

CURTIN UNIVERSITY HOSPITAL		SURNAME Janning		URN 23478
CLINICAL PROGRESS NOTES		GIVEN NAMES Alison Claire		AGE 53
		ADDRESS 11 Main Street Preston 6125		
		SEX Female		
Ward:		Date: Day 1		
DATE & TIME	NOTES: SIGN & DATE ALL ENTRIES			
Day 1	<u>HxPc</u>			
0715	53 y.o. female			
	Complaining of pain ++ in R foot wound			
	~2/52 bouganvillea thorn in R foot			
	2/7 of ↑ pain – GP Dr Kane initiated amoxicillin 5/7			
	5/7 of ↑ pain – GP changed amoxicillin to fluclox for last 4/7			
	<u>PmHx</u>			
	<ul style="list-style-type: none"> T2DM (15 years) 			
	<ul style="list-style-type: none"> HTN (5 years) 			
	<ul style="list-style-type: none"> No smoking, etOH 			
	<u>Meds:</u>			
	<ul style="list-style-type: none"> Metformin 			
	<ul style="list-style-type: none"> Gliclazide CR 			
	<ul style="list-style-type: none"> Ramipril 			
	<ul style="list-style-type: none"> Flucloxacillin 4/7 			
	<u>On exam</u>			
	<ul style="list-style-type: none"> Temp 38.6 (↑) HR 115 (↑) RR 25 (↑) 			
	<ul style="list-style-type: none"> BP 110/60 (↓) 			
	<ul style="list-style-type: none"> H:S1S2 			
	<ul style="list-style-type: none"> L: clear 			
	<ul style="list-style-type: none"> R foot: open wound, pain++, erythema, swelling 			
	<u>Impression</u>			
	<ul style="list-style-type: none"> Infection R foot 			
	<u>Plan</u>			
	<ul style="list-style-type: none"> Start BSL monitoring 			
	<ul style="list-style-type: none"> Analgesia PRN 			
	<ul style="list-style-type: none"> Refer to infectious diseases to review Abs 			
	<ul style="list-style-type: none"> Pharmacy to review meds 			
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CLINICAL PROGRESS NOTES

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		SEX	Female		
Ward:	Date:	Day 1			
DATE & TIME	NOTES: SIGN & DATE ALL ENTRIES				
Day 1	Pharmacy completed MedRec – see MMP				
0945	L.Lang				
Day 1	Assessment				
1030	<ul style="list-style-type: none"> Open ulcer Erythematous Pain++ 				
	= infected diabetic R foot ulcer				
	Plan				
	<ul style="list-style-type: none"> Admit to Gen med ward Cease oral fluclox Initiate flucloxacillin V 1g QID R foot Xray Bloods including HbA1C 				
	A Barton				
	Dr barton				
Day 1	Alison Janning is Day 1 admission for sepsis for diabetic infected				
1400	R foot ulcer. Seen by RM and infectious disease team. Patient				
	started on IV flucloxacillin, had Xray done and bloods taken. She				
	is alert, cheerful. Respiratory rate 15, oxygen sats is normal.				
	Heart rate remains high. Blood pressure is within normal limits.				
	Temperature continues to be elevated. Wound dressings done				
	according to protocol. Wound looks swollen with slight exudate.				
	Awaiting review by Dr Barton (infectious disease). Xray results				
	and swab results pending. Blood tests results are back. Continue 4				
	hourly obs.				
	Annie Body RN				
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		GIVEN	Alison Claire	AGE	53

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CLINICAL PROGRESS NOTES		NAMES ADDRESS 11 Main Street Preston 6125 SEX Female	
Ward:	Date: Day 1/2		
DATE & TIME	NOTES: SIGN & DATE ALL ENTRIES		
Day 1	Assessment		
1515	<ul style="list-style-type: none"> Sepsis from diabetic infected ulcer R foot Uncontrolled diabetes 		
	Plan		
	<ul style="list-style-type: none"> Start Insulin Await Xray and swab results Continue BSL monitoring Continue IV fluclox 		
	A Barton		
	Dr Barton		
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Day 2	Alison Janning is Day 2 admission for infected diabetic foot		
0800	ulcer. IV flucloxacillin and insulin ongoing. Temperature and		
	pulse rate continues to be high. Glucose levels better. R foot ulcer		
	dressings changed but continues to look infected. Awaiting Gen		
	med team review. Continue 4 hourly obs and glucose		
	monitoring.		
	Annie Body RN		
Day 2	D2 IV flucloxacillin for infected R foot diabetic ulcer		
1000	Started on insulin. BSL improving		
	Temp and pulse persistently high		
	WCC high, creatinine elevated, CRP 180		
	On exam		
	<ul style="list-style-type: none"> Temp and pulse still elevated 		
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CLINICAL PROGRESS NOTES		ADDRESS 11 Main Street Preston 6125		AL PR OG RES S NO TES
SEX Female				
Ward:	Date:	Day 2/3		
DATE & TIME	NOTES: SIGN & DATE ALL ENTRIES			
	<ul style="list-style-type: none"> Wound on R foot erythematous and swelling 			
	Plan			
	<ul style="list-style-type: none"> Continue IV fluclox and insulin 			
	<ul style="list-style-type: none"> Continue 4 hourly obs 			
	<ul style="list-style-type: none"> Await Xray and swab results 			
	R Johns RMO			
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Day 3	Alison Janning is Day 3 admission for infected diabetic foot			
0800	ulcer. IV flucloxacillin and insulin given. Temperature is still			
	elevated. Pulse is a bit better. R foot ulcer dressings changed but			
	continues to look infected. Swab and Xray results are back.			
	Await medical team review. Continue 4 hourly obs and glucose			
	monitoring.			
	Annie Body RN			
Day 3	D3 IV flucloxacillin for infected R foot diabetic ulcer			
0900	CRP still high but a bit better. White cell count still high			
	Swabs and xray results are back but will await infectious			
	disease team review			
	Noted temp is still elevated and wound continues to look			
	infected			
	Plan			
	Await review by infectious disease team			
	Continue 4 hourly obs and glucose monitoring			
	Continue IV flucloxacillin			
	R Johns RMO			
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CLINICAL PROGRESS NOTES

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SEX	Female

Ward:

Date: Day 3

DATE & TIME

NOTES: SIGN & DATE ALL ENTRIES

Day 3

Investigations

1120

Swabs show mixed bacteria

Xray shows gas under ulcer suggesting gas gangrene

Assessment

- Sepsis from infected diabetic foot ulcer not responding to IV flucloxacillin
- Clostridium related gas gangrene

Plan

- Change antibiotics to tazopir
- Repeat bloods

A Barton

Dr Barton

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PROGRESSES

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CLINICAL PROGRESS NOTES		SEX	Female
Ward:	Date: Day 13/14		
DATE & TIME	NOTES: SIGN & DATE ALL ENTRIES		
Day 13	Alison Janning is D13 for gas gangrene from diabetic foot ulcer		
0800	on R foot. Given Tazopip IV. Patient's foot ulcer continues to be		
	infected and progress. Patient seen by vascular team and		
	amputation was suggested. Awaiting medical team to confirm.		
	Temp is still slightly elevated but rest of obs are stable.		
	Dressings done for R foot ulcer today. Thrombosis prevention		
	precautions applied according to protocol. Seen by		
	physiotherapy yesterday. Continue obs 3 times a day and		
	glucose monitoring.		
	Annie Body RN		
Day 13	D13 admission for diabetic foot ulcer		
0915	Gas gangrene confirmed on Xray. Swabs showed mixed bacteria		
	WCC elevated and CRP elevated despite Tazopip		
	Referred for vascular Team		
	Temp is still elevated and gangrene continues to worsen		
	Plan		
	<ul style="list-style-type: none"> Discuss with Dr Barton about further plans Continue Tazopip for now Obs 3 times a day 		
	R Johns RMO		
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Day 14	Alison Janning is D14 admission for gas gangrene. Wound		
0700	Infection continues to worsen despite antibiotics. Plan from		
	Surgical and medical team is for surgery this morning. She		
	Will need consent done prior to surgery. Nil by mouth from 12		
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Ward:	Date:		
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	Midnight. Hence, no breakfast this morning. Patient is not		
	very happy about it and is wondering what is happening.		
	Dressings done, obs done. Await review by medical and surgical		
	team		
	Annie Body RN		
Day 14	Gangrene continues to worsen despite antibiotics		
0810	Surgical team is agreeable for amputaiton		
	Patient informed about amputation		
	Plan		
	<ul style="list-style-type: none"> For amputation as per surgical team Continue antibiotics and glucose monitoring Review again after surgery 		
	A Barton		
	Dr Barton		
Day 14	Patient planned for surgery this morning		
0900	Patient consented by surgical team		
	Nil by mouth		
	4 hourly obs		
	R Johns RMO		
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Day 15	Alison Janning D15 admission for gas gangrene from diabetic		
0800	Foot ulcer. She is D1 post amputation. No complications from		
	Surgery. Wound healing well. She is back to diabetic diet and		
	her obs are stabl. Currently on 4 hourly obs. Awaiting medical		
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Date:

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and surgical team review.

Annie Body RN

Day 15

D1 post amputation for gangrenous diabetic foot

0830

Tissue culture showed MRSA

Patient recovering well

Plan

- Start IV meropenam
- Start IV Vancomycin

R Barton

Dr Barton

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