady Gait, No Numbness, No Tingling, No Headaches, No Unexpected Weight Loss, No Fever, No Chills, No Redness, No Rash, No Immunosuppression, No Chest Pain, No Shortness Of Breath, And No Anxiety.

Chief Complaint: Diabetic Foot Evaluation

HPI: This is a 69 year old male who is being seen for diabetic foot evaluation, involving both feet. The patient presents for a physical examination and diabetic foot evaluation which includes review of the patient's current shoegear.

Last reported Hemoglobin A1C: 12%
Patient agrees to contact diabetic managing doctor to ensure good communication and best overall diabetic health care: Dr. Tooley

The patient reports:
Home blood sugars checks: Relates that he is working on lowering the blood glucose. Relates general discomfort to the digits. Denies any open lesions or hx of open lesions.

Exam:

Focused At Risk Foot Exam

Class Findings:
Class B: (0) nail thickening
Class C: (1) paresthesia (finding)

Peripheral Pulses:
Right Dorsalis Pedis: Normal +3 dorsalis pedis pulse
Right Posterior Tibial: Normal +3 posterior tibial pulse
Right Capillary Refill: Normal CFT
Right Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature
Right Edema: No Edema
Right Venous Exam: Normal Venous Findings

Sensation:
Right LE: **absent sensation in toe web space between D1 and D2, absent sensation in lateral plantar nerve, and absent sensation in medial plantar nerve**, **Absent 5.07 S-W monofilament exam: First metatarsophalangeal joint and Fifth metatarsophalangeal joint out of 5 sites tested**

Skin:
Right Foot and Ankle: there is normal texture, temperature, turgor and color of the skin

Toenails:
Right: **nail dystrophy, nail thickening, painful toenails, and thickened dystrophic nail(s) with subungual debris**

Inspection:
Right Foot and Ankle: **hallux valgus (bunion)**, **Prominent medial eminence b/l foot with minimal ttp to the area**,

Peripheral Pulses:
Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse
Left Posterior Tibial: Normal +3 posterior tibial pulse
Left Capillary Refill: Normal CFT
Left Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature
Left Edema: No Edema
Left Venous Exam: No Venous Insufficiency

Sensation:
Left LE: **absent sensation in toe web space between D1 and D2, absent sensation in lateral plantar nerve, and absent sensation in medial plantar nerve**, **Absent 5.07 S-W monofilament exam: First metatarsophalangeal joint and Fifth metatarsophalangeal joint out of 5 sites tested**

Skin:
Left Foot and Ankle: there is normal texture, temperature, turgor and color of the skin

Toenails:
Left: **nail dystrophy, nail thickening, painful toenails, and thickened dystrophic nail(s) with subungual debris**

Inspection:
Left Foot and Ankle: **hallux valgus (bunion)**, **Prominent medial eminence b/l foot with minimal ttp to the area**,

Impression/Plan:
1. **Type 2 Diabetes Mellitus with diabetic neuropathy**
   Type 2 diabetes mellitus with diabetic polyneuropathy (E11.42)

distributed on the left foot, right foot, right great toenail (T5), right 2nd toenail (T6), right 3rd toenail (T7), right 4th toenail (T8), right 5th toenail (T9), left great toenail (TA), left 2nd toenail (T1), left 3rd toenail (T2), left 4th toenail (T3), and left 5th toenail (T4).
Associated diagnoses: Onychomycosis, Hallux Valgus, and Foot Pain

Plan: Diabetic Foot Care Reviewed.
Diabetic foot care reviewed with patient. Importance of such was reviewed given the risk stratification of the patient based on the exam. Diabetic foot care is comprehensive managing conditions of the feet that predispose patient to ulcerations, bone infection or amputation. Diabetic foot care include but not limited to treatment of bunions, calluses, clavus, corns, hyperkeratosis and keratotic lesions, keratoderma, dystrophic or mycotic nails, plantar keratosis, tyloma or tylomata, and tylosis. Absence of diabetic foot care by a non-professional person will pose a hazard and risk for amputation.

Plan: Counseling - Diabetic Neuropathy.
The best treatment of diabetic neuropathy is prevention. There is no known cure, however, there are many things you can do to minimize disease progression. It is extremely important to maintain your blood glucose within an acceptable level, to practice meticulous foot care, and to stop smoking.Treatment of pain is usually well managed with a variety of classes of prescription drugs.
Diabetic neuropathy is nerve damage resulting from diabetes. The nerves most commonly affected are in the legs and feet (peripheral neuropathy). Most patients present with a history of pain or numbness. Some have complete lack of sensation in the feet. Work-up includes physical exam. Some tests that are commonly used to diagnose the extent of disease include filament testing and EMG. If left untreated neuropathy can result in the development of ulcers with possible infectious complications as well as chronic pain and foot deformities. In the most poorly controlled and severe cases, amputation of the foot or toes may be necessary.
Contact office if there is an increase in foot pain accompanied by fever, chills or night sweats.

After discussing the risks, benefits and alternatives, we decided on the following plan for the RIGHT: CONSERVATIVE MANAGEMENT

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Plan: Counseling - Onychomycosis.
I counseled the patient regarding the following:
Skin care: Onychomycosis rarely responds to prolonged use of topical anti-fungal agents. Oral antifungal agents offer a higher cure rate, but relapses occur in 50% of patients.
Expectations: Onychomycosis is a fungal infection of the nail plate. Oral therapy is more effective than topical therapy, but serious side effects such as liver toxicity, bone marrow depression and severe rashes may ensue with systemic treatment.
Contact office if: Patient develops a side effect from treatment.

OTC Medication: Kerasal

After discussing the risks, benefits and alternatives, we decided on the following plan: CONSERVATIVE MANAGEMENT AND DEBRIDEMENTS

Follow up in 3 months for: At Risk Diabetic Foot Check. Other Instructions: DFC

Staff:

Adi Pajazetovic (Primary Provider) (Bill Under)

Electronically Signed By: Adi Pajazetovic, 01/11/2024 10:41 AM MST