



Healthcare at Home

**Visit Note Report**

**Client:** TUCKER, MILLARD H  
**Client DOB:** 3/24/1957  
**Insured ID:** 9JU0H97XU10

**MR No:** LEX00071796201      **Legacy MR No:**  
**Primary Payor:** PALMETTO MEDICARE PDGM

**Visit Date:** 10/20/2025    **Visit Number:** 11    **Visit Type:** RN10 - RN VISIT + SUP

**General:** TUCKER, MILLARD H. LEX00071796201

**Visit Date:** Visit Number: Visit Type: Branch Code: Billable:  
 10/20/2025 11 RN10 - RN VISIT + SUP LEX

**Agent ID:** Agent Name: Mileage Payment Method: Trip Fees: Mileage Start: Mileage End: Mileage:  
 376214 RACHEL DAUGHERTY RN AM 0.00 0 0 0

**Time:**

TRAVEL TIME	DRIVE START TIME	10/20/2025 12:51 PM	DRIVE END TIME	10/20/2025 12:51 PM
IN-HOME TIME	BEGAN	10/20/2025 12:51 PM	COMPLETED	10/20/2025 01:40 PM

Total In-Home Time: 0.81 Hours  
 Total Drive Time: 0.00 Hours  
 Total Time: 0.81 Hours

**Vital Signs**

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	97.6	10/20/2025 01:16 PM	FOREHEAD	N
Pulse	72	10/20/2025 01:16 PM	RADIAL *WNL	N
Respirations	18	10/20/2025 01:16 PM	WNL	N
Blood Pressure	92 / 62	10/20/2025 01:16 PM	SITTING ARM - RT	N
Fasting Blood Sugar	118	10/20/2025 01:17 PM		N
Random Blood Sugar	183	10/20/2025 01:17 PM		N
Oxygen Saturation Level (%)	98	10/20/2025 01:18 PM		N
Pain	6	10/20/2025 01:17 PM	ON ROOM AIR	N

**Assessment****PATIENT IDENTIFIERS**

INDICATE TWO PATIENT IDENTIFIERS USED FOR THIS VISIT:

PATIENT NAME

DATE OF BIRTH

VISUAL RECOGNITION

**HEAD/NECK**

INDICATE HEAD AND NECK ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

NECK PAIN

INDICATE FREQUENCY OF NECK PAIN:

ON AND OFF

**EYES/EARS/NOSE/THROAT**

INDICATE EYES/EARS/NOSE/THROAT FINDINGS:

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**Assessment**

**PERRL**

**PAIN**

DOES THE PATIENT REPORT OR EXHIBIT PAIN?

**YES - PATIENT REPORTS OR EXHIBITS PAIN**

INDICATE SUBJECTIVE OR OBJECTIVE PAIN ASSESSMENT:

**SUBJECTIVE PAIN ASSESSMENT**

INDICATE WHEN THE CLIENT'S REPORTED PAIN OCCURS:

**DURING THE DAY AND NIGHT**

INDICATE CLIENT'S CURRENT PAIN SCALE RATING:

**6**

INDICATE CLIENT'S PAIN SCALE RATING FOR BEST/LEAST INTENSITY OF PAIN:

**2**

INDICATE CLIENT'S PAIN SCALE RATING FOR WORST/MOST INTENSITY OF PAIN:

**8**

INDICATE LOCATION OF PAIN (MARK ALL THAT APPLY)

**RIGHT LOWER EXTREMITY**

**OTHER - SPECIFY**

INDICATE LOCATION OF PAIN IN RIGHT LOWER EXTREMITY (MARK ALL THAT APPLY):

**LOWER LEG**

**FOOT**

INDICATE OTHER LOCATION OF PAIN:

**NECK PAIN**

INDICATE QUALITY OF PAIN: (MARK ALL THAT APPLY)

**ACHING**

**SHARP**

**SORE**

INDICATE WHAT RELIEVES PAIN (MARK ALL THAT APPLY):

**MEDICATIONS**

**OXYGEN**

**POSITIONING**

**REST/SLEEP**

INDICATE ADDITIONAL DETAILS THAT DESCRIBE THE CLIENT'S PAIN AND RESPONSE TO TREATMENT (I.E. SPECIFIC PAIN MEDS GIVEN TO THE PATIENT AND PATIENT'S RESPONSE TO PAIN TREATMENT, ETC.)

**PATIENT REPORTS PAIN A 6/10 IN NECK AND RIGHT FOOT, TAKES GABAPENTIN AND TYLENOL**

**INTEGUMENTARY - ICC**

INDICATE INTEGUMENTARY (HEAD TO TOE ASSESSMENT) FINDINGS INCLUDING OBSERVING FOR NEW PRESSURE ULCERS AND CHECKING BETWEEN THE TOES:

**WOUND(S)**

DOES THE PATIENT HAVE IV ACCESS?

**NO**

**CARDIOVASCULAR**

INDICATE CARDIOVASCULAR FINDINGS:

**WNL**

**STABLE WITH CURRENT MEDICATION REGIMEN/INTERVENTIONS**

**RESPIRATORY**

INDICATE RESPIRATORY ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

**WNL**

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**Assessment**

DOES THE PATIENT UTILIZE SUPPLEMENTAL OXYGEN – EITHER CONTINUOUSLY, INTERMITTENTLY OR PRN?

NO

GENITOURINARY

INDICATE GENITOURINARY FINDING(S):

WNL

GASTROINTESTINAL

INDICATE GASTROINTESTINAL ASSESSMENT FINDING(S): (MARK ALL THAT APPLY)

OSTOMY FOR BOWEL ELIMINATION

INDICATE BRAND AND SIZE OF APPLIANCE

UNKNOWN

NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS: (MARK ALL THAT APPLY)

PATIENT TAKES 3 OR MORE PRESCRIBED OR OVER THE COUNTER DRUGS PER DAY - 1 PT

TOTAL NUTRITION ASSESSMENT SCORE:

1

BASED ON THE SCORE, THE NUTRITIONAL RISK LEVEL IS:

GOOD

COGNITIVE/BEHAVIORAL

WAS BEHAVIORAL STATUS ASSESSED?

YES

INDICATE BEHAVIORAL ASSESSMENT FINDINGS:

NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

NEUROLOGIC

INDICATE CLIENT'S MENTAL STATUS: (MARK ALL THAT APPLY)

ALERT

ORIENTED TO PERSON

ORIENTED TO TIME

ORIENTED TO PLACE

ABLE TO FOLLOW SIMPLE COMMANDS

FORGETFUL

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

NUMBNESS

ENDOCRINE/HEMATOPOIETIC

INDICATE ENDOCRINE/HEMATOPOIETIC ASSESSMENT FINDINGS:

DIABETES

SPECIFY TYPE

DIABETES TYPE II

IS THE CLIENT TAKING INSULIN?

YES

WHEN WERE THE PATIENTS BLOOD SUGAR LEVELS LAST CHECKED AND WHAT ARE THE USUAL READINGS?:

DEXCOM

100-315

CAN THE PATIENT DRAW UP INJECTABLE MEDICATION (I.E., INSULIN, B12, CALCIMAR) ?

YES

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

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**Insured ID:** 9JU0H97XU10

**Visit Date:** 10/20/2025      **Visit Number:** 11      **Visit Type:** RN10 - RN VISIT + SUP

**Assessment****FUNCTIONAL**INDICATE MUSCULOSKELETAL STATUS:**AMPUTATION**IN WHAT EXTREMITIES DO AMPUTATIONS EXIST (MARK ALL THAT APPLY):**LOWER LEFT****SUPERVISORY FUNCTIONS**INDICATE DISCIPLINE OF EMPLOYEE BEING EVALUATED:**LICENSED VOCATIONAL NURSE**INDICATE NAME OF LVN BEING EVALUATED IF APPLICABLE:**KASEY ATHA, LPN AND KIM WAINSCOTT, LPN**IS THE CLIENT SATISFIED WITH THE CURRENT CARE BEING PROVIDED BY THE LVN?**YES**DOES THE LVN NOTIFY THE CLIENT OR CAREGIVER, IN TIMELY FASHION, OF CHANGES IN THE PLAN OF CARE, SCHEDULE / TIME CHANGES?**YES**DOES THE LVN RESPECT THE CLIENT'S RIGHTS RELATED TO PRIVACY, DIGNITY, CONFIDENTIALITY, PERSONAL BELONGINGS AND PROPERTY?**YES**INDICATE CHANGES IN PLAN/GOAL/UPDATE, IF APPLICABLE:**N/A****CARE COORDINATION**INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES INVOLVED IN THIS CASE:**NO**ANY CHANGES TO THE PLAN OF CARE OR TREATMENT WERE COMMUNICATED TO THE PATIENT AND/OR PATIENT REPRESENTATIVE AND/OR CAREGIVER?**N/A**

<b>Wound Assessment</b>	Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.
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**Anatomical Figures****Anatomical View**

<b>Wound # / Location / Type / Source</b>	<b>Question</b>	<b>Answer</b>
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**MALE ANTERIOR**

#7 - MID DORSUM, RT, TRAUMASUPERFIC [INACTIVATED 09/18/2025],  
[REACTIVATED 09/25/2025] - HCHB

Onset Date: 06/25/2025

CHANGE IN STATUS

NONE

WOUND ASSESSED

YES

TOTAL WAT SCORE

34

MEASUREMENTS TAKEN

YES

LENGTHxWIDTHxDEPTH(CM)

2.5 X 2 X 0

SURFACE AREA (SQ CM)

5

DEPTH DESCRIPTION

PART THICK

IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?

NO

GRANULATION TISSUE

NONE

EDGES

INDIST

SHAPE

ROUND

EXUDATE TYPE

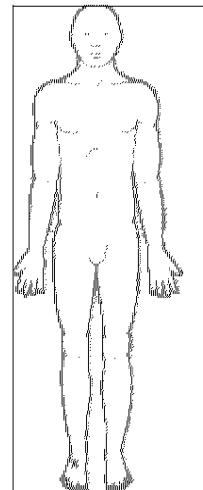
SEROSANG

EXUDATE AMOUNT

MOD

ODOR

NONE



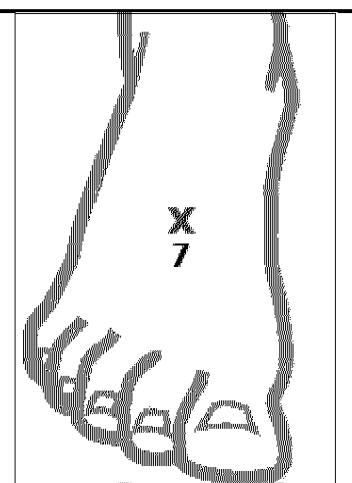
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EPITHELIALIZATION	<25%
NECROTIC TISSUE TYPE	YELLOW
NECROTIC TISSUE AMOUNT	75<100%
TOTAL NECROTIC TISSUE SLOUGH	76-100%
TOTAL NECROTIC TISSUE ESCHAR	76-100%
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT
UNDERMINING	NONE
TUNNELING	NO
SKIN COLOR SURROUNDING WOUND	NORM
PERIPHERAL TISSUE EDEMA	NONE
PERIPHERAL TISSUE INDURATION	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
STATE	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	NO
DEBRIDEMENT THIS VISIT	NO
DRAIN PRESENT	NO
WOUND CARE PROVIDED	CLEANSED WITH NORMAL SALINE, APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED, COVERED WITH MEPILEX BORDER FOAM DRESSING. TOLERATED WELL WITH ONLY COMPLAINTS OF TENDERNESS



**Wound Images**  
N/A

**Narrative**  
PLEASE DOCUMENT SPECIFIC SKILL PROVIDED, PATIENTS RESPONSE TO TREATMENT AND SUMMARY OF PATIENTS PROGRESS TOWARD GOALS:

PATIENT IN MOTORIZED SCOOTER

**Patient Goals**

**Patient Goal**

TO GET MY WOUNDS HEALED AND WALK

## Visit Note Report

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<b>Client DOB:</b> 3/24/1957		
<b>Insured ID:</b> 9JU0H97XU10	<b>Primary Payor:</b>	PALMETTO MEDICARE PDGM
<b>Visit Date:</b> 10/20/2025	<b>Visit Number:</b> 11	<b>Visit Type:</b> RN10 - RN VISIT + SUP

**Interventions Provided****1. ASSESS AND EVALUATE CO-MORBID CONDITIONS**

DETAILS/COMMENTS: ASSESSED AND EVALUATED THAT CO-MORBID CONDITIONS AND SYMPTOMS RELATED TO CO-MORBID CONDITIONS ARE CURRENTLY CONTROLLED.

REVIEWED AND INSTRUCTED ON RECENT EXACERBATION OF CO-MORBID CONDITIONS

**2. PROVIDE/INSTRUCT PATIENT/CAREGIVER ON WOUND CARE**

DETAILS/COMMENTS: INSTRUCTED ON WOUND CARE TO TOP OF RIGHT FOOT

**3. EVALUATE PATIENT'S RESPONSE TO PHARMACOLOGICAL AND NON-PHARMACOLOGICAL PAIN REGIMEN INCLUDING PATIENT'S RESPONSE TO THE PAIN SCALE.**

DETAILS/COMMENTS: ASSESSED THAT PAIN MEDICATIONS ARE BEING TAKEN AS PRESCRIBED

ASSESSED THAT BOTH A PHARMACOLOGICAL AND NONPHARMACOLOGICAL PAIN REGIMEN ARE BEING UTILIZED

ASSESSED THAT USE OF PAIN MEDICATIONS WITH ACTIVITIES/WOUND CARE IS COORDINATED.

**4. REVIEW MEDICAL HISTORY WITH PATIENT/CAREGIVER TO IDENTIFY REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS.**

DETAILS/COMMENTS: REVIEWED MEDICAL HISTORY WITH PATIENT/CAREGIVER TO IDENTIFY REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS.

**5. REVIEW MEDICATIONS FOR POTENTIAL CONTRAINDICATIONS OR SIDE EFFECTS THAT MAY BE CONTRIBUTING TO DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS.**

DETAILS/COMMENTS: REVIEWED MEDICATIONS FOR POTENTIAL CONTRADICTIONS OR SIDE EFFECTS THAT MAY BE CONTRIBUTING TO DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS.

**Goals Met**

1. CHANGES TO CO-MORBID CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PROVIDER

2. PATIENT VERBALIZES TOLERANCE TO WOUND CARE. PATIENT / CAREGIVER VERBALIZES / RETURNS DEMONSTRATION OF WOUND CARE

3. INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES ARE IDENTIFIED AND PROMPTLY REPORTED TO THE PROVIDER.

4. PATIENT AND/OR CAREGIVER CAN VERBALIZE RISKS OR REASONS CONTRIBUTING TO DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS AND STRATEGIES TO MITIGATE THE DECLINE.

5. ALL IDENTIFIED MEDICATIONS THAT MAY BE CONTRIBUTING TO A DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS ISSUES HAVE BEEN REPORTED TO THE PHYSICIAN

**Goals Not Met**

1. PATIENT / CAREGIVER VERBALIZE / DEMONSTRATE APPROPRIATE TECHNIQUE FOR OBTAINING SPECIMEN FOR URINE TESTING.  
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

2. PATIENT / CAREGIVER ADMINISTERS MEDICATIONS AS PRESCRIBED AS EVIDENCED BY NO ADVERSE EFFECTS OR MEDICATION ERROR.  
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

3. ALL MEDICATIONS HAVE BEEN REVIEWED TO IDENTIFY ANY POTENTIAL CONTRAINDICATIONS OR SIDE EFFECTS THAT MAY BE CONTRIBUTING TO EXHAUSTION  
EXCEPTION CODE: ADDITIONAL TIME REQUIRED TO MEET INTERVENTION/GOAL

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**Agent Signature:**

**Client Signature:**



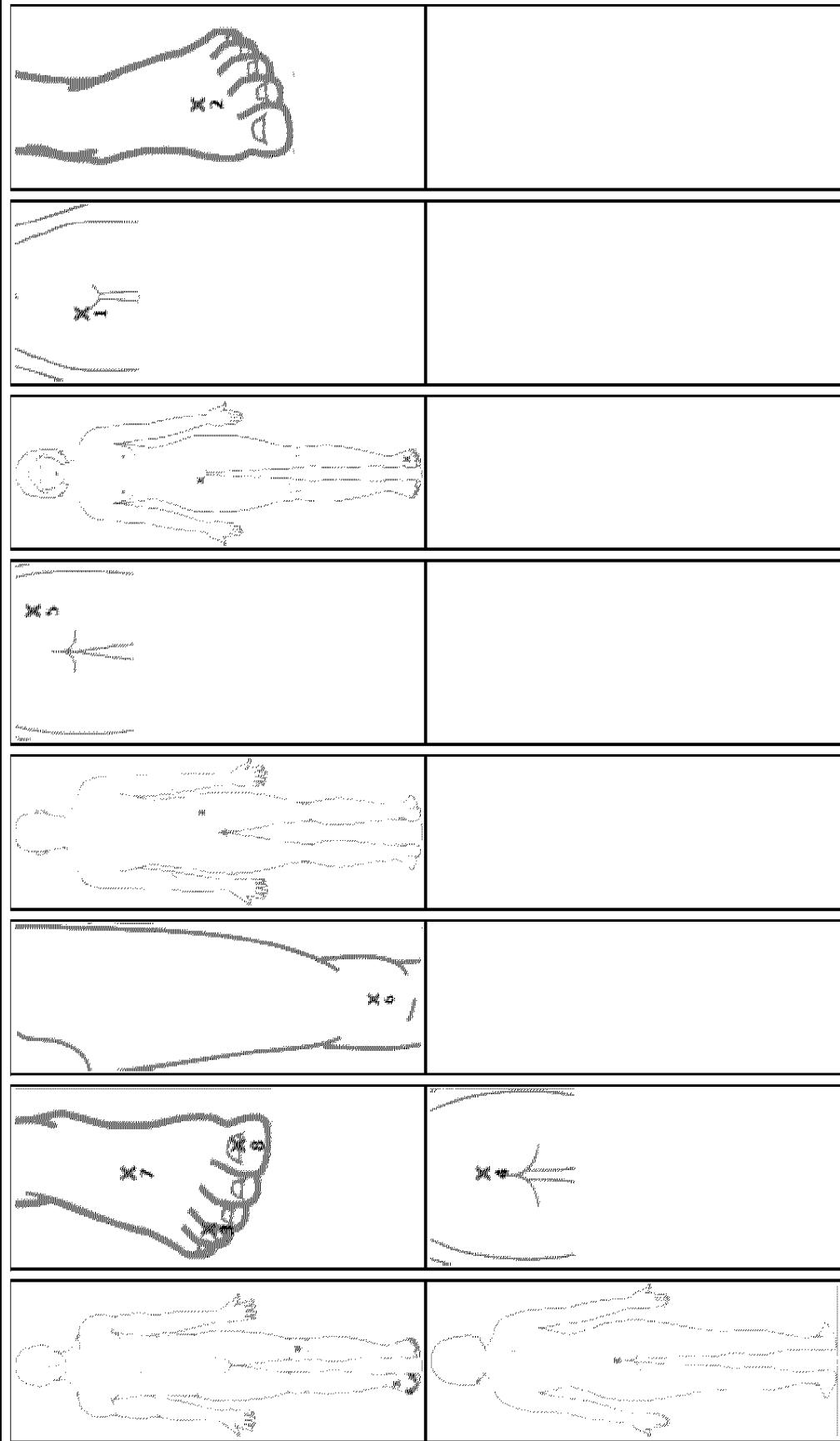
RACHEL DAUGHERTY RN 10/20/2025 01:40 PM  
(Electronically Signed)

## Wound Record Report

10/24/2025 03:25:48 PM

**Client:** TUCKER, MILLARD H.  
**MR No:** LEX00071796201  
**Legacy MR No:** 03/24/1957

**SOC Date:** 1/19/2024  
**Episode Start Date:** 09/15/2025  
**Episode End Date:** 1/13/2025



### Wound Summary:

**Wound Record Report**

Client: TUCKER, MILLARD H.		Wound # - Location - Type - Source		MR No:	LEX00071796201	Legacy MR No:	Episode Start Date: 09/15/2025		
Anatomical View	Onset Date	Active	Visit Date	LxWxD(CM)	SA (SQ CM)	EXU TPE	EXU AMT	S/S INF	
<b>FEMALE ANTERIOR</b>									
#1 - INGUINAL, RT, SURG INC [INACTIVATED 05/19/2025]- HCHB [REACTIVATED 11/19/2024]- HCHB	07/04/2024	N	05/19/2025	NA*	NA*	NA*	NA*	NA*	
#2 - DIST DORSUM, LT, SURG INC [INACTIVATED 09/25/2025]- HCHB	06/26/2024	N	09/25/2025	NA*	NA*	NA*	NA*	NA*	
<b>MALE ANTERIOR</b>									
#3 - ANT - 4TH TOE, RT, DIAB ULCER [INACTIVATED 08/29/2025]- HCHB	01/22/2025	N	03/29/2025	NA*	NA*	NA*	NA*	NA*	
#6 - PATELLAR, LT, TRAUMA SUPERFIC [INACTIVATED 07/14/2025]- HCHB	06/25/2025	N	07/14/2025	NA*	NA*	NA*	NA*	NA*	
#7 - MID DORSUM, RT, TRAUMA SUPERFIC [INACTIVATED 09/18/2025]- [REACTIVATED 09/25/2025]- HCHB	06/25/2025	Y	10/23/2025	2.8 X 1.8 X 0	5.04	SEROUS	MCD	NO	
#8 - GREAT TOE, RT, SKIN TEAR [INACTIVATED 08/04/2025]- HCHB	07/05/2025	N	03/04/2025	NA*	NA*	NA*	NA*	NA*	
<b>FEMALE POSTERIOR</b>									
#4 - ANT - COCCYX, PU STAGE I [INACTIVATED 04/22/2025]- HCHB	01/22/2025	N	04/22/2025	NA*	NA*	NA*	NA*	NA*	
<b>MALE POSTERIOR</b>									
#5 - UP BUTTOCK, RT, PU STAGE IV [INACTIVATED 07/16/2025]- HCHB	05/02/2025	N	07/16/2025	NA*	NA*	NA*	NA*	NA*	

NA\* = Not Assessed

**Wound Details:** Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.**Assessment Question Set - Effective 07/23/2013 12:00 AM - Current**

#1 - INGUINAL, RT - HCHB [INACTIVATED 05/19/2025], [REACTIVATED 11/19/2024]

Onset Date: 07/04/2024

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:	Episode Start Date:	09/15/2025
<b>Wound Details</b>	<b>11/19/2024</b> <b>3:30 PM</b> <b>Baseline</b> HULETTE. LESLIE RN INACTIVATED - COMPLETELY EPITHELIALIZED. REACTIVATED - NEW ORDER					
AGENT						
CHANGE IN STATUS						
STAGE HISTORY						
WAS WOUND ASSESSED	YES	NO	NO	NO	NO	NO
TOTAL WAT SCORE	28	28	28	28	28	28
MEASUREMENTS TAKEN	YES	NO	NO	NO	NO	NO
LENGTH X WIDTH X DEPTH(CM)	28 X 9 X 0.1	252	252	252	252	252
SURFACE AREA (SQ CM)						
DEPTH DESCRIPTION	PART THICK	PART THICK	PART THICK	PART THICK	PART THICK	PART THICK
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO	NO	NO	NO	NO	NO
GRANULATION TISSUE	<75 & > 25%	INDIST	IRREG	SERIOUS	MOD	Faint
EDGES						
SHAPE						
EXUDATE TYPE						
EXUDATE AMOUNT	MOD	MOD	MOD	MOD	MOD	MOD
ODOR	FAINT	50-<75%	NONE	NONE	NONE	NONE
EPITHELIALIZATION						
NECROTIC TISSUE TYPE						
NECROTIC TISSUE AMOUNT						
TOTAL NECROTIC TISSUE SLOUGH	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%
TOTAL NECROTIC TISSUE ESCHAR						
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT	ABSENT	ABSENT	ABSENT	ABSENT	ABSENT
UNDERMINING	NONE	NO	NORM	NONE	NONE	NONE
TUNNELING	NO	NO	NO	NO	NO	NO
SKIN COLOR SURROUNDING WOUND						
PERIPHERAL TISSUE EDEMA						
PERIPHERAL TISSUE INDURATION						
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	NO	NO	NO	NO	NO
STATE	ACUTE	NO	NO	NO	NO	NO
SIGNS AND SYMPTOMS OF INFECTION						
DEBRIDEMENT THIS VISIT						
DRAIN PRESENT	NO	NO	NO	NO	NO	NO
<b>Wound Care Provided</b>						
<b>Effective Date</b>	<b>Care Provided</b>					
11/19/2024 3:30 PM	CLEANSED WITH NORMAL SALINE, APPLIED PROMAGRAN, COVERED WITH FOAM BORDER. PT TOLERATED WITHOUT COMPLICATIONS OR COMPLAINTS					
Powered by Homecare Homebase™						
Page 3 of 28						

**Wound Record Report**

Order Summary	Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Voided
	05/08/2025 1:04 PM	05/08/2025		<p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS' ADHERENCE TO MEDICAL INSTRUCTIONS.</p> <p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING DM, HTN, COPD, AFIB, PVD AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGRUMINARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT STAGE 4 PRESSURE ULCER ON RIGHT GLUTEAL CARE AS FOLLOWS: CLEANSE WITH NS, PAT DRY, APPLY AQUACEL AG AND COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO INSTRUCT WOUND CARE TO SURGICAL SITE IN RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS, COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO 4TH RIGHT TOE AS FOLLOWS: CLEANSE WITH NS, PAINT WITH BETADINE, LEAVE OPEN TO AIR. USING CLEAN TECHNIQUE, APPLY 3 X WEEK.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY. IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT.</p> <p>NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN, ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION</p>	RESUMPTION OF CARE	Y	N	N

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025
03/18/2025 11:55 AM	03/21/2025	05/08/2025					

CONTROL MEASURES.

PHYSICAL THERAPIST TO ASSESS/EVALUATE FOR PHYSICAL THERAPY NEEDS AND DEVELOP A PHYSICAL THERAPY PLAN OF CARE

SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING WOUND CARE AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.

SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR UNINTENTIONAL WEIGHT LOSS WITH PATIENT AND/OR CAREGIVER AND IDENTIFY STRATEGIES TO REDUCE FURTHER UNINTENTIONAL WEIGHTLOSS.

SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.

SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.

SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.

SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS

SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.

SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.

SKILLED NURSE TO PERFORM / INSTRUCT PRESSURE ULCER CARE TO COCCYX AS FOLLOWS: CLEANSE WITH NORMAL SALINE OR MILD SOAP AND WATER, APPLY SKIN BARRIER CREAM AND LEAVE OPEN TO AIR USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED DAILY AND PRN FOR SOILING OR DISLODGEMENT.

SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO AS FOLLOWS: CLEANSE WITH NS, PAT DRY, APPLY PRISMA, COVER WITH FOAM BORDERED GAUZE USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING EVERY MONDAY, WED, FRIDAY AND PRN FOR SOILING/DISLODGEMENT.

SN TO PERFORM WOUND CARE TO RIGHT 4TH TOE ABRASION AS FOLLOWS:  
CLEANSE WITH NORMAL SALINE, PAT DRY, PAINT WITH BETADINE, LEAVE OTA DAILY AND PRN.

SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.

SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT.

NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.

SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.

SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071786201	Legacy MR No:		Episode Start Date:	09/15/2025
PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. PHYSICAL THERAPY WILL ESTABLISH OR UPGRADE A HOME EXERCISE PROGRAM REDUCING PATIENT'S PAIN AS CLINICALLY APPROPRIATE. PHYSICAL THERAPY TO PROVIDE PROSTHETIC TRAINING TO INCLUDE: RESIDUAL LIMB CONDITIONING (SHRINKING & SHAPING), RANGE OF MOTION, MUSCLE STRENGTHENING, AND GAIT TRAINING WITH/WITHOUT A PROSTHESIS OR ASSISTIVE DEVICE.							
03/18/2025 11:55 AM	03/18/2025	03/21/2025	CLEANSE WITH NS. PAT DRY. APPLY PRISMA. COVER WITH FOAM BORDERED GAUZE ORDER USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING EVERY MONDAY, WED, FRIDAY AND PRN FOR SOILING/DISLODGEIMENT.		P <small>HYSICIAN</small>	N	N
01/22/2025 11:12 AM	01/22/2025	03/18/2025	STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSE WITH WOUND CLEANSER. PAT DRY WITH GAUZE. APPLY BARRIER CREAM. LEAVE OPEN TO AIR.		P <small>HYSICIAN</small>	N	N

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Avoided
11/19/2024 2:43 PM	11/22/2024	01/22/2025	<p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HTN, DM WOUND CARE AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGRUM/MENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM /INSTRUCT WOUND CARE TO RIGHT GROIN AS FOLLOWS: CLEANS WITH NORMAL SALINE. APPLY PROMAGRAN COVER WITH FOAM, USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 TIMES WEEKLY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN/ADMINISTRATION OF ANTI DIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT.</p> <p>NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p> <p>PHYSICAL THERAPIST TO ASSESS/EVALUATE FOR PHYSICAL THERAPY NEEDS AND DEVELOP A PHYSICAL THERAPY PLAN OF CARE</p> <p>OCCUPATIONAL THERAPIST TO EVALUATE FOR OT SERVICES AND DEVELOP PLAN OF CARE FOR PROVIDER SIGNATURE.</p> <p>SKILLED NURSE TO INITIATE SOC ON 11/18/24 RELATED TO PATIENT NOT ANSWERING PHONE OR DOOR.</p> <p>VORB TONYA LEECH, RN/AMY COMER, APRN</p>	485 ORDERS	N	N	N
07/04/2024 10:57 AM	07/04/2024	11/22/2024		485 ORDERS	N	N	N
<b>Wound Images</b>							
N/A							

**Wound Record Report**

		<b>Wound Record Report</b>			
<b>Client:</b>	TUCKER, MILLARD H.	<b>MR No:</b>	LEX00071796201	<b>Legacy MR No:</b>	
<b>#2 - DIST DORSUM, LT, SURG INC - HCHB [INACTIVATED 09/25/2025]</b>			<th></th> <th><b>Episode Start Date:</b> 09/15/2025</th>		<b>Episode Start Date:</b> 09/15/2025
Onset Date:	09/26/2024				
<b>Wound Details</b>		09/25/2025 1:21 PM <b>Baseline</b> POPP, CARA RN INACTIVATED - ACTIVATED IN ERROR			
AGENT CHANGE IN STATUS		YES N/A			
STAGE HISTORY					
WAS WOUND ASSESSED					
TOTAL WAT SCORE					
<b>Wound Care Provided</b>					
Effective Date	Care Provided	09/25/2025 1:21 PM			
<b>Order Summary</b>					
Date/Time	Effective From	Effective To	Order Text	Type	Current Declined Voided
07/04/2024 10:57 AM	07/04/2024		485 ORDERS	Y	N N N
<b>Wound Images</b>					
N/A					
<b>#3 - ANT - 4TH TOE, RT - HCHB [INACTIVATED 08/29/2025]</b>					
Onset Date:	01/22/2025				
<b>Wound Details</b>		01/22/2025 11:56 AM <b>Baseline</b> MUTOMBO, KUMWIMBA LPN NONE			
AGENT					
CHANGE IN STATUS					
STAGE HISTORY					
WAS WOUND ASSESSED		YES			
TOTAL WAT SCORE		14			
MEASUREMENTS TAKEN		YES			
LENGTHxWIDTHxDEPTH(cm)		0.5 x 0.5 x 0			
SURFACE AREA (SQ CM)		0.25			
DEPTH DESCRIPTION		NON-BLAD NO			
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?		INTACT DISTINCT ROUND NONE NONE NONE			
GRANULATION TISSUE EDGES					
SHAPE					
EXUDATE TYPE					
EXUDATE AMOUNT					
ODOR					

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
01/22/2025	11:56 AM						
Baseline							
EPITHELIALIZATION	100%						
NECROTIC TISSUE TYPE	NONE						
NECROTIC TISSUE AMOUNT	NONE						
TOTAL NECROTIC TISSUE SLOUGH	0-25%						
EDGE / SURROUNDING TISSUE - MACERATION	0-25%						
UNDERMINING	ABSENT						
TUNNELING	NONE						
SKIN COLOR SURROUNDING WOUND	NORM						
PERIPHERAL TISSUE EDEMA	NONE						
PERIPHERAL TISSUE INDURATION	NONE						
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO						
STATE	ACUTE						
SIGNS AND SYMPTOMS OF INFECTION	NO						
DEBRIDEMENT THIS VISIT	NO						
DRAIN PRESENT	NO						
<b>Wound Care Provided</b>							
Effective Date	Care Provided						
01/22/2025 11:56 AM	PRESSURE ULCER TO RIGHT 4TH TOE CLEANSED WITH WOUND CLEANSER. PATTED DRY WITH GAUZE. APPLIED BETADINE. COVERED WITH FOAM DRESSING.						
<b>Order Summary</b>							
Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Voided
07/16/2025 10:22 AM	07/23/2025		SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HEART FAILURE, COPD, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	485 ORDERS	Y	N	N
			SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.				
			SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENT'S ADHERENCE TO MEDICAL INSTRUCTIONS.				
			SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS				
			SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.				
			SKILLED NURSE TO PROVIDE INSTRUCTIONS RELATED TO MANAGEMENT OF CONGESTIVE HEART FAILURE INCLUDING BUT NOT LIMITED TO DEFINITION, RISKS FACTORS, AND MEASURES TO PREVENT EXACERBATION, SIGN/SYMPTOMS AND POTENTIAL COMPLICATIONS.				
			SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY STATUS				

**Wound Record Report**

Client:	MR No.:	Legacy MR No.:	Episode Start Date:
TUCKER, MILLARD H.	LEX00071796201		09/15/2025
			<p>RELATED TO COPD INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF OBSTRUCTIVE RESPIRATORY COMPLICATIONS. SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF GASTROINTESTINAL STATUS AND TO INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT RELATED TO ALTERED GASTROINTESTINAL STATUS RELATED TO COLESTOMY INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGRUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM/INSTRUCT WOUND CARE TO DIABETIC ULCER RIGHT FOOT AND 4TH TOE. SKIN TEAR RIGHT GREAT TOE AS FOLLOWS: CLEANSE ALL WITH NS, APPLY AQUACEL AG TO TOP OF FOOT, COVER WITH MEPILEX, PAINT RIGHT 4TH TOE WITH BETADINE, LEAVE OPEN TO AIR, APPLY XEROFORM TOMRIGHT GREAT TOE AND WRAP WITH GAUZE, USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORMANCE MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p> <p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HTN, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS FALLS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY POSSIBLE TRENDS AND EDUCATIONAL OPPORTUNITIES TO REDUCE FALL RISK.</p> <p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT/CA REGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.</p> <p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL</p>

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025	
					<p>REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT ON COLOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT PRESSURE ULCER CARE TO STAGE 4 PRESSURE ULCER ON RIGHT GLUTEAL FOLD AS FOLLOWS: CLEANSE WITH NS, APPLY AQUACEL AG TO WOUND BED AND COVER WITH FOAM BORDER DRESSING USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO INCISION SITE LOCATED RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS, COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO DIABETIC ULCER ON RIGHT 4TH TOE AS FOLLOWS: CLEANSE WITH NS, PAINT WITH BETADINE, LEAVE OPEN TO AIR, USING CLEAN TECHNIQUE, CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES. PHYSICAL THERAPIST TO ASSESS/EVALUATE FOR PHYSICAL THERAPY NEEDS AND DEVELOP A PHYSICAL THERAPY PLAN OF CARE</p>	RESUMPTION OF CARE	N	N
		05/08/2025 1:04 PM	05/08/2025	05/19/2025	<p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.</p>	N	N	

**Wound Record Report**

Client:	MR No.:	Legacy MR No.:	Episode Start Date:
TUCKER, MILLARD H.	LEX00071796201		09/15/2025
			<p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING DM, HTN, COPD, AFIB, PVD AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT STAGE 4 PRESSURE ULCER ON RIGHT GLUTEAL/CARE TO AS FOLLOWS: CLEANSE WITH NS, PAT DRY, APPLY AQUACEL AG AND COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO SURGICAL SITE IN RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS, COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO 4TH RIGHT TOE AS FOLLOWS: CLEANSE WITH NS, PAINT WITH BETADINE, LEAVE OPEN TO AIR. USING CLEAN TECHNIQUE, APPLY 3 X WEEK.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKINCARE, ADMINISTRATION OF INSULIN, ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>PHYSICAL THERAPIST TO ASSESS/EVALUATE FOR PHYSICAL THERAPY NEEDS AND DEVELOP A PHYSICAL THERAPY PLAN OF CARE</p> <p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING WOUND CARE AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.</p> <p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR UNINTENTIONAL WEIGHT LOSS WITH PATIENT AND/OR CAREGIVER AND IDENTIFY STRATEGIES TO REDUCE FURTHER UNINTENTIONAL WEIGHTLOSS.</p> <p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p>

**Wound Record Report**

Client:	MR No.:	Legacy MR No.:	Episode Start Date:
TUCKER, MILLARD H.	LEX00071796201		09/15/2025
			<p>SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.</p> <p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGRUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT PRESSURE ULCER CARE TO COCCYX AS FOLLOWS: CLEANSE WITH NORMAL SALINE OR MILD SOAP AND WATER, APPLY SKIN BARRIER CREAM AND LEAVE OPEN TO AIR USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED DAILY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO AS FOLLOWS: CLEANSE WITH NS, PAT DRY, APPLY PRISMA, COVER WITH FOAM BORDERED GAUZE USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING EVERY MONDAY, WED, FRIDAY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SN TO PERFORM WOUND CARE TO RIGHT 4TH TOE ABRASION AS FOLLOWS: CLEANSE WITH NORMAL SALINE, PAT DRY, PAINT WITH BETADINE, LEAVE OTA DAILY AND PRN.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p> <p>PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN.</p> <p>PHYSICAL THERAPY WILL ESTABLISH OR UPGRADE A HOME EXERCISE PROGRAM PHYSICAL THERAPY TO MONITOR AND PROVIDE TECHNIQUES TO ASSIST WITH REDUCING PATIENT'S PAIN AS CLINICALLY APPROPRIATE.</p> <p>PHYSICAL THERAPY TO PROVIDE PROSTHETIC TRAINING TO INCLUDE: RESIDUAL LIMB CONDITIONING (SHRINKING &amp; SHAPING), RANGE OF MOTION, MUSCLE STRENGTHENING, AND GAIT TRAINING WITH/WITHOUT A PROSTHESIS OR ASSISTIVE DEVICE.</p> <p>CLEANSE ROUGHT 4TH TOE WITH SALINE, PAT DRY, PAINT WITH BETADINE, LEAVE OTA.</p> <p>PHYSICIAN ORDER</p>

**Wound Record Report**

Client: TUCKER, MILLARD H.		MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025																																																								
Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Voided																																																								
01/22/2025 11:12 AM	01/22/2025	03/05/2025	STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSE WITH WOUND CLEANSER. PAT DRY WITH GAUZE. APPLY BARRIER CREAM. LEAVE OPEN TO AIR.	PHYSICIAN ORDER	N	N	N																																																								
<b>Wound Images</b>																																																															
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#4 - ANT - COCCYX - HCHB [INACTIVATED 04/22/2025]																																																															
Onset Date: 01/22/2025																																																															
<table border="1"> <thead> <tr> <th>Wound Details</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>AGENT</td> <td>01/22/2025 11:56 AM Baseline</td> </tr> <tr> <td>CHANGE IN STATUS</td> <td>MULTOMBO, KUMVIMBA LPN</td> </tr> <tr> <td>STAGE HISTORY</td> <td>NONE</td> </tr> <tr> <td>WAS WOUND ASSESSED</td> <td>PU STAGE I</td> </tr> <tr> <td>TOTAL WAT SCORE</td> <td>YES</td> </tr> <tr> <td>MEASUREMENTS TAKEN</td> <td>14</td> </tr> <tr> <td>LENGTHxWIDTHxDEPTH(CM)</td> <td>YES</td> </tr> <tr> <td>SURFACE AREA (SQ CM)</td> <td>2 X 1 X 0</td> </tr> <tr> <td>DEPTH DESCRIPTION</td> <td>2</td> </tr> <tr> <td>IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?</td> <td>NON-BLAN</td> </tr> <tr> <td>GRANULATION TISSUE EDGES</td> <td>NO</td> </tr> <tr> <td>SHAPE</td> <td>INTACT</td> </tr> <tr> <td>EXUDATE TYPE</td> <td>DISTINCT</td> </tr> <tr> <td>EXUDATE AMOUNT</td> <td>ELONG</td> </tr> <tr> <td>ODOR</td> <td>NONE</td> </tr> <tr> <td>EPITHELIALIZATION</td> <td>NONE</td> </tr> <tr> <td>NECROTIC TISSUE TYPE</td> <td>NONE</td> </tr> <tr> <td>NECROTIC TISSUE AMOUNT</td> <td>100%</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE SLOUGH</td> <td>NONE</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE ESCHAR</td> <td>0-25%</td> </tr> <tr> <td>EDGE / SURROUNDING TISSUE - MACERATION</td> <td>0-25%</td> </tr> <tr> <td>UNDERMINING</td> <td>ABSENT</td> </tr> <tr> <td>TUNNELING</td> <td>NONE</td> </tr> <tr> <td>SKIN COLOR SURROUNDING WOUND</td> <td>NO</td> </tr> <tr> <td>PERIPHERAL TISSUE EDEMA</td> <td>NORM</td> </tr> <tr> <td>PERIPHERAL TISSUE INDURATION</td> <td>NONE</td> </tr> <tr> <td>DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?</td> <td>NO</td> </tr> </tbody> </table>								Wound Details	Value	AGENT	01/22/2025 11:56 AM Baseline	CHANGE IN STATUS	MULTOMBO, KUMVIMBA LPN	STAGE HISTORY	NONE	WAS WOUND ASSESSED	PU STAGE I	TOTAL WAT SCORE	YES	MEASUREMENTS TAKEN	14	LENGTHxWIDTHxDEPTH(CM)	YES	SURFACE AREA (SQ CM)	2 X 1 X 0	DEPTH DESCRIPTION	2	IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NON-BLAN	GRANULATION TISSUE EDGES	NO	SHAPE	INTACT	EXUDATE TYPE	DISTINCT	EXUDATE AMOUNT	ELONG	ODOR	NONE	EPITHELIALIZATION	NONE	NECROTIC TISSUE TYPE	NONE	NECROTIC TISSUE AMOUNT	100%	TOTAL NECROTIC TISSUE SLOUGH	NONE	TOTAL NECROTIC TISSUE ESCHAR	0-25%	EDGE / SURROUNDING TISSUE - MACERATION	0-25%	UNDERMINING	ABSENT	TUNNELING	NONE	SKIN COLOR SURROUNDING WOUND	NO	PERIPHERAL TISSUE EDEMA	NORM	PERIPHERAL TISSUE INDURATION	NONE	DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO
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**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
Effective Date	01/22/2025 11:56 AM	Care Provided	STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSED WITH WOUND CLEANSER. PATTED DRY WITH GAUZE. APPLIED BARRIER CREAM. LEAVE OPEN TO AIR.				
Signs and Symptoms of Infection	NO	Debridement This Visit	ND	Drain Present	NO		
State	ACUTE						
<b>Wound Care Provided</b>							
Order Summary				Type	Current	Declined	Voided
Date/Time	03/18/2025 11:55 AM	Effective From	03/21/2025	Order Text			
				SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING WOUND CARE AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	485 ORDERS	Y	N
				SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR UNINTENTIONAL WEIGHT LOSS WITH PATIENT AND/OR CAREGIVER AND IDENTIFY STRATEGIES TO REDUCE FURTHER UNINTENTIONAL WEIGHTLOSS.			
				SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.			
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				SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.			
				SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS			
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				SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO AS FOLLOWS: CLEANSE WITH NS, PAT DRY, APPLY PRISMA, COVER WITH FOAM BORDERED GAUZE USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING EVERY MONDAY, WED, FRIDAY AND PRN FOR SOILING/DISLODGEMENT.			
				SN TO PERFORM WOUND CARE TO RIGHT 4TH TOE ABRASION AS FOLLOWS: CLEANSE WITH NORMAL SALINE. PAT DRY, PAINT WITH BETADINE, LEAVE OTA DAILY AND PRN.			

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025
SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.							
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01/22/2025 11:12 AM	01/22/2025	03/21/2025	STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSE WITH WOUND CLEANSER. PAT DRY WITH GAUZE. APPLY BARRIER CREAM. LEAVE OPEN TO AIR.	PAT ORDER	PHYSICIAN ORDER	N	N
<b>Wound Images</b>	N/A						
<b>#5 - UP BUTTOCK, RT - HCMB [INACTIVATED 07/16/2025]</b>							
Onset Date: 05/02/2025							
<b>Wound Details</b>	05/08/2025 1:55 PM Baseline	AGENT ALLEN, MARGIE RN NONE PU STAGE IV YES 29 YES 2 X 2 X 2 4 FULL THICK	CHANGE IN STATUS STAGE HISTORY WAS WOUND ASSESSED TOTAL WAT SCORE MEASUREMENTS TAKEN LENGTHxWIDTHxDEPTH(cm) SURFACE AREA (SQ CM) DEPTH DESCRIPTION IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? GRANULATION TISSUE EDGES INDIST				

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025		
<b>Wound Details</b>									
SHAPE	ROUND	05/08/2025 1:55 PM <b>Baseline</b>							
EXUDATE TYPE	SEROUS								
EXUDATE AMOUNT	MOD								
ODOR	NONE								
EPITHELIALIZATION	<25%								
NECROTIC TISSUE TYPE	NONE								
NECROTIC TISSUE AMOUNT	NONE								
TOTAL NECROTIC TISSUE SLOUGH	0-25%								
TOTAL NECROTIC TISSUE ESCHAR	0-25%								
EDGE / SURROUNDING TISSUE -	ABSENT								
MACERATION	NONE								
UNDERMINING	NONE								
TUNNELING	NO								
SKIN COLOR SURROUNDING WOUND	NORM								
PERIPHERAL TISSUE EDEMA	NONE								
PERIPHERAL TISSUE INDURATION	NONE								
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	YES								
WAS PAIN SUBJECTIVELY ASSESSED?	YES								
WOUND LEVEL, WHERE 0 = "NO PAIN" AND 10 = "WORST POSSIBLE PAIN"	5								
PAIN FREQUENCY	DAILY								
PAIN QUALITY	ACHING								
PAIN INTERVENTIONS	MEDICATION, REST								
RESPONSE TO PAIN INTERVENTIONS	FULL								
STATE	CHRONIC								
SIGNS AND SYMPTOMS OF INFECTION	NO								
DEBRIDEMENT THIS VISIT	NO								
DRAIN PRESENT	NO								
<b>Wound Care Provided</b>									
Effective Date	Care Provided								
05/08/2025 1:55 PM	CLEANED WITH NS, PATTED DRY, APPLIED AQUACEL AG AND COVERED WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.								
<b>Order Summary</b>									
Order	Summary	Effective Date	Effective From	Effective To	Order Text	Type	Current	Declined	Voided
05/16/2025 12:53 PM	SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HTN, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	05/19/2025			SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HTN, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	485 ORDERS	Y	N	N

**Wound Record Report**

Client: TUCKER, MILLARD H.	MR No: LEX00071796201	Legacy MR No:	Episode Start Date: 09/15/2025
<p>SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.</p> <p>SKILLED NURSE TO REVIEW PREVENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.</p> <p>SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS</p> <p>SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.</p> <p>SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT ON COLOSTOMY MANAGEMENT INCLUDING APPLIANCE TYPE AND USAGE, STOMAL CARE, AND IRRIGATION. SKILLED NURSE MAY PERFORM COLOSTOMY APPLIANCE CHANGE AND STOMA CARE EACH VISIT AS NEEDED.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT PRESSURE ULCER CARE TO STAGE 4 PRESSURE ULCER ON RIGHT GLUTEAL FOLD AS FOLLOWS: CLEANSE WITH NS, APPLY AQUACEL AG TO WOUND BED AND COVER WITH FOAM BORDER DRESSING USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO INCISION SITE LOCATED RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS, COVER WITH MEPILEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO DIABETIC ULCER ON RIGHT 4TH TOE AS FOLLOWS: CLEANSE WITH NS, PAINT WITH BETADINE, LEAVE OPEN TO AIR, USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTI DIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT.</p> <p>NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p>			

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:	Episode Start Date:	09/15/2025
05/08/2025 1:04 PM	05/08/2025	05/19/2025	PHYSICAL THERAPIST TO ASSESS/EVALUATE FOR PHYSICAL THERAPY NEEDS AND DEVELOP A PHYSICAL THERAPY PLAN OF CARE	SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS. SKILLED NURSE TO REVIEW POTENTIAL REASONS FOR DECLINE IN MENTAL, EMOTIONAL OR BEHAVIORAL STATUS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT.	RESUMPTION OF CARE	N N N N N N

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025																																																												
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<b>Wound Images</b>	N/A																																																																		
#6 - PATELLAR, LT - HCHB [INACTIVATED 07/14/2025]																																																																			
Onset Date: 06/25/2025																																																																			
<table border="1"> <thead> <tr> <th colspan="2">Wound Details</th> </tr> </thead> <tbody> <tr> <td>AGENT</td> <td>06/25/2025 11:53 AM Baseline ALLEN, MARGIE RN NONE</td> </tr> <tr> <td>CHANGE IN STATUS</td> <td>YES 19</td> </tr> <tr> <td>STAGE HISTORY</td> <td>YES 1 X 2 X 0.1</td> </tr> <tr> <td>WAS WOUND ASSESSED</td> <td>NO 2</td> </tr> <tr> <td>TOTAL WAT SCORE</td> <td>PART THICK</td> </tr> <tr> <td>MEASUREMENTS TAKEN</td> <td>NO</td> </tr> <tr> <td>LENGTH/WIDTH X DEPTH(CM)</td> <td>INTACT</td> </tr> <tr> <td>SURFACE AREA (SQ CM)</td> <td>INDIST</td> </tr> <tr> <td>DEPTH DESCRIPTION</td> <td>ROUND</td> </tr> <tr> <td colspan="2">IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?</td> </tr> <tr> <td>GRANULATION TISSUE</td> <td>NONE</td> </tr> <tr> <td>EDGES</td> <td>NONE</td> </tr> <tr> <td>SHAPE</td> <td>&lt;25%</td> </tr> <tr> <td>EXUDATE TYPE</td> <td>NONE</td> </tr> <tr> <td>EXUDATE AMOUNT</td> <td>NONE</td> </tr> <tr> <td>ODOR</td> <td>0-25%</td> </tr> <tr> <td>EPITHELIALIZATION</td> <td>0-25%</td> </tr> <tr> <td>NECROTIC TISSUE TYPE</td> <td>ABSENT</td> </tr> <tr> <td>NECROTIC TISSUE AMOUNT</td> <td>NONE</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE SLOUGH</td> <td>NO BR RED</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE ESCHAR</td> <td>NONE</td> </tr> <tr> <td>EDGE / SURROUNDING TISSUE - MACERATION</td> <td>NONE</td> </tr> <tr> <td>UNDERMINING</td> <td>NO PERIPHERAL TISSUE EDEMA</td> </tr> <tr> <td>TUNNELING</td> <td>NONE</td> </tr> <tr> <td>SKIN COLOR SURROUNDING WOUND</td> <td>NO PERIPHERAL TISSUE INDURATION</td> </tr> <tr> <td>STATE</td> <td>NO DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?</td> </tr> <tr> <td>SIGNS AND SYMPTOMS OF INFECTION</td> <td>NO CHRONIC</td> </tr> <tr> <td>DEBRIDEMENT THIS VISIT</td> <td>NO</td> </tr> <tr> <td>DRAIN PRESENT</td> <td>NO</td> </tr> </tbody> </table>								Wound Details		AGENT	06/25/2025 11:53 AM Baseline ALLEN, MARGIE RN NONE	CHANGE IN STATUS	YES 19	STAGE HISTORY	YES 1 X 2 X 0.1	WAS WOUND ASSESSED	NO 2	TOTAL WAT SCORE	PART THICK	MEASUREMENTS TAKEN	NO	LENGTH/WIDTH X DEPTH(CM)	INTACT	SURFACE AREA (SQ CM)	INDIST	DEPTH DESCRIPTION	ROUND	IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?		GRANULATION TISSUE	NONE	EDGES	NONE	SHAPE	<25%	EXUDATE TYPE	NONE	EXUDATE AMOUNT	NONE	ODOR	0-25%	EPITHELIALIZATION	0-25%	NECROTIC TISSUE TYPE	ABSENT	NECROTIC TISSUE AMOUNT	NONE	TOTAL NECROTIC TISSUE SLOUGH	NO BR RED	TOTAL NECROTIC TISSUE ESCHAR	NONE	EDGE / SURROUNDING TISSUE - MACERATION	NONE	UNDERMINING	NO PERIPHERAL TISSUE EDEMA	TUNNELING	NONE	SKIN COLOR SURROUNDING WOUND	NO PERIPHERAL TISSUE INDURATION	STATE	NO DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	SIGNS AND SYMPTOMS OF INFECTION	NO CHRONIC	DEBRIDEMENT THIS VISIT	NO	DRAIN PRESENT	NO
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**Wound Record Report**

Client: TUCKER, MILLARD H.

MR No.: LEX00071796201

Legacy MR No.:

Episode Start Date: 09/15/2025

**Wound Care Provided**

Effective Date	Care Provided
06/25/2025 11:53 AM	CLEANED WITH NS, APPLIED AQUACEL AG, COVERED WITH MEPLIX BORDER. CHANGE 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEAMENT WOUND CARE PER ABOVE, TOLERATED WELL

**Order Summary**

Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Voided
06/25/2025 11:09 AM	06/25/2025		WOUND CARE FOR NEW WOUNDS ON LEFT STUMP AND RIGHT FOOT : CLEAN WITH NS, APPLY AQUACEL AG, COVER WITH MEPLIX BORDER. CHANGE 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEAMENT	PHYSICIAN ORDER	Y	N	N

**Wound Images**

N/A

#7 - MID DORSUM, RT, TRAUMA/SUPERFIC - HCHB [INACTIVATED 09/18/2025], [REACTIVATED 09/25/2025]

Onset Date: 06/25/2025

Wound Details	10/23/2025 9:45 AM	10/20/2025 1:40 PM	10/16/2025 9:50 AM	10/13/2025 11:47 AM	10/09/2025 10:33 AM	10/06/2025 10:20 AM	10/02/2025 11:36 AM	10/02/2025 11:36 AM	09/29/2025 2:32 PM
AGENT	WAINSCOTT, KIMBERLY LPN	DAUGHERTY, RACHEL RN	WAINSCOTT, KIMBERLY LPN	DAUGHERTY, RACHEL RN					
CHANGE IN STATUS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STAGE HISTORY									
WAS WOUND ASSESSED	YES	YES	YES	YES	YES	YES	YES	YES	YES
TOTAL/WAT SCORE	33	34	34	24	N/A	31	N/A	N/A	30
MEASUREMENTS TAKEN	YES	YES	YES	YES	NO	YES	NO	NO	YES
LENGTHxWIDTHxDEPTH(cm)	2.8 X 1.8 X 0	2.5 X 2 X 0	2.5 X 1.3 X 0	3 X 2 X 0.1	3 X 2 X 0.1	3.2 X 2.2 X 0.1	3.2 X 2.2 X 0.1	3.2 X 2.2 X 0.1	3 X 2 X 0.3
REASON MEASUREMENTS NOT TAKEN									
DEPTH DESCRIPTION	NECROTIC	PART THICK	NECROTIC	PART THICK	PART THICK	FULL THICK	FULL THICK	PART THICK	FULL THICK
SURFACE AREA (SQ CM)	5.04	5	3.25	6	6	7.04	7.04	7.04	6
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO	NO	NO	NO	NO	NO	NO	NO	NO
GRANULATION TISSUE EDGES	<25%	NONE	<25%	NONE	<25%	DISTINCT	DISTINCT	<75 & > 25%	<75 & > 25%
SHAPE	DISTINCT	INDIST	ROUND	ROUND	IRREG	ELONG	IRREG	DISTINCT	NOT ATTACH
EXUDATE TYPE	ROUND	ROUND	SEROUS	SEROUS	NONE	SEROUS	SEROUS	ELONG	INDIST
EXUDATE AMOUNT	SEROUS	MOD	MOD	MOD	NONE	MOD	MOD	IRREG	ROUND
ODOR	MOD	NONE	NONE	NONE	NONE	NONE	NONE	SEROSANG	SEROSANG
EPITHELIALIZATION	NONE	<25%	<25%	<25%	<25%	MOD	MOD	SMALL	SMALL
NECROTIC TISSUE TYPE	<25%	YELLOW	YELLOW	YELLOW	YELLOW	YELLOW	YELLOW	YELLOW	YELLOW
NECROTIC TISSUE AMOUNT	YELLOW	NONE	75-<100%	NONE	NONE	NONE	NONE	<25%	<25%
TOTAL NECROTIC TISSUE SLOUGH	NONE	51-75%	76-100%	51-75%	51-75%	26-50%	26-50%	25-50%	25-50%
TOTAL NECROTIC TISSUE ESCHAR	51-75%	76-100%	76-100%	76-100%	76-100%	0-25%	0-25%	0-25%	0-25%

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
AGENT	POPP, CARA RN DAUGHERTY, RACHEL RN	09/25/2025 1:21 PM	09/18/2025 1:25 PM	06/25/2025 11:53 AM	Baseline	ALLEN, MARGIE RN	
CHANGE IN STATUS	INACTIVATED - COMPLETELY EPITHELIALIZED, EPITHELIALIZED. REACTIVATED - REACTIVATED - INACTIVATED IN INACTIVATED IN ERROR	NONE					
STAGE HISTORY	YES 26	YES N/A	YES 1.5 X 1.5 X 0.2	YES PART THICK 2.25	YES PART THICK 2.25	YES PART THICK 2.25	YES NO
WAS WOUND ASSESSED	YES						
TOTAL WAT SCORE							
MEASUREMENTS TAKEN							
LENGTHXWIDTHXDEPTH(CM)							
REASON MEASUREMENTS NOT TAKEN							
DEPTH DESCRIPTION							
SURFACE AREA (SQ CM)							
IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	NO						
GRANULATION TISSUE EDGES	75-100% NOT ATTACH						
SHAPE	ROUND						
EXUDATE TYPE	SERO-SANG						
EXUDATE AMOUNT	MOD						
ODOR	NONE						
EPITHELIALIZATION	<25%						
NECROTIC TISSUE TYPE	NONE						
NECROTIC TISSUE AMOUNT	NONE						
TOTAL NECROTIC TISSUE SLOUGH	0-25%						
TOTAL NECROTIC TISSUE ESCHAR	0-25%						

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
EDGE / SURROUNDING TISSUE - MACEFRATION	ABSENT	10/23/2025 9:45 AM	10/20/2025 1:40 PM	10/16/2025 9:50 AM	10/13/2025 11:47 AM	10/09/2025 10:33 AM	10/06/2025 10:20 AM
UNDERMINING	NONE	NONE	NONE	NONE	NONE	NONE	PARTIAL
TUNNELING	NO	NO	NO	NO	NO	NO	NO
SKIN COLOR SURROUNDING WOUND	NORM	NORM	BR RED	NORM	NORM	NORM	NO
PERIPHERAL TISSUE EDEMA	NONE	NONE	NONPIT <4CM	NONE	NONE	NONE	BR RED
PERIPHERAL TISSUE INDURATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO	NO	NO	NO	NO	NO	NO
STATE	CHRONIC	CHRONIC	CHRONIC	CHRONIC	CHRONIC	CHRONIC	CHRONIC
SIGNS AND SYMPTOMS OF INFECTION	NO	NO	NO	NO	NO	NO	NO
DEBRIDEMENT THIS VISIT	NO	NO	NO	NO	NO	NO	NO
DRAIN PRESENT	NO	NO	NO	NO	NO	NO	NO
<b>Wound Care Provided</b>							
Effective Date	Care Provided						
10/23/2025 9:45 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND BED CONTINUES TO HAVE 75% THICK YELLOW SLOUGH, WITH PINK EPITHELIAL TISSUE SURROUNDING. WOUND EDGES WELL DEFINED AND INTACT, MODERATE SEROUS EXUDATE. PERIWOUND PINK AND BLANCHABLE. TRACE EDEMA TO RIGHT FOOT. TOLERATED WOUND CARE WITHOUT COMPLAINTS OF PAIN.						
10/20/2025 1:40 PM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. TOLERATED WELL WITH ONLY COMPLAINTS OF TENDERNESS						
10/16/2025 9:50 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND MEASURES SMALLER, CONTINUES TO HAVE ADHERENT YELLOW SLOUGH TO WOUND BED WITH APPROX 50% GRANULATION. PERI WOUND PINK AND BLANCHABLE, MODERATE SEROUS EXUDATE. TRACE EDEMA TO RLE						
10/13/2025 11:47 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND FULLY COVERED WITH DRIED CRUST. NO DRAINAGE. NO ERYTHEMA. PATIENT REPORTS HAS LEFT DRESSING OFF FOR THE LAST COUPLE OF DAYS.						
10/09/2025 10:33 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND CONTINUES TO HAVE ADHERENT YELLOW SLOUGH AT CENTER OF WOUND BED, VISIBLELY SMALLER. NO SIGNS OF INFECTION. TOLERATED WOUND CARE WITHOUT COMPLAINTS OF PAIN						
10/06/2025 10:20 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND BED WITH YELLOW ADHERENT SLOUGH 25%. 75% PINK GRANULAR TISSUE. MODERATE SEROUS EXUDATE						
10/02/2025 11:36 AM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. CLEANSED WITH NS, APPLIED CA ALGINATE WITH SILVER. COVERED WITH GAUZE AND TAPE. PT NEEDS MORE BORDERED GAUZE. PT TOLERATED WELL NO C/O PAIN.						
09/29/2025 2:32 PM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. PATIENT TOLERATED WOUND CARE WITHOUT COMPLICATIONS OR ISSUES						
09/25/2025 1:21 PM	CLEANSED WITH NORMAL SALINE. APPLIED CALCIUM ALGINATE W/SILVER TO WOUND BED. COVERED WITH MEPILEX BORDER FOAM DRESSING. WOUND CARE COMPLETED. PT TOLERATED W/O C/O PAIN OR DISCOMFORT.						
09/18/2025 1:25 PM	CLEANED WITH NS, APPLIED AQUACEL AG. COVERED WITH MEPLIX BORDER. CHANGE 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT						
06/25/2025 11:53 AM	WOUND CARE PER ABOVE, TOLERATED WELL						

**Order Summary**

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
EDGE / SURROUNDING TISSUE - MACERATION	ABSENT	09/25/2025 1:21 PM	09/18/2025 1:25 PM	06/25/2025 11:53 AM	Baseline	ABSENT	
UNDERMINING	NONE					NONE	
TUNNELING	NO					NO	
SKIN COLOR SURROUNDING WOUND	NORM					NORM	
PERIPHERAL TISSUE EDEMA	NONE					NONE	
PERIPHERAL TISSUE INDURATION	NONE					NONE	
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?	NO					NO	
STATE	ACUTE					CHRONIC	
SIGNS AND SYMPTOMS OF INFECTION	NO					NO	
DEBRIDEMENT THIS VISIT	NO					NO	
DRAIN PRESENT	NO					NO	

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Avoided
09/25/2025 12:51 PM	09/25/2025		SKILLED NURSE TO PERFORM/TEACH WOUND CARE TO R MID DORSUM OPEN ULCER. CLEANSE WITH NORMAL SALINE, APPLY CALCIUM ALGINATE WISLUNATE TO WOUND BED, COVER WITH MEPILEX BORDER FOAM DRESSING USING CLEAN TECHNIQUE. CHANGE DRESSING 2X WEEKLY AND PRN SOILING/DISLODGEMENT. MAY USE EQUIVALENT PRODUCTS. V.O. DR. CROSS/JAMIE, AGENTICARA POPP,RN.	PHYSICIAN ORDER	Y	N	N
09/08/2025 11:17 AM	09/08/2025	09/25/2025	FAXED ORDER FROM VA FOR WOUND CARE TO LEFT FOOT: CLEAN WITH NS. IODINE TO WOUND, WRAP LIGHTLY WITH ACE	PHYSICIAN ORDER	N	N	N
07/16/2025 10:22 AM	07/23/2025	09/08/2025	SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HEART FAILURE, COPD, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	485 ORDERS	N	N	N
			SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.				
			SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.				
			SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS				
			SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.				
			SKILLED NURSE TO PROVIDE INSTRUCTIONS RELATED TO MANAGEMENT OF CONGESTIVE HEART FAILURE INCLUDING BUT NOT LIMITED TO DEFINITION, RISKS FACTORS, AND MEASURES TO PREVENT EXACERBATION, SIGNS/SYMPTOMS AND POTENTIAL COMPLICATIONS.				
			SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY STATUS RELATED TO COPD INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION/LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS.				
			SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF GASTROINTESTINAL STATUS AND TO INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT RELATED TO ALTERED GASTROINTESTINAL STATUS RELATED TO COLOSTOMY INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN.				
			SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.				
			SKILLED NURSE TO PERFORM/INSTRUCT WOUND CARE TO DIABETIC ULCER RIGHT FOOT AND 4TH TOE. SKI TEAR RIGHT GREAT TOE AS FOLLOWS: CLEANSE ALL WITH NS, APPLY AQUACEL AG TO TOP OF FOOT, COVER WITH MEPILEX, PAINT RIGHT 4TH TOE WITH BETADINE, LEAVE OPEN TO AIR, APPLY XEROFORM TO MRIGHT GREAT TOE AND WRAP/MW WITH GAUZE, USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEMENT.				
			SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR				

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025																																												
HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY. IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.																																																			
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06/25/2025 11:09 AM	06/25/2025	07/23/2025	WOUND CARE FOR NEW WOUNDS ON LEFT STUMP AND RIGHT FOOT : CLEAN WITH NS, APPLY AQUACEL AG COVER WITH MEPLIX BORDER. CHANGE 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEMENT	PHYSICIAN ORDER	N	N	N																																												
<b>Wound Images</b>																																																			
N/A																																																			
#8 - GREAT TOE, RT - HCHB [INACTIVATED 08/04/2025]																																																			
Onset Date: 07/05/2025																																																			
<table border="1"> <thead> <tr> <th>Wound Details</th> <th></th> </tr> </thead> <tbody> <tr> <td>AGENT</td> <td>07/07/2025 11:40 AM <b>Baseline</b></td> </tr> <tr> <td>CHANGE IN STATUS</td> <td>ALLEN, MARGIE RN NONE</td> </tr> <tr> <td>STAGE HISTORY</td> <td>YES</td> </tr> <tr> <td>WAS WOUND ASSESSED</td> <td>23</td> </tr> <tr> <td>TOTAL WAT SCORE</td> <td>YES</td> </tr> <tr> <td>MEASUREMENTS TAKEN</td> <td>2 X 3 X 0.2</td> </tr> <tr> <td>LENGTH WIDTH X DEPTH (CM)</td> <td>6</td> </tr> <tr> <td>SURFACE AREA (SQ CM)</td> <td>PART THICK</td> </tr> <tr> <td>DEPTH DESCRIPTION</td> <td>NO</td> </tr> <tr> <td>IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?</td> <td>INTACT</td> </tr> <tr> <td>GRANULATION TISSUE</td> <td>INDIST</td> </tr> <tr> <td>EDGES</td> <td>ROUND</td> </tr> <tr> <td>SHAPE</td> <td>BLOODY</td> </tr> <tr> <td>EXUDATE TYPE</td> <td>MOD</td> </tr> <tr> <td>EXUDATE AMOUNT</td> <td>NONE</td> </tr> <tr> <td>ODOR</td> <td>&lt;25%</td> </tr> <tr> <td>EPITHELIALIZATION</td> <td>NONE</td> </tr> <tr> <td>NECROTIC TISSUE TYPE</td> <td>NONE</td> </tr> <tr> <td>NECROTIC TISSUE AMOUNT</td> <td>0-25%</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE SLOUGH</td> <td>0-25%</td> </tr> <tr> <td>TOTAL NECROTIC TISSUE ESCHAR</td> <td>0-25%</td> </tr> </tbody> </table>								Wound Details		AGENT	07/07/2025 11:40 AM <b>Baseline</b>	CHANGE IN STATUS	ALLEN, MARGIE RN NONE	STAGE HISTORY	YES	WAS WOUND ASSESSED	23	TOTAL WAT SCORE	YES	MEASUREMENTS TAKEN	2 X 3 X 0.2	LENGTH WIDTH X DEPTH (CM)	6	SURFACE AREA (SQ CM)	PART THICK	DEPTH DESCRIPTION	NO	IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY?	INTACT	GRANULATION TISSUE	INDIST	EDGES	ROUND	SHAPE	BLOODY	EXUDATE TYPE	MOD	EXUDATE AMOUNT	NONE	ODOR	<25%	EPITHELIALIZATION	NONE	NECROTIC TISSUE TYPE	NONE	NECROTIC TISSUE AMOUNT	0-25%	TOTAL NECROTIC TISSUE SLOUGH	0-25%	TOTAL NECROTIC TISSUE ESCHAR	0-25%
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**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No.:	LEX00071796201	Legacy MR No.:		Episode Start Date:	09/15/2025
<b>Wound Details</b>							
EDGE / SURROUNDING TISSUE - MACERATION	07/07/2025 11:40 AM <b>Baseline</b>	ABSENT					
UNDERMINING		NONE					
TUNNELING		NO					
SKIN COLOR SURROUNDING WOUND		NORM					
PERIPHERAL TISSUE EDEMA		NONE					
PERIPHERAL TISSUE INDURATION		NONE					
DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND?		NO					
STATE		CHRONIC					
SIGNS AND SYMPTOMS OF INFECTION		NO					
DEBRIDEMENT THIS VISIT		NO					
DRAIN PRESENT		NO					
<b>Wound Care Provided</b>							
Effective Date	Care Provided						
07/07/2025 11:40 AM	CLEANED WITH NS, APPLIED XEROFORM. WRAPPED WITH GAUZE . SECURED WITH KERLIX						
<b>Wound Care Provided</b>							
Effective Date	Care Provided						
07/07/2025 11:40 AM	WOUND CARE PER ABOVE.TOLERATED WELL						
<b>Order Summary</b>							
Date/Time	Effective From	Effective To	Order Text	Type	Current	Declined	Voided
07/16/2025 10:22 AM	07/23/2025		SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING HEART FAILURE, COPD, DM AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY SIGNIFICANT CHANGES IN CONDITION AND INTERVENE TO MINIMIZE COMPLICATIONS.	485 ORDERS	Y	N	N
			SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS ER VISIT AND/OR HOSPITAL ADMISSIONS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY OPPORTUNITIES FOR HEALTH IMPROVEMENT TO PREVENT FUTURE HOSPITALIZATIONS AND/OR ER VISITS.				
			SKILLED NURSE TO REVIEW WITH PATIENT/CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S DIFFICULTY COMPLYING WITH MEDICAL INSTRUCTIONS (MEDICATIONS, DIET, EXERCISE) AND IDENTIFY STRATEGIES TO INCREASE PATIENTS ADHERENCE TO MEDICAL INSTRUCTIONS.				
			SKILLED NURSE TO REPORT ANY IDENTIFIED MEDICATION ISSUES TO THE PHYSICIAN TO PREVENT RE-HOSPITALIZATIONS AND/OR ER VISITS				
			SKILLED NURSE TO REVIEW WITH PATIENT AND/OR CAREGIVER POTENTIAL REASONS CONTRIBUTING TO THE PATIENT'S REPORTED EXHAUSTION (MENTAL OR PHYSICAL) TO IDENTIFY RELIEF MEASURES.				
			SKILLED NURSE TO PROVIDE INSTRUCTIONS RELATED TO MANAGEMENT OF CONGESTIVE HEART FAILURE INCLUDING BUT NOT LIMITED TO DEFINITION, RISKS FACTORS, AND MEASURES TO PREVENT EXACERBATION, SIGNS/SYMPOTMS AND POTENTIAL COMPLICATIONS.				
			SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY STATUS RELATED TO COPD INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS.				
			SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF GASTROINTESTINAL STATUS AND TO INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT RELATED TO ALTERED GASTROINTESTINAL				

**Wound Record Report**

Client:	TUCKER, MILLARD H.	MR No:	LEX00071796201	Legacy MR No:		Episode Start Date:	09/15/2025
<p>STATUS RELATED TO COLOSTOMY INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN.</p> <p>SKILLED NURSE TO OBSERVE AND ASSESS INTEGRUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS AND REDUCE RISK FOR PRESSURE INJURY. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION AND MEDICATION REGIMEN. SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PROVIDER FOR EARLY INTERVENTION.</p> <p>SKILLED NURSE TO PERFORM/INSTRUCT WOUND CARE TO DIABETIC ULCER RIGHT FOOT AND 4TH TOE. SKIN TEAR RIGHT GREAT TOE AS FOLLOWS: CLEANSE ALL WITH NS, APPLY AQUACEL AG TO TOP OF FOOT, COVER WITH MEPILEX, PAINT RIGHT 4TH TOE WITH BETADINE, LEAVE OPEN TO AIR, APPLY XEROFORM TOMRIGHT GREAT TOE AND WRAP WITH GAUZE. USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEMENT.</p> <p>SKILLED NURSE TO PERFORMANCE MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR HOSPITALIZATION DUE TO A HISTORY OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY. IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.</p> <p>SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN, ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.</p> <p>SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT.</p> <p>NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.</p> <p>SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION CONTROL MEASURES.</p> <p>SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES.</p>							
07/07/2025 11:04 AM	07/07/2025	07/23/2025		WOUND CARE TO SKIN TEAR ON RIGHT GREAT TOE, CLEAN WITH NS, APPLY XEROFORM, WRAP WITH GAUZE, SECURE WITH KERLIX		PHYSICIAN ORDER	N N N
<b>Wound Images</b> N/A							