

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Medical Records - CONFIDENTIAL

FROM: TN - Faculty Physicians

Tina W
1415 OLD WEISGARBER RD SUITE 350, KNOXVILLE, TN 37909-1381
Phone: (865) 588-1605
Fax: (865) 588-1608

TO:

Name: TRAMMELL, ROY

DOB: 03/16/1952

Date Range: 01/01/2024 to 09/17/2025

This document contains the following records of the patient:

- **Encounters and Procedures**

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:25622-A-25546]

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Encounters and Procedures

Clinical Encounter Summaries

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Encounter Date: 10/14/2024

Patient

Name	TRAMMELL, ROY (72yo, M) ID# 25622	Appt. Date/Time	10/14/2024 02:00PM
DOB	03/16/1952	Service Dept.	LAFOLLETTE
Provider	RACHEL HOLLOWAY, PA-C		
Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 7FG6MU1ET30 Med Secondary: AARP (MEDICARE SUPPLEMENT) Insurance # : 31253328211 Prescription: CVS CAREMARK - Member is eligible. details		

Chief Complaint

Wound Care

Patient's Care Team

Primary Care Provider: STEPHANIE SUMNER APRN: 55 W CAL HILL SPUR, PINE KNOT, KY 42635, Ph (606) 376-9355, Fax (606) 376-9356 NPI: 1013550060
--

Patient's Pharmacies

DAUGHERTYS DRUG STORE INC (ERX): 4160 S HWY 27, PINE KNOT, KY 42635, Ph (606) 354-2222, Fax (606) 354-3830
--

Vitals

2024-10-14 13:50
Ht: 5 ft 8 in

Allergies

Reviewed Allergies
NKDA

Medications

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Medications

Adoxa 100 mg tablet Take 1 tablet(s) twice a day by oral route.	07/22/24	entered
aspirin 81 mg capsule Take 1 capsule(s) every day by oral route.	07/22/24	entered
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME FOR CHOLESTEROL & PERIPHERAL ARTERY DISEASE	09/12/24	filled
clopidogrel 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	09/10/24	filled
doxycycline hyclate 100 mg capsule TAKE 1 CAPSULE BY MOUTH EVERY 12 HOURS UNTIL GONE	09/12/24	filled
furosemide 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY MORNING	08/21/24	filled
hydroCHLOROthiazide 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	08/21/24	filled
metFORMIN 500 mg tablet TAKE 2 TABLETS BY MOUTH TWICE A DAY WITH MEALS	10/08/24	filled
metoprolol tartrate 50 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	10/02/24	filled
metroNIDAZOLE 250 mg tablet TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS	08/01/24	filled
nitroglycerin 0.4 mg sublingual tablet	06/06/24	filled

Vaccines

None recorded.

Problems

- Reviewed Problems
- Chronic obstructive pulmonary disease - Onset: 07/22/2024
 - Diabetes mellitus - Onset: 07/22/2024
 - Hypertensive disorder - Onset: 07/22/2024

Family History

Reviewed Family History	
Unspecified Relation	<div><div>- Hypertensive disorder</div><div>- Diabetes mellitus</div><div>- Heart disease</div><div>- Family history of stroke</div><div>- Family history of malignant neoplasm</div></div>

Social History

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

What is your current pack years?: 20 - 29 Pack Years

How much tobacco do you smoke?: 1 pack per day

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 10/14/2024

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 10/03/2024

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: Occasional

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Surgical & Procedure History not reviewed (last reviewed 09/16/2024)

- Cardiac catheterization - 06/26/2024
- Vascular Surgery - 06/22/2024

Past Medical History

Reviewed Past Medical History

HPI

Patient is a very pleasant controlled diabetic 72-year-old male here today for distal ulcers of the right hallux and second digit Ongoing since February or March of this year, states that he does not keep it clean and dry and dressed and admits to barefoot walking often, states he "cleans it out" often with bleach, alcohol and peroxide, states that he does not have a dressing on it most of the time, states that he sleeps with heavy sheets and blankets on his toes all of the time, states he does not offload pressure from the wound, patient states that he has had an artery procedure done in the past, Patient admits to drainage but denies erythema edema pus or malodor states that he just finished a round of antibiotics, states that he sees a provider in Pine Knot past Oneida, patient denies nausea vomiting fever or chills, patient denies streaking of the foot or leg, patient's last A1c was 6.4, patient denies having blood sugars over 200 in the last few weeks, patient states he is due for diabetic shoes and inserts, Patient also complains of painful thickened elongated dystrophic clinically mycotic nails and inability to perform own nail care due to body habitus and loss of grip strength, pain is exacerbated with prolonged weightbearing and activity and relieved with rest, patient has no other complaints at this time

Patient is a pleasant controlled diabetic 72-year-old male here today for 10 day follow-up of wounds of the right hallux, patient states that he has been keeping the area clean and dry and his dressing from his appointment last week has stayed intact, states that he has been avoiding bleach/soaking his feet, patient denies erythema edema pus drainage or malodor, states that he has been conscious of putting any pressure on the distal toes, patient has no other complaints at this time

ROS

Patient reports **nose problems and sinus problems**. He reports **shortness of breath when walking and shortness of breath when lying down**. He reports **arthralgias/joint pain and back pain**. He reports **weakness**. He reports **runny nose and sinus pressure**. He reports feeling safe in a relationship.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Edema Right: **edema**. Edema Left: **edema**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal. Foot Left: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal.

Neurological: Neurological Right: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Neurological Left: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Manual Muscle Test Right: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance). Manual Muscle Test Left: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance).

Musculoskeletal: Muscle Strength and Tone Right: normal and normal tone. Muscle Strength and Tone Left: normal and normal tone. Joints, Bones, and Muscles Right: **contractures, limited ROM, bony abnormalities, and pain to palpation**. Joints, Bones, and Muscles Left: **contractures, limited ROM, bony abnormalities, and pain to palpation**.

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Class: Class B Right: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class B Left: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class C Right: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication. Class C Left: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication.

Toenails 1 through 5 are thickened, discolored, dystrophic, clinically mycotic, and elongated bilaterally
 0.5 x 0.3 x 0.3 cm full thickness ulceration of distal right hallux - clear drainage
 No erythema, edema, or malodor, no streaking of the foot or leg at this time
 Diminished DP and PT pulses bilaterally

Procedure Documentation**Skin Graft-Amnio Tri-Core Amniotic:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.
 Skin Substitute:Amnio Tri Core
 Size--2x2
 Product ID--AMT-5220
 Lot Number--
 Serial Number--SB24-2346AT-00216971
 Expiration Date--2027-07-30
 Application number--8
 Zero graft wastage.

Assessment / Plan**Skin ulcer of toe of right foot with fat layer****1. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

Pressure injury of toe of right foot, stage**2. 3**

Additional diagnosis detail: Open wound of toe, initial encounter

L89.893: Pressure ulcer of other site, stage 3

3. Ulcer of toe due to type 2 diabetes mellitus- Right -

Additional diagnosis detail: Diabetic ulcer of toe of right foot associated with type 2 diabetes mellitus, limited to breakdown of skin
 E11.621: Type 2 diabetes mellitus with foot ulcer

4. Onychomycosis

B35.1: Tinea unguium

5. Peripheral vascular disease

I73.9: Peripheral vascular disease, unspecified

6. Disorder of nervous system due to type 2 diabetes mellitus

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

7. Atherosclerosis of artery of lower limb- Bilateral -

Additional diagnosis detail: Other atherosclerosis of native arteries of extremities, bilateral legs

I70.293: Other atherosclerosis of native arteries of extremities, bilateral legs

8. Antalgic gait

R26.89: Other abnormalities of gait and mobility

9. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Ulcer of right foot with fat layer**10. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

11. Peripheral venous insufficiency

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

I87.2: Venous insufficiency (chronic) (peripheral)

Discussion Notes

Patient evaluation and physical exam performed
Diagnosis, treatment, etiology and prevention discussed with patient
Sharp debridement of full-thickness ulceration of right hallux to fully granular tissue with 15 without incident
Skin graft placed today in office #8
Dressed with adaptic gauze dressing with Kling
Patient not to remove dressing until follow up appt
Reiterated importance of keeping dressing dry, not to remove dressing for one week, patient to come to office if dressing gets wet or becomes too tight
Recommended continuation of surgical shoe to wear as directed
Patient to offload 100% pressure of wound at all times, absolutely no sheets or blankets on tips of toes at bedtime
Patient to discontinue bleach, alcohol, and peroxide, gently clean with NS 1-2x weekly
Patient is due to be set up with diabetic shoes/orthotics
Recommended no barefoot walking
Recommended daily checking of feet and legs to look for wounds/skin changes
Importance of glycemic control discussed
Pt last A1c was 6.4/average blood sugars for the last two weeks have been running below 200
Patient instructed to contact the office if concerning pedal changes occur or if signs of infection occur including erythema edema pus drainage or malodor
Pt to follow up in 10 days for continued care or prn for acute care

Patient had RSFA angioplasty and ATA atherectomy and angioplasty on 6/27/24
ABI from 7/10/24 .93 0.99
Dr. Itis at Fayette Vascular

Return to Office

- Rachel Holloway, PA-C for ESTABLISHED PATIENT 15 at LAFOLLETTE on 10/23/2024 at 03:00 PM

Encounter Sign-Off

Encounter signed-off by Rachel Holloway, PA-C, 10/14/2024.

Encounter performed and documented by Rachel Holloway, PA-C

Encounter reviewed & signed by Rachel Holloway, PA-C on 10/14/2024 at 02:57 PM

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Encounter Date: 10/03/2024

Patient

Name	TRAMMELL, ROY (72yo, M) ID# 25622	Appt. Date/Time	10/03/2024 01:30PM
DOB	03/16/1952	Service Dept.	LAFOLLETTE
Provider	RACHEL HOLLOWAY, PA-C		
Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 7FG6MU1ET30 Med Secondary: AARP (MEDICARE SUPPLEMENT) Insurance # : 31253328211 Prescription: CVS CAREMARK - Member is eligible. details		

Chief Complaint

Right Wound Care

Patient's Care Team

Primary Care Provider: STEPHANIE SUMNER APRN: 55 W CAL HILL SPUR, PINE KNOT, KY 42635, Ph (606) 376-9355, Fax (606) 376-9356 NPI: 1013550060

Patient's Pharmacies

DAUGHERTYS DRUG STORE INC (ERX): 4160 S HWY 27, PINE KNOT, KY 42635, Ph (606) 354-2222, Fax (606) 354-3830

Vitals

2024-10-03 13:26

Ht: 5 ft 8 in

Allergies

Reviewed Allergies

NKDA

Medications

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Medications

Adoxa 100 mg tablet Take 1 tablet(s) twice a day by oral route.	07/22/24	entered
aspirin 81 mg capsule Take 1 capsule(s) every day by oral route.	07/22/24	entered
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME FOR CHOLESTEROL & PERIPHERAL ARTERY DISEASE	09/12/24	filled
clopidogrel 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	09/10/24	filled
doxycycline hyclate 100 mg capsule TAKE 1 CAPSULE BY MOUTH EVERY 12 HOURS UNTIL GONE	09/12/24	filled
furosemide 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY MORNING	08/21/24	filled
hydroCHLOROthiazide 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	08/21/24	filled
metFORMIN 500 mg tablet TAKE 2 TABLETS BY MOUTH TWICE A DAY WITH MEALS	08/26/24	filled
metoprolol tartrate 50 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	10/02/24	filled
metroNIDAZOLE 250 mg tablet TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS	08/01/24	filled
nitroglycerin 0.4 mg sublingual tablet	06/06/24	filled

Vaccines

None recorded.

Problems

- Reviewed Problems
- Chronic obstructive pulmonary disease - Onset: 07/22/2024
 - Diabetes mellitus - Onset: 07/22/2024
 - Hypertensive disorder - Onset: 07/22/2024

Family History

Reviewed Family History	
Unspecified Relation	<div><div>- Hypertensive disorder</div><div>- Diabetes mellitus</div><div>- Heart disease</div><div>- Family history of stroke</div><div>- Family history of malignant neoplasm</div></div>

Social History

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

What is your current pack years?: 20 - 29 Pack Years

How much tobacco do you smoke?: 1 pack per day

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 10/03/2024

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 10/03/2024

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: Occasional

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Surgical & Procedure History not reviewed (last reviewed 09/16/2024)

- Cardiac catheterization - 06/26/2024
- Vascular Surgery - 06/22/2024

Past Medical History

Reviewed Past Medical History

HPI

Patient is a very pleasant controlled diabetic 72-year-old male here today for distal ulcers of the right hallux and second digit Ongoing since February or March of this year, states that he does not keep it clean and dry and dressed and admits to barefoot walking often, states he "cleans it out" often with bleach, alcohol and peroxide, states that he does not have a dressing on it most of the time, states that he sleeps with heavy sheets and blankets on his toes all of the time, states he does not offload pressure from the wound, patient states that he has had an artery procedure done in the past, Patient admits to drainage but denies erythema edema pus or malodor states that he just finished a round of antibiotics, states that he sees a provider in Pine Knot past Oneida, patient denies nausea vomiting fever or chills, patient denies streaking of the foot or leg, patient's last A1c was 6.4, patient denies having blood sugars over 200 in the last few weeks, patient states he is due for diabetic shoes and inserts, Patient also complains of painful thickened elongated dystrophic clinically mycotic nails and inability to perform own nail care due to body habitus and loss of grip strength, pain is exacerbated with prolonged weightbearing and activity and relieved with rest, patient has no other complaints at this time

Patient is a pleasant controlled diabetic 72-year-old male here today for 10 day follow-up of wounds of the right hallux, patient states that he has been keeping the area clean and dry and his dressing from his appointment last week has stayed intact, states that he has been avoiding bleach/soaking his feet, patient denies erythema edema pus drainage or malodor, states that he has been conscious of putting any pressure on the distal toes, patient has no other complaints at this time

ROS

Patient reports **nose problems and sinus problems**. He reports **shortness of breath when walking and shortness of breath when lying down**. He reports **arthralgias/joint pain and back pain**. He reports **weakness**. He reports **runny nose and sinus pressure**. He reports feeling safe in a relationship.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Edema Right: **edema**. Edema Left: **edema**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal. Foot Left: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal.

Neurological: Neurological Right: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Neurological Left: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Manual Muscle Test Right: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance). Manual Muscle Test Left: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance).

Musculoskeletal: Muscle Strength and Tone Right: normal and normal tone. Muscle Strength and Tone Left: normal and normal tone. Joints, Bones, and Muscles Right: **contractures, limited ROM, bony abnormalities, and pain to palpation**. Joints, Bones, and Muscles Left: **contractures, limited ROM, bony abnormalities, and pain to palpation**.

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Class: Class B Right: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class B Left: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class C Right: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication. Class C Left: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication.

Toenails 1 through 5 are thickened, discolored, dystrophic, clinically mycotic, and elongated bilaterally
 0.5 x 0.3 x 0.3 cm full thickness ulceration of distal right hallux - clear drainage
 No erythema, edema, or malodor, no streaking of the foot or leg at this time
 Diminished DP and PT pulses bilaterally

Procedure Documentation**Skin Graft-Amnio Tri-Core Amniotic:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.
 Skin Substitute:Amnio Tri Core
 Size--2x2
 Product ID--AMT-5220
 Lot Number--
 Serial Number--SB24-2314AT-00216201
 Expiration Date--2027-07-29
 Application number--7
 Zero graft wastage.

Assessment / Plan**Skin ulcer of toe of right foot with fat layer****1. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

Pressure injury of toe of right foot, stage**2. 3**

Additional diagnosis detail: Open wound of toe, initial encounter

L89.893: Pressure ulcer of other site, stage 3

3. Ulcer of toe due to type 2 diabetes mellitus- Right -

Additional diagnosis detail: Diabetic ulcer of toe of right foot associated with type 2 diabetes mellitus, limited to breakdown of skin
 E11.621: Type 2 diabetes mellitus with foot ulcer

4. Onychomycosis

B35.1: Tinea unguium

5. Peripheral vascular disease

I73.9: Peripheral vascular disease, unspecified

6. Disorder of nervous system due to type 2 diabetes mellitus

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

7. Atherosclerosis of artery of lower limb- Bilateral -

Additional diagnosis detail: Other atherosclerosis of native arteries of extremities, bilateral legs

I70.293: Other atherosclerosis of native arteries of extremities, bilateral legs

8. Antalgic gait

R26.89: Other abnormalities of gait and mobility

9. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Ulcer of right foot with fat layer**10. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

11. Peripheral venous insufficiency

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

I87.2: Venous insufficiency (chronic) (peripheral)

Discussion Notes

Patient evaluation and physical exam performed
Diagnosis, treatment, etiology and prevention discussed with patient
Sharp debridement of full-thickness ulceration of right hallux to fully granular tissue with 15 without incident
Skin graft placed today in office #7
Dressed with adaptic gauze dressing with Kling
Patient not to remove dressing until follow up appt
Reiterated importance of keeping dressing dry, not to remove dressing for one week, patient to come to office if dressing gets wet or becomes too tight
Recommended continuation of surgical shoe to wear as directed
Patient to offload 100% pressure of wound at all times, absolutely no sheets or blankets on tips of toes at bedtime
Patient to discontinue bleach, alcohol, and peroxide, gently clean with NS 1-2x weekly
Patient is due to be set up with diabetic shoes/orthotics
Recommended no barefoot walking
Recommended daily checking of feet and legs to look for wounds/skin changes
Importance of glycemic control discussed
Pt last A1c was 6.4/average blood sugars for the last two weeks have been running below 200
Patient instructed to contact the office if concerning pedal changes occur or if signs of infection occur including erythema edema pus drainage or malodor
Pt to follow up in 10 days for continued care or prn for acute care

Patient had RSFA angioplasty and ATA atherectomy and angioplasty on 6/27/24
ABI from 7/10/24 .93 0.99
Dr. Itis at Fayette Vascular

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by Rachel Holloway, PA-C, 10/03/2024.

Encounter performed and documented by Rachel Holloway, PA-C

Encounter reviewed & signed by Rachel Holloway, PA-C on 10/03/2024 at 01:48 PM

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Encounter Date: 09/24/2024

TRAMMELL, Roy (id #25622, dob: 03/16/1952)
(Last amended by Rachel Holloway, PA-C on 12/04/2024 at 1:19pm)

Patient			
Name	TRAMMELL, ROY (72yo, M) ID# 25622	Appt. Date/Time	09/24/2024 01:30PM
DOB	03/16/1952	Service Dept.	LAFOLLETTE
Provider	RACHEL HOLLOWAY, PA-C		
Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 7FG6MU1ET30 Med Secondary: AARP (MEDICARE SUPPLEMENT) Insurance # : 31253328211 Prescription: CVS CAREMARK - Member is eligible. details		

Chief Complaint

Wound Care

Patient's Care Team

Primary Care Provider: STEPHANIE SUMNER APRN: 55 W CAL HILL SPUR, PINE KNOT, KY 42635, Ph (606) 376-9355, Fax (606) 376-9356 NPI: 1013550060

Patient's Pharmacies

DAUGHERTYS DRUG STORE INC (ERX): 4160 S HWY 27, PINE KNOT, KY 42635, Ph (606) 354-2222, Fax (606) 354-3830

Vitals

2024-09-24 13:31

Ht: 5 ft 8 in

Allergies

Reviewed Allergies

NKDA

Medications

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Medications

Adoxa 100 mg tablet Take 1 tablet(s) twice a day by oral route.	07/22/24	entered
aspirin 81 mg capsule Take 1 capsule(s) every day by oral route.	07/22/24	entered
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME FOR CHOLESTEROL & PERIPHERAL ARTERY DISEASE	09/12/24	filled
clopidogrel 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	09/10/24	filled
doxycycline hyclate 100 mg capsule TAKE 1 CAPSULE BY MOUTH EVERY 12 HOURS UNTIL GONE	09/12/24	filled
furosemide 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY MORNING	08/21/24	filled
hydroCHLOROthiazide 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	08/21/24	filled
metFORMIN 500 mg tablet TAKE 2 TABLETS BY MOUTH TWICE A DAY WITH MEALS	08/26/24	filled
metoprolol tartrate 50 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	07/02/24	filled
metroNIDAZOLE 250 mg tablet TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS	08/01/24	filled
nitroglycerin 0.4 mg sublingual tablet	06/06/24	filled

Vaccines

None recorded.

Problems

- Reviewed Problems
- Chronic obstructive pulmonary disease - Onset: 07/22/2024
 - Diabetes mellitus - Onset: 07/22/2024
 - Hypertensive disorder - Onset: 07/22/2024

Family History

Reviewed Family History	
Unspecified Relation	<div><div>- Hypertensive disorder</div><div>- Diabetes mellitus</div><div>- Heart disease</div><div>- Family history of stroke</div><div>- Family history of malignant neoplasm</div></div>

Social History

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

What is your current pack years?: 20 - 29 Pack Years

How much tobacco do you smoke?: 1 pack per day

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 09/24/2024

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 09/24/2024

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: Occasional

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Surgical & Procedure History not reviewed (last reviewed 09/16/2024)

- Cardiac catheterization - 06/26/2024
- Vascular Surgery - 06/22/2024

Past Medical History

Reviewed Past Medical History

HPI

Patient is a very pleasant controlled diabetic 72-year-old male here today for distal ulcers of the right hallux and second digit Ongoing since February or March of this year, states that he does not keep it clean and dry and dressed and admits to barefoot walking often, states he "cleans it out" often with bleach, alcohol and peroxide, states that he does not have a dressing on it most of the time, states that he sleeps with heavy sheets and blankets on his toes all of the time, states he does not offload pressure from the wound, patient states that he has had an artery procedure done in the past, Patient admits to drainage but denies erythema edema pus or malodor states that he just finished a round of antibiotics, states that he sees a provider in Pine Knot past Oneida, patient denies nausea vomiting fever or chills, patient denies streaking of the foot or leg, patient's last A1c was 6.4, patient denies having blood sugars over 200 in the last few weeks, patient states he is due for diabetic shoes and inserts, Patient also complains of painful thickened elongated dystrophic clinically mycotic nails and inability to perform own nail care due to body habitus and loss of grip strength, pain is exacerbated with prolonged weightbearing and activity and relieved with rest, patient has no other complaints at this time

Patient is a pleasant controlled diabetic 72-year-old male here today for 1 week follow-up of wounds of the right hallux, patient states that he has been keeping the area clean and dry and his dressing from his appointment last week has stayed intact, states that he has been avoiding bleach/soaking his feet, patient denies erythema edema pus drainage or malodor, states that he has been conscious of putting any pressure on the distal toes, patient has no other complaints at this time

ROS

Patient reports **nose problems and sinus problems**. He reports **shortness of breath when walking and shortness of breath when lying down**. He reports **arthralgias/joint pain and back pain**. He reports **weakness**. He reports **runny nose and sinus pressure**. He reports feeling safe in a relationship.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Edema Right: **edema**. Edema Left: **edema**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal. Foot Left: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal.

Neurological: Neurological Right: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Neurological Left: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Manual Muscle Test Right: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance). Manual Muscle Test Left: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance).

Musculoskeletal: Muscle Strength and Tone Right: normal and normal tone. Muscle Strength and Tone Left: normal and normal tone. Joints, Bones, and Muscles Right: **contractures, limited ROM, bony abnormalities, and pain to palpation**. Joints, Bones, and Muscles Left: **contractures, limited ROM, bony abnormalities, and pain to palpation**.

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Class: Class B Right: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class B Left: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class C Right: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication. Class C Left: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication.

Toenails 1 through 5 are thickened, discolored, dystrophic, clinically mycotic, and elongated bilaterally

0.7 x 0.3 x 0.3 cm full thickness ulceration of distal right hallux - clear drainage

No erythema, edema, or malodor, no streaking of the foot or leg at this time

Diminished DP and PT pulses bilaterally

Procedure Documentation**Skin Graft-Amnio Tri-Core Amniotic:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.

Skin Substitute:Amnio Tri Core

Size--2x2

Product ID--AMT-5220

Lot Number--

Serial Number--SB24-2327AT-00216906

Expiration Date--2027-07-30

Application number--6

Zero graft wastage.

Assessment / Plan**Skin ulcer of toe of right foot with fat layer****1. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

Pressure injury of toe of right foot, stage**2. 3**

Additional diagnosis detail: Open wound of toe, initial encounter

L89.893: Pressure ulcer of other site, stage 3

3. Ulcer of toe due to type 2 diabetes mellitus- Right -

Additional diagnosis detail: Diabetic ulcer of toe of right foot associated with type 2 diabetes mellitus, limited to breakdown of skin

E11.621: Type 2 diabetes mellitus with foot ulcer

4. Onychomycosis

B35.1: Tinea unguium

5. Peripheral vascular disease

I73.9: Peripheral vascular disease, unspecified

6. Disorder of nervous system due to type 2 diabetes mellitus

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

7. Atherosclerosis of artery of lower limb- Bilateral -

Additional diagnosis detail: Other atherosclerosis of native arteries of extremities, bilateral legs

I70.293: Other atherosclerosis of native arteries of extremities, bilateral legs

8. Antalgic gait

R26.89: Other abnormalities of gait and mobility

9. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Ulcer of right foot with fat layer**10. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

11. Peripheral venous insufficiency

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

I87.2: Venous insufficiency (chronic) (peripheral)

Discussion Notes

Patient evaluation and physical exam performed
Diagnosis, treatment, etiology and prevention discussed with patient
Sharp debridement of full-thickness ulceration of right hallux to fully granular tissue with 15 without incident
Skin graft placed today in office #6
Dressed with adaptic gauze dressing with Kling
Patient not to remove dressing for one week
Reiterated importance of keeping dressing dry, not to remove dressing for one week, patient to come to office if dressing gets wet or becomes too tight
Recommended continuation of surgical shoe to wear as directed
Patient to offload 100% pressure of wound at all times, absolutely no sheets or blankets on tips of toes at bedtime
Patient to discontinue bleach, alcohol, and peroxide, gently clean with NS 1-2x weekly
Patient is due to be set up with diabetic shoes/orthotics
Recommended no barefoot walking
Recommended daily checking of feet and legs to look for wounds/skin changes
Importance of glycemic control discussed
Pt last A1c was 6.4/average blood sugars for the last two weeks have been running below 200
Patient instructed to contact the office if concerning pedal changes occur or if signs of infection occur including erythema edema pus drainage or malodor
Pt to follow up in 1 week for continued care or prn for acute care

Patient had RSFA angioplasty and ATA atherectomy and angioplasty on 6/27/24
ABI from 7/10/24 .93 0.99
Dr. Itis at Fayette Vascular

Return to Office

- Rachel Holloway, PA-C for ESTABLISHED PATIENT 15 at LAFOLLETTE on 10/03/2024 at 01:30 PM
- Pedorthist One Schedule, TECH for PROSTHETIC 15 at LAFOLLETTE on 10/03/2024 at 01:30 PM

Amendment Sign-Off

Encounter signed-off by Rachel Holloway, PA-C, 12/04/2024.

Encounter performed and documented by Rachel Holloway, PA-C

Encounter reviewed & signed by Rachel Holloway, PA-C on 09/24/2024 at 02:30 PM

Amendment closed by Rachel Holloway, PA-C on 12/04/2024 at 01:19 PM

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Encounter Date: 09/16/2024

Patient

Name	TRAMMELL, ROY (72yo, M) ID# 25622	Appt. Date/Time	09/16/2024 03:00PM
DOB	03/16/1952	Service Dept.	LAFOLLETTE
Provider	RACHEL HOLLOWAY, PA-C		
Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 7FG6MU1ET30 Med Secondary: AARP (MEDICARE SUPPLEMENT) Insurance # : 31253328211 Prescription: CVS CAREMARK - Member is eligible. details		

Chief Complaint

Wound Care

Patient's Care Team

Primary Care Provider: STEPHANIE SUMNER APRN: 55 W CAL HILL SPUR, PINE KNOT, KY 42635, Ph (606) 376-9355, Fax (606) 376-9356 NPI: 1013550060

Patient's Pharmacies

DAUGHERTYS DRUG STORE INC (ERX): 4160 S HWY 27, PINE KNOT, KY 42635, Ph (606) 354-2222, Fax (606) 354-3830

Vitals

2024-09-16 15:13

Ht: 5 ft 8 in

Allergies

Reviewed Allergies

NKDA

Medications

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Medications

Adoxa 100 mg tablet Take 1 tablet(s) twice a day by oral route.	07/22/24	entered
aspirin 81 mg capsule Take 1 capsule(s) every day by oral route.	07/22/24	entered
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME FOR CHOLESTEROL & PERIPHERAL ARTERY DISEASE	09/12/24	filled
clopidogrel 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	09/10/24	filled
doxycycline hyclate 100 mg capsule TAKE 1 CAPSULE BY MOUTH EVERY 12 HOURS UNTIL GONE	09/12/24	filled
furosemide 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY MORNING	08/21/24	filled
hydroCHLOROthiazide 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	08/21/24	filled
metFORMIN 500 mg tablet TAKE 2 TABLETS BY MOUTH TWICE A DAY WITH MEALS	08/26/24	filled
metoprolol tartrate 50 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY	07/02/24	filled
metroNIDAZOLE 250 mg tablet TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS	08/01/24	filled
nitroglycerin 0.4 mg sublingual tablet	06/06/24	filled

Vaccines

None recorded.

Problems

- Reviewed Problems
- Chronic obstructive pulmonary disease - Onset: 07/22/2024
 - Diabetes mellitus - Onset: 07/22/2024
 - Hypertensive disorder - Onset: 07/22/2024

Family History

Reviewed Family History	
Unspecified Relation	<div><div>- Hypertensive disorder</div><div>- Diabetes mellitus</div><div>- Heart disease</div><div>- Family history of stroke</div><div>- Family history of malignant neoplasm</div></div>

Social History

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

What is your current pack years?: 20 - 29 Pack Years

How much tobacco do you smoke?: 1 pack per day

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 09/16/2024

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 09/16/2024

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: Occasional

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical History

Reviewed Surgical History

- Cardiac catheterization - 06/26/2024
- Vascular Surgery - 06/22/2024

Past Medical History

Reviewed Past Medical History

HPI

Patient is a very pleasant controlled diabetic 72-year-old male here today for distal ulcers of the right hallux and second digit Ongoing since February or March of this year, states that he does not keep it clean and dry and dressed and admits to barefoot walking often, states he "cleans it out" often with bleach, alcohol and peroxide, states that he does not have a dressing on it most of the time, states that he sleeps with heavy sheets and blankets on his toes all of the time, states he does not offload pressure from the wound, patient states that he has had an artery procedure done in the past, Patient admits to drainage but denies erythema edema pus or malodor states that he just finished a round of antibiotics, states that he sees a provider in Pine Knot past Oneida, patient denies nausea vomiting fever or chills, patient denies streaking of the foot or leg, patient's last A1c was 6.4, patient denies having blood sugars over 200 in the last few weeks, patient states he is due for diabetic shoes and inserts, Patient also complains of painful thickened elongated dystrophic clinically mycotic nails and inability to perform own nail care due to body habitus and loss of grip strength, pain is exacerbated with prolonged weightbearing and activity and relieved with rest, patient has no other complaints at this time

Patient is a pleasant controlled diabetic 72-year-old male here today for 1 week follow-up of wounds of the right hallux, patient states that he has been keeping the area clean and dry and his dressing from his appointment last week has stayed intact, states that he has been avoiding bleach/soaking his feet, patient denies erythema edema pus drainage or malodor, states that he has been conscious of putting any pressure on the distal toes, patient has no other complaints at this time

ROS

Patient reports **nose problems and sinus problems**. He reports **shortness of breath when walking and shortness of breath when lying down**. He reports **arthralgias/joint pain and back pain**. He reports **weakness**. He reports **runny nose and sinus pressure**. He reports feeling safe in a relationship.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished** and capillary refill test immediate. Edema Right: **edema**. Edema Left: **edema**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal. Foot Left: no lesions, ulcers, skin rash, or subcutaneous nodules; **dry, atrophic, and hair absent**; and skin temperature normal.

Neurological: Neurological Right: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Neurological Left: **paresthesias, gross sensation diminished, and pin prick sensation decreased**. Manual Muscle Test Right: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance). Manual Muscle Test Left: plantarflexors 5/5 (movement against resistance), dorsiflexors 5/5 (movement against resistance), invertors 5/5 (movement against resistance), and evertors 5/5 (movement against resistance).

Musculoskeletal: Muscle Strength and Tone Right: normal and normal tone. Muscle Strength and Tone Left: normal and normal tone. Joints, Bones, and Muscles Right: **contractures, limited ROM, bony abnormalities, and pain to palpation**. Joints, Bones, and Muscles Left: **contractures, limited ROM, bony abnormalities, and pain to palpation**.

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

Class: Class B Right: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class B Left: **skin texture shiny and thin; dorsalis pedis pulse diminished, posterior tibial pulse diminished, advanced trophic changes, hair growth decrease, nail changes, and pigmentary changes;** and skin color normal and no redness. Class C Right: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication. Class C Left: **burning, paresthesias, edema, cold foot, and temperature changes** and no claudication.

Toenails 1 through 5 are thickened, discolored, dystrophic, clinically mycotic, and elongated bilaterally

2.3 x 0.4 x 0.2 cm full thickness ulceration of distal right hallux with maceration and clear drainage - wound appears to have gotten wet

No erythema, edema, or malodor, no streaking of the foot or leg at this time

Diminished DP and PT pulses bilaterally

Procedure Documentation

Skin Graft-Amnio Tri-Core Amniotic:

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.

Skin Substitute:Amnio Tri Core

Size--2x3

Product ID--AMT-5230

Lot Number--

Serial Number--SB24-2253AT-00215980

Expiration Date--2027-07-28

Application number--5

Zero graft wastage.

Assessment / Plan

Skin ulcer of toe of right foot with fat layer**1. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

Pressure injury of toe of right foot, stage**2. 3**

Additional diagnosis detail: Open wound of toe, initial encounter

L89.893: Pressure ulcer of other site, stage 3

3. Ulcer of toe due to type 2 diabetes mellitus- Right -

Additional diagnosis detail: Diabetic ulcer of toe of right foot associated with type 2 diabetes mellitus, limited to breakdown of skin

E11.621: Type 2 diabetes mellitus with foot ulcer

4. Onychomycosis

B35.1: Tinea unguium

5. Peripheral vascular disease

I73.9: Peripheral vascular disease, unspecified

6. Disorder of nervous system due to type 2 diabetes mellitus

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

7. Atherosclerosis of artery of lower limb- Bilateral -

Additional diagnosis detail: Other atherosclerosis of native arteries of extremities, bilateral legs

I70.293: Other atherosclerosis of native arteries of extremities, bilateral legs

8. Antalgic gait

R26.89: Other abnormalities of gait and mobility

9. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Ulcer of right foot with fat layer**10. exposed**

L97.512: Non-pressure chronic ulcer of other part of right foot with fat layer exposed

TRAMMELL, Roy (id #25622, dob: 03/16/1952)

11. Peripheral venous insufficiency

I87.2: Venous insufficiency (chronic) (peripheral)

Discussion Notes

Patient evaluation and physical exam performed
Diagnosis, treatment, etiology and prevention discussed with patient
Sharp debridement of full-thickness ulceration of right hallux to fully granular tissue with 15 without incident
Skin graft placed today in office #5
Dressed with adaptic gauze dressing with Kling
Patient not to remove dressing for one week
Reiterated importance of keeping dressing dry, not to remove dressing for one week, patient to come to office if dressing gets wet or becomes too tight
Recommended continuation of surgical shoe to wear as directed
Patient to offload 100% pressure of wound at all times, absolutely no sheets or blankets on tips of toes at bedtime
Patient to discontinue bleach, alcohol, and peroxide, gently clean with NS 1-2x weekly
Patient is due to be set up with diabetic shoes/orthotics
Recommended no barefoot walking
Recommended daily checking of feet and legs to look for wounds/skin changes
Importance of glycemic control discussed
Pt last A1c was 6.4/average blood sugars for the last two weeks have been running below 200
Patient instructed to contact the office if concerning pedal changes occur or if signs of infection occur including erythema edema pus drainage or malodor
Pt to follow up in 1 week for continued care or prn for acute care

Patient had RSFA angioplasty and ATA atherectomy and angioplasty on 6/27/24
ABI from 7/10/24 .93 0.99
Dr. Itis at Fayette Vascular

Return to Office

- Rachel Holloway, PA-C for ESTABLISHED PATIENT 15 at LAFOLLETTE on 09/24/2024 at 01:30 PM
- Rachel Holloway, PA-C for ESTABLISHED PATIENT 15 at LAFOLLETTE on 10/03/2024 at 01:30 PM
- Pedorthist One Schedule, TECH for PROSTHETIC 15 at LAFOLLETTE on 10/03/2024 at 01:30 PM

Encounter Sign-Off

Encounter signed-off by Rachel Holloway, PA-C, 09/16/2024.

Encounter performed and documented by Rachel Holloway, PA-C

Encounter reviewed & signed by Rachel Holloway, PA-C on 09/16/2024 at 04:32 PM