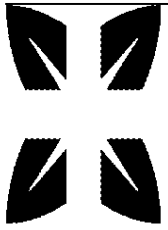


Fax Transmission/Information Sheet



BAPTIST HEALTH®

Date: 10/07/25

To: 8593996697

Recipient Fax Number: 859-399-6697

From: BAPTIST HEALTH

Department: MGE PC TATES CREEK
BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE
1099 DUVAL ST
STE 100
LEXINGTON KY 40515-6490
Fax 859-272-3256
Phone 859-273-3888

Comments:

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Marttinen, Risto K (MRN 8911107560) DOB: 10/28/1939

Encounter Date: 10/07/2025

Marttinen, Risto K**MRN: 8911107560**

Iannuzzi, Luke, MD

Progress Notes



Encounter Date: 10/7/2025

Physician

Signed

Specialty: Family
Medicine**Procedure Orders**

Sacral and buttock wound debridement [850968448] ordered by Iannuzzi, Luke, MD

Post-procedure Diagnoses

Wound of sacral region, subsequent encounter [S31.000D]

Transitional Care Follow Up Visit**Subjective**

Risto K Marttinen 85 y.o. who presents for a transitional care management visit.

Within 48 business hours after discharge our office contacted him via telephone to coordinate his care and needs.

I reviewed and discussed the details of that call along with the discharge summary, hospital problems, inpatient lab results, inpatient diagnostic studies, and consultation reports.

Current outpatient and discharge medications have been reconciled for the patient.

Reviewed by: Luke Iannuzzi, MD

9/29/2025

7:55 AM

Date of TCM Phone Call

Hospital	Cardinal Hill Rehab (admitted to BH LEX prior)
Date of Admission	9/15/2025
Date of Discharge	9/26/2025
Discharge Disposition	Home-Health Care Svc

Risk for Readmission (LACE) No data recorded**History of Present Illness****Course During Hospital Stay:**

Patient admitted from 9/10 to 9/15 for right femoral neck fracture and underwent pinning right hip 9/11. He developed sacral wounds. He had UTI and that was treated in patient as well. He previously had a injury provoked DVT and was on Eliquis for 3 months. They restarted this while in the hospital but no new DVT was noted. Has relatively high bleeding risk due to recent fall

Course since discharge:

I specifically reviewed discharge summary and last orthopedic note and CT of the pelvis. Only had mild expected drop in hemoglobin after surgery

Patient Active Problem List**Diagnosis**

- Aneurysm of ascending aorta without rupture
- Hyperlipidemia LDL goal <70
- Bladder outlet obstruction

Marttinen, Risto K (MRN 8911107560) DOB: 10/28/1939

Encounter Date: 10/07/2025

- GERD (gastroesophageal reflux disease)
- Vitamin D deficiency
- S/P AVR (aortic valve replacement)
- BPH (benign prostatic hypertrophy)
- Depression
- Prostate cancer
- Acute UTI (urinary tract infection)
- Laceration of right lower leg
- Acute otitis externa of both ears
- Dermatitis of ear canal, bilateral
- Decreased hearing of both ears
- Acute deep vein thrombosis (DVT) of calf muscle vein of left lower extremity
- Right hip pain
- Fracture of femoral neck, right, closed
- Coronary artery disease involving coronary bypass graft of native heart without angina pectoris
- Acute deep vein thrombosis (DVT)
- Sacral wound, initial encounter unstageable
- Severe protein-calorie malnutrition

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	1,000 mg, Oral, Every 6 Hours
• aspirin	81 mg, Oral, Daily
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• betamethasone valerate (VALISONE) 0.1 % cream	APPLY A THIN LAYER TO THE EAR CANALS BY TOPICAL ROUTE ONCE WEEKLY
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• docusate sodium	100 mg, Oral, 2 Times Daily PRN
• melatonin	5 mg, Oral, Nightly PRN
• Multiple Vitamin (MULTI VITAMIN MENS) tablet	1 tablet, Daily
• Multiple Vitamins-Minerals (PRESERVISION AREDS PO)	1 tablet, Daily
• oxyCODONE (ROXICODONE) 5 MG immediate release tablet	
• polyethylene glycol (MIRALAX)	17 g, Oral, Daily
• rivaroxaban (XARELTO)	10 mg, Oral, Daily With Dinner
• ropivacaine (NAROPIN)	1 mL/hr (2 mg/hr), Peripheral Nerve, Continuous

Objective

BP 104/68 | Pulse 88 | Temp 98.2 °F (36.8 °C) (Infrared) | Ht 178 cm (70.08") | Wt 85.7 kg (189 lb) | SpO2 96% | BMI 27.06 kg/m²

Physical Exam**Physical Exam****Constitutional:**

General: He is not in acute distress.

Appearance: He is not ill-appearing.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Marttinen, Risto K (MRN 8911107560) DOB: 10/28/1939

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Breath sounds: Normal breath sounds.

Neurological:

Mental Status: He is alert.

Psychiatric:

Thought Content: Thought content normal.

Sacral wound

Left sacral wound 1.5 x 3 cm. No surrounding erythema

Right sacral wound 4 cm by 7 ccm irregular shaped wound with some sloughing tissue. No surrounding erythema

Right buttock wound 0.5 Cm by 2 cm

There is sloughing skin to each of these wound sites

Sacral and buttock wound debridement

Date/Time: 10/7/2025 2:01 PM

Performed by: Iannuzzi, Luke, MD

Authorized by: Iannuzzi, Luke, MD Consent: Verbal consent obtained. Written consent obtained

Risks and benefits: risks, benefits and alternatives were discussed

Consent given by: patient

Patient identity confirmed: verbally with patient

Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.

Comments: Stage III sacral and buttock wounds present. Left sacral wound 1.5 x 3 cm. No surrounding erythema

Right sacral wound 4 cm by 7 ccm irregular shaped wound with some sloughing tissue. No surrounding erythema

Right buttock wound 0.5 Cm by 2 cm

There is sloughing skin to each of these wound sites

These areas were flushed with sterile saline

15 blade scalpel used to debride 3 separate wounds. Devitalized necrotic nonviable tissue was removed primarily from the right sacral wound. The final size remained the same for each of these wounds. Less than 1 cc blood loss. No complication. Nonadhesive then foam bandage placed

Assessment & Plan

Diagnoses and all orders for this visit:

1. Closed fracture of right hip with routine healing, subsequent encounter (Primary)
2. Wound of sacral region, subsequent encounter
 - Cancel: Ambulatory Referral to Wound Clinic
 - Sacral and buttock wound debridement

Status post pinning right hip 9/11.

I have reached out to Dr. Kalma on recommendations for duration of Xarelto prophylaxis

Stage III sacral wound debrided today. New foam bandages placed with the assistance of Jamie Allphine LPN

Marttinen, Risto K (MRN 8911107560) DOB: 10/28/1939

Encounter Date: 10/07/2025

Luke Iannuzzi, MD
Family Medicine - Tates Creek BHM

Office Visit on 10/7/2025

Note shared with patient

Additional Documentation

Vitals: BP 104/68
Pulse 88
Temp 98.2 °F (36.8 °C) (Infrared)
Ht 178 cm (70.08")
Wt 85.7 kg (189 lb)
SpO2 96%
BMI 27.06 kg/m²
BSA 2.04 m²
Pain Sc 2 (Loc: Hip)

Encounter Information

	Provider	Department	Encounter #
10/7/2025 1:00 PM	Iannuzzi, Luke, MD	MGE PC TATES CREEK	91238451580

Additional Details

Note status
Signed

Visit Information

	Provider	Department
10/7/2025 1:00 PM	Iannuzzi, Luke, MD	BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE

Orders Placed

Sacral and buttock wound debridement (Resulted 10/7/2025)

Medication Changes As of 10/7/2025 1:09 PM

	Refills	Start Date	End Date
Discontinued or Completed: famotidine (PEPCID) 20 MG tablet Patient-reported medication			
Discontinued or Completed: lisinopril (PRINIVIL,ZESTRIL) 2.5 MG tablet Patient-reported medication			

Visit Diagnoses

Primary: **Closed fracture of right hip with routine healing, subsequent encounter** S72.001D
Wound of sacral region, subsequent encounter S31.000D