

MRSA:

**GEORGETOWN COMMUNITY HOSPITAL**

1140 Lexington Road • Georgetown, Kentucky 40324

Telephone Number: (502) 868-1100

ADV DIR: N

VRE:

ADMIT BY: BRB

PATIENT INFORMATION											
ACCOUNT NUMBER 1190090	ADMISSION DATE & TIME 11/18/25 00:00		FINANCIAL CLASS 13	ROOM / BED /	HSV PHY	DISCHARGE DATE		SOCIAL SECURITY NO. 407-04-9818		MEDICAL RECORD NUMBER 000248449	
PATIENT NAME MURPHY	(FIRST) BYRON	(INITIAL) K	BIRTHDATE 09/28/1962	AGE 63	RACE W	SEX M	MS D	MAIDEN/PREV NAME		REL U	ACC R
PATIENT ADDRESS 300 HOMESTEAD PARKWAY GEORGETOWN KY 40324						COUNTY SCOTT		OCCURRENCE CODE / DATE 35 2025-11-18			
EMPLOYER (Name, Address)											
ACCIDENT DATE	ACCIDENT HOUR 00	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION						PATIENT TELEPHONE NUMBER (502) 316-4465		
CONTACT INFORMATION											
CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship) GOINS PAULETTA (502) 316-1101 POWER OF ATTORNEY											
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship) MCGEE ROBERT (859) 552-8074 CARE GIVER											
GUARANTOR INFORMATION											
GUARANTOR NAME (Name, Address) MURPHY BYRON K 300 HOMESTEAD PARKWAY GEORGETOWN KY 40324											
GUARANTOR TELEPHONE NUMBER (502) 316-4465			GUARANTOR SOCIAL SECURITY NUMBER 407-04-9818				RELATIONSHIP TO PATIENT SELF				
GUARANTOR EMPLOYER (Name, Address)									TELEPHONE NUMBER		
INSURANCE INFORMATION											
PRIMARY INSURANCE ANTHEM		ADDRESS PO BOX 105187 ATLANTA GA 303480000				TELEPHONE NUMBER (855) 661-2028					
INSURED'S NAME MURPHY BYRON K		SEX M	PAT REL 18	POLICY # UIK394A54556		GROUP NAME FORT VALLEY ST BOR		GROUP NUMBER 330M105			
SECONDARY INSURANCE		ADDRESS				TELEPHONE NUMBER					
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
TERTIARY INSURANCE		ADDRESS				TELEPHONE NUMBER					
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
PHYSICIAN INFORMATION											
ADMITTING PHYSICIAN BAILEY BAILI R			ATTENDING PHYSICIAN BAILEY BAILI R				FAMILY PHYSICIAN SMITH BRIAN DOU				
ADMITTING DIAGNOSIS PRESSURE INJURY							PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER NR/				
COMMENTS											

11/10/25

12:56

GC1000/081513



FACESHET

# GEORGETOWN COMMUNITY HOSPITAL

Name MURPHY BYRON K  
 Attending BAILEY BAILI R  
 Primary SMITH BRIAN DOUGLAS

Admitted Nov-18-2025  
 Discharged -  
 Chief Complaint PRESSURE INJURY

DOB Sep-28-1962  
 Encounter 1190090  
 MRN 248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

Do you want to document pain details?	No	KBI3953
Type of Wound	Pressure Ulcer	KBI3953
Stage of Wound - Please describe in Comments	Stage 2	KBI3953
<b>*PUSH Tool 3.0 (Standard)</b>		
Length x Width (In cm2) 3 (Corresponds with Site on the Anatomical Man)	(07) 4.1 to 8.0  Entire red area is 6x7 cm 2 Small "raw" open wound scattered throughout	KBI3953
Exudate Amount 3	(00) None	KBI3953
Tissue Type 3	(02) Granulation Tissue	KBI3953
PUSH Score Total 3	Score Total: 2	KBI3953
PUSH Score Total - Site 1	Score Total: 9	KBI3953
Is there granulation of the wound?	Yes*	KBI3953
Granulation %	100  after debridement	KBI3953
Patient Goals	heal wound completely	KBI3953
Problem List	DM MS WC for community outing	KBI3953
Comments	Measures approximately 6x7 cm2 Small "raw" open areas, fully epithelialized Dried skin/slough adherent in small patches throughout	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?	No	KBI3953
Short Term Goals	1) Patient will have 100% granulation tissue in open wound 2) Decrease of wound surface area by at least 50%. 3) Patient will maintain clean environment to promote wound healing	KBI3953
Long Term Goals	1) Patient will demonstrate full wound closure 2) Patient will be independent with dressing changes in preparation for discharge home.	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Dressing Changes; Non Selective Debridement; Wound Cleansing; Selective Debridement; Physical Agents Modalities; Other*  unna boot	KBI3953
Patients Response to Treatment	Pain is not the focus of Treatment session	KBI3953
Planned Treatment Frequency	1-3 times per week	KBI3953