

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

Agent ID: 376214 **Agent Name:** RACHEL DAUGHERTY RN **Mileage Payment Method:** AM **Trip Fees:** 0.00 **Mileage Start:** 0 **Mileage End:** 0 **Mileage:** 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 | N |
| Pulse Characteristics: | | | *WNL | |
| Respirations | 18 | 10/20/2025 01:16 PM | | N |
| Respiration Characteristics: | | | WNL | |
| 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 |
| Oxygen Saturation Characteristics: | | | ON ROOM AIR | |
| Pain | 6 | 10/20/2025 01:17 PM | | 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:

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

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 - ICG

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

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

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 PATIENT'S BLOOD SUGAR LEVELS LAST CHECKED AND WHAT ARE THE USUAL READINGS?:

DEXCOM

100-316

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

YES

IS THE CLIENT TAKING AN ANTICOAGULANT?

NO

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

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

Wound Assessment

Historical wounds are retained as inactive and wound numbers continuously increment for subsequent episodes and admissions.

Anatomical Figures**Anatomical View**

Wound # / Location / Type / Source

Question

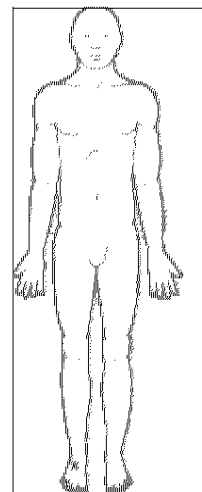
Answer

MALE ANTERIOR

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

Onset Date: 08/25/2025

| | |
|--|-------------|
| 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 |



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

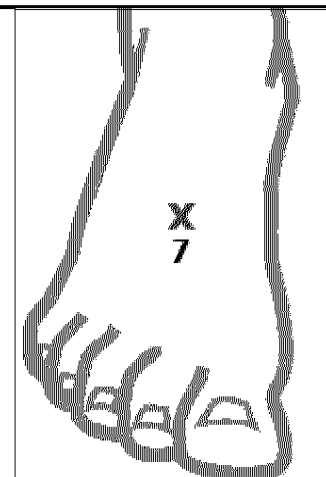
Visit Date: 10/20/2025

Visit Number: 11

Visit Type:

RN10 - RN VISIT + SUP

| | |
|--|---|
| 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

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

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

Visit Note Report

Client: TUCKER, MILLARD H

Client DOB: 3/24/1957

Insured ID: 9JU0H97XU10

MR No: LEX00071796201

Primary Payor: PALMETTO MEDICARE PDGM

Legacy MR No:


Visit Date: 10/20/2025


Visit Number: 11

Visit Type: RN10 - RN VISIT + SUP

Agent Signature:

Client Signature:






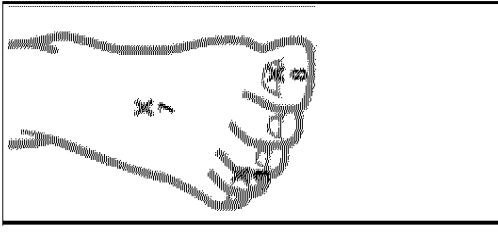
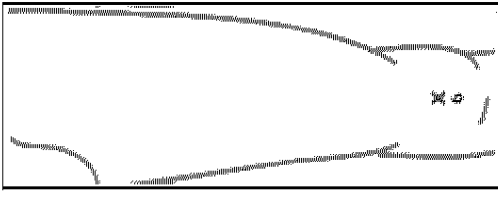

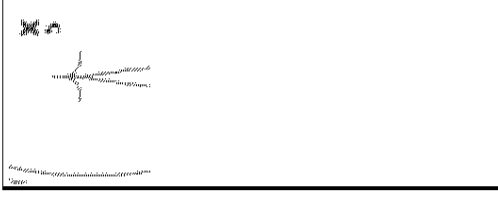

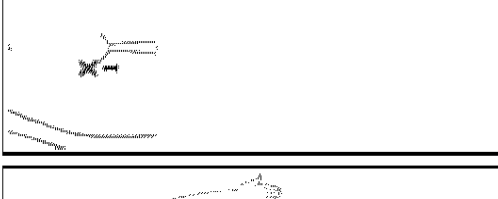


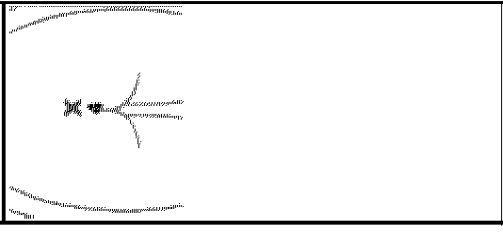
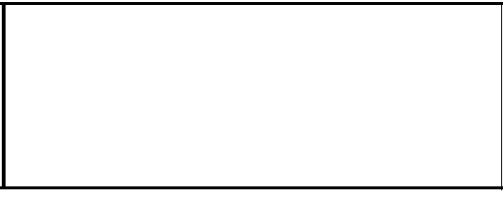
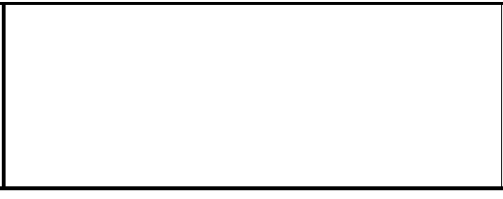

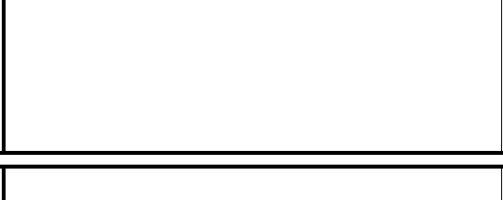
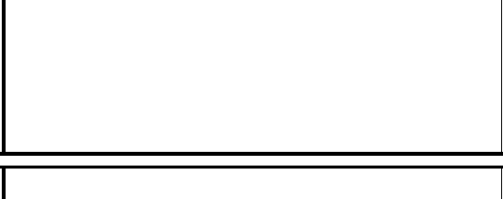
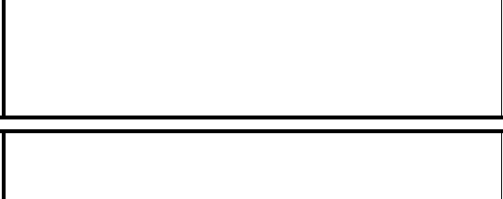
RACHEL DAUGHERTY RN 10/20/2025 01:40 PM

(Electronically Signed)

10/24/2025 03:25:48 PM

Wound Record Report

| | | | |
|---------------|--------------------|---------------------|------------|
| Client: | TUCKER, MILLARD H. | SOC Date: | 11/19/2024 |
| MR No: | LEX00071796201 | Episode Start Date: | 09/15/2025 |
| Legacy MR No: | | Episode End Date: | 11/13/2025 |
| DOB | 03/24/1957 | | |

| | | | | | | | |
|--|--|--|--|--|---|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Wound Summary:

Wound Record Report

| Client: TUCKER, MILLARD H. | | MR No: LEX00071796201 | | Legacy MR No: | | Episode Start Date: 09/15/2025 | | |
|---|------------|---|------------|---------------|------------|--------------------------------|----------|---------|
| Anatomical View | | | | | | | | |
| Wound # - Location - Type - Source | Onset Date | Active | Visit Date | LxWxD(CM) | SA (SQ CM) | EXU TPE | EXU AMIT | S/S INF |
| FEMALE ANTERIOR | | | | | | | | |
| #1 - INGUINAL, RT, SURG INC [INACTIVATED 05/19/2025]. [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* |
| MALE ANTERIOR | | | | | | | | |
| #3 - ANT - 4TH TOE, RT, DIAB ULCER [INACTIVATED 08/29/2025] - HCHB | 01/22/2025 | N | 08/29/2025 | NA* | NA* | NA* | NA* | NA* |
| #6 - PATELLAR, LT, TRAUMASUPERFIC [INACTIVATED 07/14/2025] - HCHB | 06/25/2025 | N | 07/14/2025 | NA* | NA* | NA* | NA* | NA* |
| #7 - MID DORSUM, RT, TRAUMASUPERFIC [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 | MOD | NO |
| #8 - GREAT TOE, RT, SKIN TEAR [INACTIVATED 08/04/2025] - HCHB | 07/05/2025 | N | 08/04/2025 | NA* | NA* | NA* | NA* | NA* |
| FEMALE POSTERIOR | | | | | | | | |
| #4 - ANT - COCCYX, PU STAGE I [INACTIVATED 04/22/2025] - HCHB | 01/22/2025 | N | 04/22/2025 | NA* | NA* | NA* | NA* | NA* |
| MALE POSTERIOR | | | | | | | | |
| #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 07/28/2023 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 |
|---------|--------------------|--------|----------------|---------------|---------------------|------------|

| | | |
|--|---|-----------------------------------|
| Wound Details | | 11/19/2024 3:30 PM Baseline |
| AGENT | HULETTE. LESLIE RN | |
| CHANGE IN STATUS | INACTIVATED - COMPLETELY EPITHELIALIZED, REACTIVATED - NEW ORDER | |
| STAGE HISTORY | YES | |
| WAS WOUND ASSESSED | 28 | |
| TOTAL WAT SCORE | YES | |
| MEASUREMENTS TAKEN | 28 X 9 X 0.1 | |
| LENGTHxWIDTHxDEPTH(CM) | 252 | |
| SURFACE AREA (SQ CM) | PART THICK | |
| DEPTH DESCRIPTION | NO | |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | <75 & > 25% | |
| GRANULATION TISSUE | INDIST | |
| EDGES | IRREG | |
| SHAPE | SEROUS | |
| EXUDATE TYPE | MOD | |
| EXUDATE AMOUNT | FAINT | |
| ODOR | 50-<75% | |
| EPITHELIALIZATION | NONE | |
| NECROTIC TISSUE TYPE | NONE | |
| NECROTIC TISSUE AMOUNT | 0-25% | |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% | |
| TOTAL NECROTIC TISSUE ESCHAR | ABSENT | |
| EDGE / SURROUNDING TISSUE - MACERATION | NONE | |
| UNDERMINING | NO | |
| TUNNELING | NORM | |
| SKIN COLOR SURROUNDING WOUND | NONE | |
| PERIPHERAL TISSUE EDEMA | NONE | |
| PERIPHERAL TISSUE INDURATION | NO | |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | ACUTE | |
| STATE | NO | |
| SIGNS AND SYMPTOMS OF INFECTION | NO | |
| DEBRIDEMENT THIS VISIT | NO | |
| DRAIN PRESENT | NO | |

| | | |
|---------------------|--------------------|--|
| Wound Care Provided | | Care Provided |
| Effective Date | 11/19/2024 3:30 PM | CLEANSED WITH NORMAL SALINE, APPLIED PROMAGRAN. COVERED WITH FOAM BORDER. PT TOLERATED WITHOUT COMPLICATIONS OR COMPLAINTS |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

Order Summary

| Date/Time | Effective From | Effective To | Order Text | Type | RESUMPTION OF CARE | Current | Declined | Voiced |
|--------------------|----------------|--------------|---|------|--------------------|---------|----------|--------|
| 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 PATIENT'S 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 DM1, HTN, COPD, AFB, 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 MIEPLEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO SURGICAL SITE IN RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS, COVER WITH MIEPLEX BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEEMENT.</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, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. 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> | Y | N | N | | |

Wound Record Report

| Client: TUCKER, MILLARD H. | | MR No: LEX0071796201 | Legacy MR No: | Episode Start Date: 09/15/2025 | |
|--|------------|----------------------|---------------|--------------------------------|---|
| 03/18/2025 11:55 AM | 03/21/2025 | 05/08/2025 | | N | N |
| <p>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 485 ORDERS 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 WEIGHT LOSS.</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/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.</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 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 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 DISLODGEEMENT.</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/DISLODGEEMENT.</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> | | | | | |

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 | 03/18/2025 | 03/21/2025 | 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 PHYSICAL THERAPY TO MONITOR AND PROVIDE TECHNIQUES TO ASSIST WITH 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 WITHOUT A PROSTHESIS OR ASSISTIVE DEVICE. 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/DISLODGEEMENT. STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSE WITH WOUND CLEANSER. PAT DRY WITH GAUZE. APPLY BARRIER CREAM. LEAVE OPEN TO AIR. | PHYSICIAN ORDER |
| 01/22/2025 11:12 AM | 01/22/2025 | 03/18/2025 | | |

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 | Voiced |
| 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 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 WOUND CARE TO RIGHT GROIN AS FOLLOWS: CLEANSE WITH NORMAL SALINE. APPLY PROMAGRAN. COVER WITH FOAM. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 TIMES WEEKLY AND PRN FOR SOILING/DISLODGEEMENT.</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.</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> | 485 ORDERS | N | N | N |
| 07/04/2024 10:57 AM | 07/04/2024 | 11/22/2024 | VORB TONYA LEECH, RN/AMY COMER, APRN | 485 ORDERS | N | N | N |

Wound Images
N/A

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Episode Start Date: 09/15/2025

Legacy MR No:

#2 - DIST DORSUM, LT, SURG INC - HCHB [INACTIVATED 09/25/2025]
Onset Date: 06/26/2024

| | |
|--------------------|--|
| Wound Details | 09/25/2025 1:21 PM Baseline |
| AGENT | POPP, CARA RN |
| CHANGE IN STATUS | INACTIVATED - ACTIVATED IN ERROR |
| STAGE HISTORY | |
| WAS WOUND ASSESSED | YES |
| TOTAL WAT SCORE | N/A |

| | |
|---------------------|---------------|
| Wound Care Provided | |
| Effective Date | Care Provided |
| 09/25/2025 1:21 PM | |

| Order Summary | | | | |
|---------------------|----------------|--------------|------------|--|
| Date/Time | Effective From | Effective To | Order Text | |
| 07/04/2024 10:57 AM | 07/04/2024 | | | |
| Type | | | | |
| 485 ORDERS | | | | |
| Current | | | | |
| Y | | | | |
| Declined | | | | |
| N | | | | |
| Voiced | | | | |
| N | | | | |

Wound Images
N/A

#3 - ANT - 4TH TOE, RT - HCHB [INACTIVATED 08/29/2025]
Onset Date: 01/22/2025

| | |
|---|------------------------------------|
| Wound Details | 01/22/2025 11:56 AM Baseline |
| AGENT | MUTOMBO, KUMWIMBA LPN |
| CHANGE IN STATUS | NONE |
| 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-BLAN |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | INTACT |
| EDGES | DISTINCT |
| SHAPE | ROUND |
| EXUDATE TYPE | NONE |
| EXUDATE AMOUNT | NONE |
| ODOR | NONE |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

| Wound Details | |
|--|------------------------------------|
| | 01/22/2025 11:56 AM Baseline |
| EPITHELIALIZATION | 100% |
| 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 | |
| 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 | ACUTE |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |

Wound Care Provided

| Effective Date | Care Provided |
|---------------------|---|
| 01/22/2025 11:56 AM | PRESSURE ULCER TO RIGHT 4TH TOE, CLEANSERD WITH WOUND CLEANSER. PATTED DRY WITH GAUZE. APPLIED BETADINE. COVERED WITH FOAM DRESSING. PATIENT TOLERATED TREATMENT WELL |

Order Summary

| 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. 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, 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 | 485 ORDERS | Y | N | N |

Wound Record Report

| | | | | | | | | | |
|---------------------|--------------------|------------|---|---------------|--------------------------------|------------|---|---|---|
| Client: | TUCKER, MILLARD H. | MR No: | LEX00071796201 | Legacy MR No: | Episode Start Date: 09/15/2025 | | | | |
| 05/16/2025 12:53 PM | 05/19/2025 | 07/23/2025 | 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 ASSES 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 TOMRIGHT GREAT TOE AND WRAP WITH GAUZE. USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEEMENT. 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 INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. 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. 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. SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS FALLS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY POSSIBLE TRENDS AND EDUCATIONAL OPPORTUNITES TO REDUCE FALL RISK. 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 | | | 485 ORDERS | N | N | N |

Wound Record Report

| Client: | MR No: | Legacy MR No: | Episode Start Date: |
|---|----------------|---------------|-----------------------------|
| TUCKER, MILLARD H. | LEX00071796201 | | 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, STOMACH 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 DISLODGEEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO INCISION SITE LOCATED RIGHT GROIN AS FOLLOWS: CLEANSE WITH NS. COVER WITH MIEPIXEL BORDER USING CLEAN TECHNIQUE. WOUND CARE TO BE PERFORMED 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEEMENT.</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 XWEEKLY AND PRN FOR SOILING/DISLODGEEMENT.</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. 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>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> | | | |
| 05/08/2025 1:04 PM | 05/08/2025 | 05/19/2025 | RESUMPTION OF CARE N 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 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, AFB, 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 DISLODGEEMENT.</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 DISLODGEEMENT.</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, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. 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 485 ORDERS 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> | | | | | | |
| 03/18/2025 11:55 AM | 03/21/2025 | 05/08/2025 | N N N | | | |

Wound Record Report

| | | | | | | | | | | |
|--------------------|--------------------|------------|--|---------------|---------------------|------------|-----------------|---|---|---|
| Client: | TUCKER, MILLARD H. | MR No: | LEX00071796201 | Legacy MR No: | Episode Start Date: | 09/15/2025 | | | | |
| 03/05/2025 1:35 PM | 03/05/2025 | 03/21/2025 | <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 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 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 DISLODGEEMENT.</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/DISLODGEEMENT.</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</p> <p>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 & SHAPING), RANGE OF MOTION, MUSCLE STRENGTHENING, AND GAIT TRAINING WITH/WITHOUT A PROSTHESIS OR ASSISTIVE DEVICE.</p> <p>CLEANSE ROGHT 4TH TOE WITH SALINE, PAT DRY, PAINT WITH BETADINE, LEAVE OTA.</p> | | | | PHYSICIAN ORDER | N | 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 | Voiced |
| 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 |

Wound Images
N/A

#4 - ANT - COCCYX - HCHB [INACTIVATED 04/22/2025]
Onset Date: 01/22/2025

| | |
|--|---------------------------------|
| Wound Details | 01/22/2025 11:56 AM Baseline |
| AGENT | MUTOMBO, KUMWIMBA LPN |
| CHANGE IN STATUS | NONE |
| STAGE HISTORY | PU STAGE I |
| WAS WOUND ASSESSED | YES |
| TOTAL WAT SCORE | 14 |
| MEASUREMENTS TAKEN | YES |
| LENGTHxWIDTHxDEPTH(CM) | 2 X 1 X 0 |
| SURFACE AREA (SQ CM) | 2 |
| DEPTH DESCRIPTION | NON-BLAN |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO |
| GRANULATION TISSUE | INTACT |
| EDGES | DISTINCT |
| SHAPE | ELONG |
| EXUDATE TYPE | NONE |
| EXUDATE AMOUNT | NONE |
| ODOR | NONE |
| EPITHELIALIZATION | 100% |
| NECROTIC TISSUE TYPE | NONE |
| NECROTIC TISSUE AMOUNT | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% |
| 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 |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

| Wound Details | |
|------------------------------------|-------|
| 01/22/2025 11:56 AM Baseline | |
| STATE | ACUTE |
| SIGNS AND SYMPTOMS OF INFECTION | NO |
| DEBRIDEMENT THIS VISIT | NO |
| DRAIN PRESENT | NO |

Wound Care Provided

| Effective Date | Care Provided |
|---------------------|--|
| 01/23/2025 11:56 AM | STAGE 1 PRESSURE ULCER TO GOCXYX. CLEANSSED WITH WOUND CLEANSER. PATTED DRY WITH GAUZE. APPLIED BARRIER CREAM. LEAVE OPEN TO AIR. PATIENT TOLERATED TREATMENT WELL |

Order Summary

| Date/Time | Effective From | Effective To | Order Text | Type | Current | Declined | Voided |
|---------------------|----------------|--------------|--|------------|---------|----------|--------|
| 03/18/2025 11:55 AM | 03/21/2025 | | <p>SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING WOUND 485 ORDERS 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 WEIGHT LOSS.</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/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 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 GOCXYX AS FOLLOWS: CLEANSSE 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 DISLODGEEMENT.</p> <p>SKILLED NURSE TO PERFORM / INSTRUCT WOUND CARE TO AS FOLLOWS: CLEANSSE 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/DISLODGEEMENT.</p> <p>SN TO PERFORM WOUND CARE TO RIGHT 4TH TOE ABRASION AS FOLLOWS: CLEANSSE WITH NORMAL SALINE. PAT DRY, PAINT WITH BETADINE. LEAVE OTA DAILY AND PRN.</p> | 485 ORDERS | Y | N | N |

Wound Record Report

Client: TUCKER, MILLARD H.

MR No: LEX00071796201

Legacy MR No:

Episode Start Date: 09/15/2025

01/22/2025 11:12 AM

01/22/2025

03/21/2025

PHYSICIAN ORDER

N

N

N

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.

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

PHYSICAL THERAPY TO MONITOR AND PROVIDE TECHNIQUES TO ASSIST WITH 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.

STAGE 1 PRESSURE ULCER TO COCCYX. CLEANSE WITH WOUND CLEANSER. PAT DRY WITH GAUZE. APPLY BARRIER CREAM. LEAVE OPEN TO AIR.

Wound Images
N/A

#5 - UP BUTTOCK, RT - HCHB [INACTIVATED 07/16/2025]

Onset Date: 05/02/2025

| Wound Details | | 05/08/2025 1:55 PM Baseline |
|---|--|-----------------------------------|
| AGENT | | ALLEN, MARGIE RN |
| CHANGE IN STATUS | | NONE |
| STAGE HISTORY | | PU STAGE IV |
| WAS WOUND ASSESSED | | YES |
| TOTAL WAT SCORE | | 29 |
| MEASUREMENTS TAKEN | | YES |
| LENGTHxWIDTHxDEPTH(CM) | | 2 X 2 X 2 |
| SURFACE AREA (SQ CM) | | 4 |
| DEPTH DESCRIPTION | | FULL THICK |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | | NO |
| GRANULATION TISSUE | | <25% |
| EDGES | | INDIST |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

| Wound Details | | 05/08/2025 1:55 PM Baseline |
|--|------------------|-----------------------------------|
| SHAPE | ROUND | |
| EXUDATE TYPE | SEROUS | |
| EXUDATE AMOUNT | MDD | |
| 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 | | |
| 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 PAIN 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 | |

| Wound Care Provided | |
|---------------------|---|
| 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 DISLODGEEMENT. WOUND CARE PER ABOVE. TOLERATED WELL |

| Order Summary | | | |
|---------------------|----------------|--------------|--|
| Date/Time | Effective From | Effective To | Order Text |
| 05/16/2025 12:53 PM | 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. SKILLED NURSE TO REVIEW REASONS FOR PREVIOUS FALLS WITH PATIENT AND/OR CAREGIVER TO IDENTIFY POSSIBLE TRENDS AND EDUCATIONAL OPPORTUNITIES TO REDUCE FALL RISK. |
| | | Current | Declined |
| | | Y | N |
| | | Type | Voided |
| | | 485 ORDERS | N |

Wound Record Report

Client: TUCKER, MILLARD H.

MR No: LEX00071796201

Legacy MR No:

Episode Start Date: 09/15/2025

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 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 SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.

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.

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 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 DISLODGEEMENT.

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 DISLODGEEMENT.

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 XWEEKLY AND PRN FOR SOILING/DISLODGEEMENT.

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 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. 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: 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 | RESUMPTION OF CARE | N N N |
| <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. 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 PATIENT'S 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 DM1, 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 DISLODGEEMENT.</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 DISLODGEEMENT.</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. 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. 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. SKILLED NURSE TO INSTRUCT PATIENT / CAREGIVER REGARDING INFECTION</p> | | | | | |

Wound Record Report

Client: TUCKER, MILLARD H.

MR No: LEX00071796201

Legacy MR No:

Episode Start Date: 09/15/2025

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

Wound Images
N/A

#6 - PATELLAR, LT - HCHB [INACTIVATED 07/14/2025]

Onset Date: 06/25/2025

| Wound Details | 06/25/2025 11:53 AM Baseline |
|---|------------------------------------|
| AGENT | ALLEN, MARGIE RN |
| CHANGE IN STATUS | NONE |
| STAGE HISTORY | YES |
| WAS WOUND ASSESSED | 19 |
| TOTAL WAT SCORE | YES |
| MEASUREMENTS TAKEN | 1 X 2 X 0.1 |
| LENGTHxWIDTHxDEPTH(CM) | 2 |
| 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 | NONE |
| EXUDATE TYPE | NONE |
| EXUDATE AMOUNT | NONE |
| 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 - MACERATION | ABSENT |
| UNDERMINING | NONE |
| TUNNELING | NO |
| SKIN COLOR SURROUNDING WOUND | BR RED |
| 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 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 DISLODGEEMENT |
| 06/25/2025 11:53 AM | WOUND CARE PER ABOVE. TOLERATED WELL |

Order Summary

| Date/Time | Effective From | Effective To | Order Text | Type | Current | Declined | Voiced |
|---------------------|----------------|--------------|--|-----------------|---------|----------|--------|
| 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 DISLODGEEMENT | PHYSICIAN ORDER | Y | N | N |

Wound Images

N/A

#7 - MID DORSUM, RT, TRAUMASUPERFIC - 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 | 09/29/2025 2:32 PM |
|--|-------------------------|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------|-----------------------|
| AGENT | WAINSCOTT, KIMBERLY LPN | DAUGHERTY, RACHEL RN | WAINSCOTT, KIMBERLY LPN | WAINSCOTT, KIMBERLY LPN | WAINSCOTT, KIMBERLY LPN | WAINSCOTT, KIMBERLY LPN | ATHA, KASEY LPN | DAUGHERTY, RACHEL RN |
| CHANGE IN STATUS | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STAGE HISTORY | | | | | | | | |
| WAS WOUND ASSESSED | YES | YES | YES | YES | YES | YES | YES | YES |
| TOTAL WAT SCORE | 33 | 34 | 34 | 24 | N/A | 31 | N/A | 30 |
| MEASUREMENTS TAKEN | YES | YES | YES | YES | NO | YES | 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 | | 3.2 X 2.2 X 0.1 | | 3 X 2 X 0.3 |
| REASON MEASUREMENTS NOT TAKEN | | | | | NOT DUE | | NOT DUE | |
| DEPTH DESCRIPTION | NECROTIC | PART THICK | NECROTIC | PART THICK | FULL THICK | FULL THICK | PART THICK | FULL THICK |
| SURFACE AREA (SQ CM) | 5.04 | 5 | 3.25 | 6 | | 7.04 | | 6 |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | NO | NO | NO | NO | NO | NO | NO | NO |
| GRANULATION TISSUE | <25% | NONE | <25% | NONE | <75 & > 25% | <75 & > 25% | <75 & > 25% | <75 & > 25% |
| EDGES | DISTINCT | INDIST | DISTINCT | DISTINCT | DISTINCT | DISTINCT | NOT ATTACH | INDIST |
| SHAPE | ROUND | ROUND | ROUND | IRREG | ELONG | IRREG | ELONG | ROUND |
| EXUDATE TYPE | SEROUS | SEROSANG | SEROUS | NONE | SEROUS | SEROUS | SEROSANG | SEROUS |
| EXUDATE AMOUNT | MOD | MOD | MOD | NONE | MOD | MDD | SMALL | SMALL |
| ODOR | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| EPITHELIALIZATION | <25% | <25% | <25% | <25% | 25-<50% | <25% | 50-<75% | 50-<75% |
| NECROTIC TISSUE TYPE | YELLOW | YELLOW | YELLOW | NONE | YELLOW | YELLOW | YELLOW | YELLOW |
| NECROTIC TISSUE AMOUNT | NONE | 75-<100% | NONE | NONE | NONE | NONE | <25% | 25-<50% |
| TOTAL NECROTIC TISSUE SLOUGH | 51-75% | 76-100% | 51-75% | 0-25% | 26-50% | 0-25% | 0-25% | 26-50% |
| TOTAL NECROTIC TISSUE ESCHAR | 0-25% | 76-100% | 0-25% | 0-25% | 0-25% | 0-25% | 0-25% | 26-50% |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

| Wound Details | | 09/25/2025 1:21 PM | 09/18/2025 1:25 PM | 06/25/2025 11:53 AM Baseline |
|--|--|--|-----------------------|------------------------------------|
| AGENT | | POPP, CARA RN | DAUGHERTY, RACHEL RN | ALLEN, MARGIE RN |
| CHANGE IN STATUS | | INACTIVATED - COMPLETELY REACTIVATED - COMPLETELY REACTIVATED - INACTIVATED IN ERROR | | |
| STAGE HISTORY | | YES | YES | YES |
| WAS WOUND ASSESSED | | 26 | N/A | 23 |
| TOTAL WAT SCORE | | YES | | YES |
| MEASUREMENTS TAKEN | | 1.5 X 1.5 X 0.2 | | 1.5 X 1.5 X 0.3 |
| LENGTHXWIDTHXDEPTH(CM) | | | | |
| REASON MEASUREMENTS NOT TAKEN | | | | |
| DEPTH DESCRIPTION | | PART THICK | | PART THICK |
| SURFACE AREA (SQ CM) | | 2.25 | | 2.25 |
| IS THIS A CLOSED SURGICAL WOUND OR SUSPECTED DEEP TISSUE INJURY? | | NO | | NO |
| GRANULATION TISSUE | | 75-100% | | INTACT |
| EDGES | | NOT ATTACH | | INDIST |
| SHAPE | | ROUND | | ROUND |
| EXUDATE TYPE | | SEROSANG | | SEROUS |
| EXUDATE AMOUNT | | MOD | | SMALL |
| ODOR | | NONE | | NONE |
| EPITHELIALIZATION | | <25% | | <25% |
| NECROTIC TISSUE TYPE | | NONE | | NONE |
| NECROTIC TISSUE AMOUNT | | NONE | | NONE |
| TOTAL NECROTIC TISSUE SLOUGH | | 0-25% | | 0-25% |
| TOTAL NECROTIC TISSUE ESCHAR | | 0-25% | | 0-25% |

Wound Record Report

Client: TUCKER, MILLARD H.

MR No: LEX00071796201

Legacy MR No:

Episode Start Date: 09/15/2025

| 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 | 09/29/2025 2:32 PM |
|---|-----------------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|
| EDGE / SURROUNDING TISSUE - MACERATION | ABSENT | ABSENT | PARTIAL | ABSENT | ABSENT | PARTIAL | ABSENT | PARTIAL |
| UNDERMINING | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TUNNELING | NO | NO | NO | NO | NO | NO | NO | NO |
| SKIN COLOR SURROUNDING WOUND | NORM | NORM | BR RED | NORM | NORM | NORM | NORM | BR RED |
| PERIPHERAL TISSUE EDEMA | NONE | NONE | NONPIT <4CM | NONE | NONE | NONE | NONE | NONE |
| PERIPHERAL TISSUE INDURATION | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DOES PATIENT HAVE PAIN ASSOCIATED WITH THIS WOUND? | NO | NO | NO | NO | NO | NO | NO | NO |
| STATE | CHRONIC | CHRONIC | CHRONIC | CHRONIC | CHRONIC | CHRONIC | CHRONIC | CHRONIC |
| SIGNS AND SYMPTOMS OF INFECTION | NO | NO | NO | NO | NO | NO | NO | NO |
| DEBRIDEMENT THIS VISIT | NO | NO | NO | NO | NO | NO | NO | NO |
| DRAIN PRESENT | NO | NO | NO | NO | NO | NO | NO | NO |

Wound Care Provided

| 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. PERI WOUND 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, VISIBLY 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 COMPLAINTS 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/OUT C/O PAIN OR DISCOMFORT. |
| 09/18/2025 1:25 PM | CLEANSED WITH NS, APPLIED AQUACEL AG. COVERED WITH MEPLIX BORDER. CHANGE 3 X WEEKLY AND PRN FOR SOILING OR DISLODGEEMENT |
| 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 |
| Wound Details | | | | |
| EDGE / SURROUNDING TISSUE - | 09/25/2025 1:21 PM | 09/18/2025 1:25 PM | 06/25/2025 11:53 AM Baseline | |
| MACERATION | ABSENT | | 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 | Voiced | |
| 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 W/SILVER TO WOUND BED. COVER WITH MEPILEX BORDER FOAM DRESSING USING CLEAN TECHNIQUE. CHANGE DRESSING 2X WEEKLY AND PRN SOILING/DISLODGE. MAY USE EQUIVALENT PRODUCTS. V.O. DR. GROSS/JAMIE, AGENT/CARA 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. 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, 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 TOMRIGHT GREAT TOE AND WRAP WITH GAUZE. USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGE. SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS AND/OR RISK FOR | 485 ORDERS | N | N | N | |

Wound Record Report

| Client: | TUCKER, MILLARD H. | MR No: | LEX00071796201 | Legacy MR No: | Episode Start Date: | 09/15/2025 | | | |
|---------------------|--------------------|------------|---|---------------|---------------------|-----------------|---|---|---|
| 06/25/2025 11:09 AM | 06/25/2025 | 07/23/2025 | 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 INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN ADMINISTRATION OF ANTIDIABETIC MEDICATION, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. 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 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 DISLODGEEMENT | | | PHYSICIAN ORDER | N | N | N |

Wound Images
N/A

#8 - GREAT TOE, RT - HCHB [INACTIVATED 08/04/2025]

Onset Date: 07/05/2025

| | | |
|--|--|------------------------------------|
| Wound Details | | 07/07/2025 11:40 AM Baseline |
| AGENT | | ALLEN, MARGIE RN |
| CHANGE IN STATUS | | NONE |
| STAGE HISTORY | | YES |
| WAS WOUND ASSESSED | | 23 |
| TOTAL WAT SCORE | | YES |
| MEASUREMENTS TAKEN | | 2 X 3 X 0.2 |
| LENGTHxWIDTHxDEPTH(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 | | |

Wound Record Report

Client: TUCKER, MILLARD H. MR No: LEX00071796201 Legacy MR No: Episode Start Date: 09/15/2025

| Wound Details | |
|---|------------------------------------|
| | 07/07/2025 11:40 AM Baseline |
| 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

Care Provided

Effective Date 07/07/2025 11:40 AM CLEANED WITH NS, APPLIED XEROFORM, WRAPPED WITH GAUZE . SECURED WITH KERLIX
WOUND CARE PER ABOVE, TOLERATED WELL

Order Summary

| Date/Time | Effective From | Effective To | Order Text | Type | Current | Declined | Voiced |
|---------------------|----------------|--------------|--|------------|---------|----------|--------|
| 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. 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, 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 | 485 ORDERS | Y | N | N |

Wound Record Report

| Client: TUCKER, MILLARD H. | | MR No: LEX00071796201 | Legacy MR No: | Episode Start Date: 09/15/2025 |
|----------------------------|------------|-----------------------|---|--------------------------------|
| 07/07/2025 11:04 AM | 07/07/2025 | 07/23/2025 | <p>STATUS RELATED TO COLOSTOMY INCLUDING PATHOPHYSIOLOGY, NUTRITIONAL REQUIREMENTS, AND MEDICATION REGIMEN.</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 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 MIEPLEX. PAINT RIGHT 4TH TOE WITH BETADINE. LEAVE OPEN TO AIR. APPLY XEROFORM TOMRIGHT GREAT TOE AND WRAPMWITH GAUZE. USING CLEAN TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN FOR SOILING/DISLODGEEMENT.</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. 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.</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>WOUND CARE TO SKIN TEAR ON RIGHT GREAT TOE, CLEAN WITH NS, APPLY XEROFORM, WRAP WITH GAUZE , SECURE WITH KERLIX</p> | |
| | | | PHYSICIAN ORDER | N N N |

Wound Images
N/A