Select Medical Corporation
Denise Brown, LSW, DCM
Lead Case Manager
SSH- Danville, KY
Email: denisbrown@selectmedical.com
Tele: 859.238.4207 Fax: 859.712.7044

Fax

To: McGrath Medical Wound Care From: Denise Brown, LSW, DCM

Fax: 859-399-6697 Date: 10/1/25

Re: Pages

Urgent (For Review) Please Comment Please Reply Please Recycle

• Message:

King, Robert D

MRN: 8580

Hillary L Sowder, APRN
Nurse Practitioner
Internal Medicine

Discharge Summary
Cosign Needed

Date of Service: 10/1/2025 7:11 AM

Patient Name: Robert D King
MRN: 8580
DOB: 6/14/1952
DOS: 10/1/2025

Attending: Waddah Yaacoubagha, MD

Primary Care Provider: Alaina D Nevels

Date of Admission:.7/28/2025 6:00 PM

Date of Discharge: 10/1/2025

Discharge Diagnosis
Principal Problem:
Acute respiratory failure
Active Problems:
Acute urinary tract infection
Coronary arteriosclerosis
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
Essential (primary) hypertension
Hyperlipidemia
Klebsiella pneumoniae infection in conditions classified elsewhere and of unspecified site
Pressure injury of left ankle stage III
Pressure injury of left heel stage III
Pressure injury of sacral region of back stage IV
Severe protein-calorie malnutrition
Osteomyelitis
Necrotizing fasciitis
Cardiac arrest
Chronic respiratory failure
Nonhealing sacral wound
Iron deficiency anemia
Leukocytosis
UTI
Anemia
Hyperkalemia
Third-degree heart block

History of present illness patient is a 73-year-old male with history of paraplegia, congestive heart failure, coronary artery disease with 2 stents his trach, obstructive sleep apnea.

Paraplegic since December last year. At that time he had group B strep cervical abscess, had cervical laminectomy and evacuation of abscess. Has been living at a nursing home. In April he at debridement and diverting loop colostomy by Dr. Shane due to sacral ulcer and osteomyelitis.

He was admitted with sacral pressure ulcer with necrotizing soft tissue infection. And was transferred to University of Louisville H for surgical expertise.

CT scan showed subcutaneous emphysema. He has an indwelling Foley catheter and was thought to have a UTI at that time.

He underwent sacral wound debridement, in the OR (with subsequent bedside debridement) he was noted to have suspected mucus plugging on chest x-ray and went for elective bronchoscopy but had recurrent plugging resulting in Respiratory code requiring CPR and intubation. Due to difficulty weaning he underwent tracheostomy and PEG tube placement and was started on some weaning. He has been tolerating tube feeds via his bag. Having bowel function via his stoma.

He was followed by Infectious Disease team due to sacral osteomyelitis and is recommended for 6 weeks of total therapy to finish on 08/21/2025, currently on vancomycin cefepime and metronidazole.

Hospital Course

The patient is a 73-year-old male who was admitted to select specialty Hospital on 07/28 for continuation of care. He was continued on cefepime, vanc and Flagyl with recommendations to continue through 8/21. Infectious Disease was consulted. Also pulmonary was consulted for management of mechanical ventilation.

Throughout stay patient had several complications due to leukocytosis, UA was abnormal unfortunately urine culture was not done he was continued on cefepime.

The patient was slowly able to come off mechanical ventilation. And transition into the ready pathway unfortunately he failed 2 attempts due to requiring frequent suctioning. Currently the patient is trach capped during the day and on trach collar at night.

He required 2 wound debridements. The 1st wound debridement was on 07/31, surgeon was able to suture together the lower wounds. The large wound required another wound debridement on 9/12. Unfortunately, the smaller wound below the rectum that was sutured it did not heal and came back open. Did consult surgery to see if there was any intervention, recommended continue wound care. Unfortunately wound RN is not able to use wound VAC, can not get the wound VAC to adhere to wound due to drainage.

Chest x-ray showed mild right lower lobe interstitial opacities at the lung base, Infectious Disease added IV Merrem and daptomycin. Has since transitioned to p.o. Cipro and minocycline to end at the end of October.

Throughout patient's stay he was treated/managed for the below:

Leukocytosis, improving
UTI
Remains afebrile
UA leuko 250, WBC >30, bacteria trace - urine culture was not completed
Leukocytosis trending down, unfortunately WBCs have increased to 16 K and patient is now afebrile - s/p cefepime
UA 9/18- leuko 75, WBC 16-30, bacteria none observed. Cx prelim no growth
CXR- mild right lower lobe interstitial opacities at the lung base, likely atelectasis
Completed IV Merrem and daptomycin on 09/29/2025.
ID added oral Cipro and minocycline until the end of the month

Anemia
Iron deficiency
S/p transfusion on 09/17, 9/24
Iron 14, iron % 10, TIBC 140- will give IV iron x4 doses, cleared by Infectious Disease- now that patient is afebrile and white count is increase will hold on further IV iron
p.o. supplement iron b.i.d.

Tunneled wound
Previous wound Dr. Tran sutured has opened back up- recommend cont packing we-to-dry dressing, no surgical intervention.
Wound RN managing
Ct abd/pelvis w/ IV/oral contrast to eval for fistula- showed no fistula or abscess

Hyperkalemia, recurrent
Monitor and treat as indicated.
Tube feeds have been changed. Lokelma p.r.n..
Aldactone on hold
Acute respiratory failure- chronic
Pulmonary following
Downsized to 6 cuffless, tolerated.
Sch duoneb, cough assist per family request
Pulmonary toilet.
Failed ready pathway, CXR Small bilateral pleural effusions and bilateral airspace opacities are unchanged
Cont CATC w/ PMV- resumed ready pathway (initiated on 8/25)- stopped failed again d/t secretions.
Capping daily. Uncap at night.
incentive spirometry and flutter valve

Third-degree heart block
Continue to monitor on telemetry
Metoprolol discontinued
Need follow-up with Cardiology after discharge to evaluate for pacemaker
No issue reported since beta-blocker has been discontinued

Volume overload, stable.
Monitor fluid status, electrolytes and renal function
Aldactone 100 mg daily
Daily assessment of Bumex

Hypernatremia, improved
Now with hyponatremia, will decrease free water to 50 mL/hours and continue to monitor.

Coronary arteriosclerosis
Continue aspirin and Lipitor (monitor LFT levels)

Diabetes mellitus
Continue sliding scale, will monitor for hypoglycemia.
switched back to Glucerna. Blood glucose has improved
Continue to monitor insulin dosing and adjust if needed

Essential (primary) hypertension
Discontinue metoprolol due to heart block.
Losartan 25 mg daily and monitor potassium and renal function

Hydralazine 50 mg q.6

Hyperlipidemia
Continue Lipitor (monitor LFT levels)

Pressure injury of left ankle stage III
Pressure injury of left heel stage III
Pressure injury of sacral region, worse
S/p sacral wound debridement
- Wound management
S/p wound debridement 7/31
S/p wound debridement 9/12

Osteomyelitis of sacrum
Necrotizing fasciitis
Based on cultures from wound debridement recommended 6 weeks total of IV antibiotics- completed
ID following
-s/p vancomycin, cefepime and Flagyl ended 8/21
Wound is not healing, new necrotic areas- **s/p debridement 9/12**

S/p Cardiopulmonary arrest d/t mucus plugs
Continue guaifenesin, pulmonary toilet measures, suction as needed.
Cont duonebs w/ Cough assist
Stable and improving

History of paraplegia d/t fall
PT/OT following

Dysphagia
Malnutrition
Continue nutritional support via PEG tube
Speech and dietitian following
Passed FEE's- pureed diet for pleasure, cont tube feeds to meet caloric needs

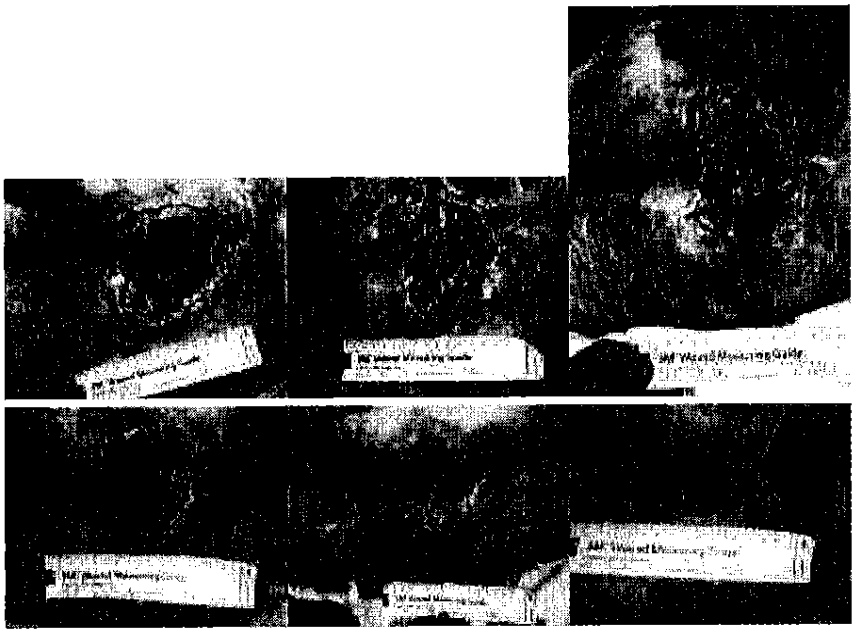
The patient is hemodynamically stable and is being discharged home with home health Mcgraft wound care. The patient and son requested a Foley catheter be placed in prior to discharge to avoid urine contaminated wound. They were explained the risks versus benefits, and understood. A Foley catheter will be inserted prior to discharge. And will need to be changed monthly.

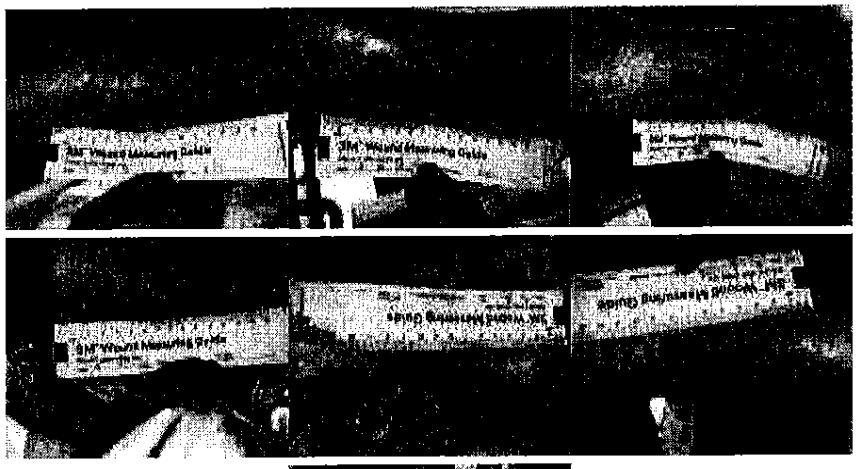
Discharge Assessment:
Vital Signs
@VSTABLE@
Temp (24hrs), Avg:98.4 °F (36.9 °C), Min:98 °F (36.7 °C), Max:99.2 °F (37.3 °C)

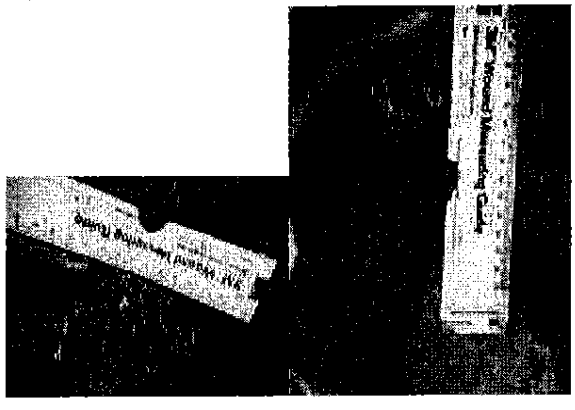
Physical Exam:

General appearance: alert, appears stated age, cooperative, and no distress. **Morbidly obese**
Head: Normocephalic, without obvious abnormality, atraumatic
Neck: supple, no JVD, no LAP. Trach site is clean, **Tracheostomy is capped**

Lungs: **Mild scattered rhonchi**, good respiratory effort
Heart: regular rate and rhythm, S1, S2 normal
Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly. **Peg tube and colostomy**
Extremities: extremities normal, atraumatic. 1**+ pitting edema- chronic.**
Pulses: 2+ and symmetric
Skin: **Decubitus ulcer w/ necrotic tissue. Tunneled wound just below the rectum w/ drainage**
Neurologic: At baseline, alert and oriented x4.







	Latest Reference Range & Units	09/09/25 05:43	09/10/25 06:22	09/10/25 15:51	09/10/25 17:16	09/13/25 05:23	09/14/25 04:59	09/16/25 05:02	09/17/25 04:56	09/18/25 05:09	09/18/25 14:31	09/19/25 05:24	09/21/25 08:16	09/24/25 04:34	09/26/25 06:00
Glucose	74 - 109 mg/dL	**154 (H)**			NEGATIVE	**250 (H)**			**143 (H)**		NEGATIVE	**161 (H)**		**135 (H)**	**116 (H)**
BUN	7 - 25 mg/dL	**49 (H)**				**57 (H)**			**39 (H)**			**39 (H)**		**34 (H)**	**33 (H)**
Creatinine S	0.6 - 1.3 mg/dL	0.6				0.6			**0.4 (L)**			**0.5 (L)**		**0.4 (L)**	**0.4 (L)**
BUN/Creatinine Ratio	10.0 - 20.0	**82.0 (H)**				**95.0 (H)**			**98.0 (H)**			**78.0 (H)**		**85.0 (H)**	**83.0 (H)**
Sodium	136 - 145 mEq/L	138				137			137			136		**135 (L)**	137
Potassium	3.5 - 5.1 mEq/L	**5.3 (H)**	**5.3 (H)**	4.8		4.7			5.0			**5.3 (H)**	5.0	5.0	5.0
Chloride	98 - 107 mEq/L	101				102			102			103		102	104
CO2	21 - 31 mEq/L	28				26			27			27		28	27
Calcium mg/dL Blood	8.6 - 10.3 mg/dL	8.8				**8.4 (L)**			**8.2 (L)**			**8.1 (L)**		**8.2 (L)**	**8.2 (L)**
Anion Gap Blood	mmol/L	9.0				9.0			8.0			6.0		5.0	6.0
EGFR	>60	>60				>60			>60			>60		>60	>60
Hemoglobin	14.0 - 18.0 g/dL		**8.4 (L)**			**7.6 (L)**	**7.6 (L)**	**7.3 (L)**	**6.9 (LL)**	**8.3 (L)**		**7.7 (L)**		**7.4 (L)**	**8.5 (L)**

Iron	49 - 181 ug/dL								**14 (L)**						
Ferritin	23.9 - 336.2 ng/mL								**399.3 (H)**						
Iron Percent Saturation	20 - 50 %								**10 (L)**						
Iron Binding Capacity	265 - 497 ug/dL								**140 (L)**						
UIBC	ug/dL								126						

	Latest Reference Range & Units	08/21/25 06:02	08/29/25 03:38	08/31/25 06:34	09/10/25 06:22	09/10/25 17:16	09/13/25 05:23	09/14/25 04:59	09/16/25 05:02	09/17/25 04:56	09/18/25 05:09	09/18/25 14:31	09/19/25 05:24	09/24/25 04:34	09/26/25 06:00
White blood cell count	4.00 - 11.00 10*3/uL	8.89	8.53	8.77	**14.00 (H)**	**>30 !**	**12.70 (H)**				**16.44 (H)**	**16-30 !**	**15.35 (H)**	**11.93 (H)**	**11.83 (H)**
Hemoglobin	14.0 - 18.0 g/dL	**8.6 (L)**	**9.2 (L)**	**9.0 (L)**	**8.4 (L)**		**7.6 (L)**	**7.6 (L)**	**7.3 (L)**	**6.9 (LL)**	**8.3 (L)**		**7.7 (L)**	**7.4 (L)**	**8.5 (L)**
Hematocrit	40.0 - 54.0 %	**27.5 (L)**	**30.0 (L)**	**29.3 (L)**	**27.1 (L)**		**24.6 (L)**	**24.7 (L)**	**22.9 (L)**	**22.5 (L)**	**26.8 (L)**		**24.6 (L)**	**24.3 (L)**	**27.2 (L)**
MCV	80.0 - 94.0 fL	86.2	86.2	88.5	85.2		86.3				87.0		87.2	88.4	88.0
MCH	26.0 - 33.0 pg	27.0 31.3	26.4 30.7	27.2 30.7	26.4 31.0		26.7 30.9				26.9 31.0		27.3 31.3	26.9 30.5	27.5 31.3
Red Cell Distribution Width	11.5 - 14.5 %	**21.2 (H)**	**19.0 (H)**	**18.6 (H)**	**17.2 (H)**		**17.2 (H)**				**16.6 (H)**		**16.6 (H)**	**16.4 (H)**	**15.9 (H)**
MPV	8.6 - 11.7 fL	9.8	9.3	9.6	9.3		11.0				9.5		9.4	9.6	9.4
Platelet Estimate				APPEAR											

				ADEQUATE											
Platelet count	150 - 375 10*3/uL	287	321	357	**479 (H)**		**474 (H)**				**540 (H)**		**456 (H)**	**463 (H)**	**491 (H)**
Red Blood Count	4.60 - 6.20 10*6/uL	**3.19 (L)**	**3.48 (L)**	**3.31 (L)**	**3.18 (L)**		**2.85 (L)**				**3.08 (L)**		**2.82 (L)**	**2.75 (L)**	**3.09 (L)**
Atypical Lymphocytes Absolute	0.00 - 0.20 10*3/uL		0.06	0.05											
Atypical Monocytes Absolute	0.00 - 1.00 10*3/uL		**1.12 (H)**	**1.12 (H)**											
DIFFERENTIAL MANUAL				MANUAL DIFF ADDED											
Eos	0.0 - 6.0 %		5.6	**7.0 (H)**											
Eosinophils	%			3											
Eosinophils Absolute Count	0.00 - 0.40 10*3/uL		**0.48 (H)**	**0.61 (H)**											
Lymph % Blood	%		12.8	17.9											
Lymphs(Absolute)	1.00 - 4.00 10*3/uL		1.09	1.57											
Monocytes Absolute Count	%			7											
Neutrophils Absolute Count	1.50 - 7.00 10*3/uL %		5.75	5.380											
total	%		67.4	61.2											

neutrophils, %															

	Latest Reference Range & Units	09/29/25 06:19	09/29/25 11:45	09/29/25 17:43	09/30/25 00:29	09/30/25 05:52	09/30/25 12:02	09/30/25 17:33	09/30/25 23:42	10/01/25 05:04
Glucose Blood, POC	70 - 120 mg/dL	149	178	180	132	133	182	198	142	145

	Latest Reference Range & Units	09/10/25 17:16	09/18/25 14:31
Urine appearance	CLEAR	**TURBID !**	CLEAR
UA Color		Yellow	Yellow
Blood, Urine	NEGATIVE mg/dL	NEGATIVE	**0.03 mg/dL !**
Ketones, urine	NEGATIVE mg/dL	NEGATIVE	NEGATIVE
UA Urobilinogen	<2 mg/dL	NORMAL	NORMAL
UA Bili	NEGATIVE mg/dL	NEGATIVE	NEGATIVE
Leukocyte Esterase UA	NEGATIVE LEU/uL	**250/uL !**	**75/uL !**
RBC UA	0 - 5 /hpf	3-5	0-2
NITRITE	NEGATIVE	NEGATIVE	NEGATIVE
BACTERIA	NONE /hpf	**TRACE !**	NONE OBSERVED
Mucus UA	NONE /lpf		**TRACE !**
UA Sq Epithel	0 - 5 /hpf	0-5	0-5
Protein Urine Random	NEGATIVE mg/dL	**30 mg/dL !**	50 mg/dL
Specific Gravity, Urine	1.003 - 1.035	1.018	1.021

!: Data is abnormal

CT ABDOMEN/PELVIS WITH CONTRAST

Clinical Indication: Rectal fistula.

Technique:

Axial CT images of the abdomen and pelvis were obtained following the intravenous and oral administration of contrast. The axial data set was used to reformat images into the coronal and sagittal planes. Automated exposure control was utilized to optimize dose reduction.

Comparison: None.

Findings:

There are small bilateral pleural effusions with adjacent pulmonary opacities.

The heart is enlarged. There is a small pericardial effusion.

PEG is in place.

There has been a cholecystectomy.

There are changes of partial colectomy with a left upper quadrant colostomy.

There is a sacral decubitus ulcer. There is chronic appearing erosion of the coccyx. There is presacral stranding.

The solid organs and GI tract are otherwise unremarkable. There is no bowel obstruction. There is no pneumoperitoneum. There is no ascites or lymphadenopathy. There is calcified atherosclerotic disease.

There are no acute bony abnormalities or suspicious lytic or blastic bone lesions. There is grade 1 anterolisthesis of L4 on L5.

IMPRESSION:

1. Sacral decubitus ulcer with chronic appearing erosion of the coccyx which could be due to chronic osteomyelitis.

2. Small bilateral pleural effusions with adjacent pulmonary opacities which could be due to atelectasis or pneumonia.

Electronically Signed By Adam Bryant, MD on 8/28/2025 3:41 PM

PORTABLE CHEST (AP ONLY)

Clinical Indication: Fever and leukocytosis.

Comparison: Chest x-ray 9/14/2025.

Findings:

Tracheostomy tube is unchanged in position.

The lungs have mild right lower lobe interstitial opacities at the diaphragm. Left lung is clear.. The cardiac silhouette is mildly enlarged.
Mediastinal contours are within normal limits. There are no pleural effusions or edema. There is no pneumothorax. There are no acute bony
abnormalities.

Impression:

1. Mild right lower lobe interstitial opacities at the lung base consistent with atelectasis, scarring or infiltrate. Follow-up as clinically
indicated.

Site 1

Electronically Signed By Dwight Townsend on 9/18/2025 10:15 AM

PORTABLE CHEST (AP ONLY)

Clinical Indication: Shortness of air.

Comparison: 8/18/2025.

Findings:

Tracheostomy is in place. The lungs are clear. The cardiac and mediastinal contours are within normal limits. There are no pleural effusions or
edema. There is no pneumonia. There is no pneumothorax. There are no acute bony abnormalities.

Impression:

Unremarkable exam.

Site 1

Electronically Signed By Adam Bryant, MD on 9/10/2025 7:08 AM

PORTABLE CHEST (AP ONLY)

Clinical Indication:
respiratory failure
Comparison: 7/29/2025.

Findings:

Tracheostomy is in place. There are unchanged bilateral pleural effusions and diffuse bilateral pulmonary opacities. There is cardiomegaly. The
mediastinal contours are within normal limits. There is no pneumothorax. There are no acute bony

abnormalities.

Impression:

Unchanged bilateral pleural effusions and diffuse bilateral pulmonary opacities.

Site 1

Electronically Signed By Adam Bryant, MD on 8/5/2025 7:20 AM

Discharge Medications

Medication List

START taking these medications

	Prescription	Last Dose and Time given
aspirin 81 MG chewable tablet	Chew 1 tablet (81 mg total) in the morning. Indications: Carotid Artery Stenting. Refill: 0	81 mg on September 30, 2025 9:31 AM
atorvastatin 40 MG tablet Commonly known as: LIPITOR	Take 1 tablet (40 mg total) by mouth nightly for 30 days. Dispense: 30 tablet Refill: 0	40 mg on September 30, 2025 10:47 PM
ciprofloxacin 500 MG tablet Commonly known as: CIPRO	1 tablet (500 mg total) by PO/Per Tube route in the morning and 1 tablet (500 mg total) before bedtime. Do all this for 30 days. Indications: Infection of the Skin and/or Soft Tissue. Dispense: 60 tablet Refill: 0	500 mg on September 30, 2025 10:47 PM
Diclofenac Sodium 1 % gel Commonly known as: VOLTAREN	Apply 2 g topically in the morning and 2 g at noon and 2 g in the evening and 2 g before bedtime. Do all this for 30 days. Dispense: 100 g Refill: 0	2 g on October 1, 2025 5:06 AM
ferrous sulfate 300 (60 Fe) MG/5ML syrup	Administer 5 mL (300 mg total) per tube in the morning and 5 mL (300 mg total) before bedtime. Refill: 0	300 mg on September 30, 2025 10:47 PM
hydrALAZINE 50 MG tablet Commonly known as: APRESOLINE	Administer 1 tablet (50 mg total) per tube every 6 (six) hours for 30 days. Dispense: 120 tablet Refill: 0	50 mg on October 1, 2025 5:06 AM

	Prescription	Last Dose and Time given
insulin regular 100 UNIT/ML injection Commonly known as: HumuLIN R	Inject 0-12 Units under the skin every 6 (six) hours Indications: High Blood Sugar. Directions for insulin coverage: 70 - 150 No Insulin || 151-200 2 units || 201-250 4 units || 251-300 6 units || 301-350 8 units || 351-400 10 units || >400 12 units & Call MD Dispense: 10 mL Refill: 0	2 Units on September 30, 2025 6:05 PM
losartan 25 MG tablet Commonly known as: COZAAR	Administer 1 tablet (25 mg total) per tube in the morning for 30 days. Dispense: 30 tablet Refill: 0	25 mg on September 30, 2025 9:32 AM
magnesium gluconate 500 (27 Mg) MG tablet Commonly known as: MAGONATE	Take 1 tablet (500 mg total) by mouth in the morning and 1 tablet (500 mg total) before bedtime. Refill: 0	500 mg on September 30, 2025 10:47 PM
melatonin tablet	Administer 1 tablet (3 mg total) per tube nightly. Refill: 0	3 mg on September 30, 2025 10:47 PM
minocycline 100 MG capsule Commonly known as: MINOCIN	Take 1 capsule (100 mg total) by mouth in the morning and 1 capsule (100 mg total) before bedtime. Do all this for 30 days. Indications: Infection of the Skin and/or Soft Tissue. Dispense: 60 capsule Refill: 0	100 mg on September 30, 2025 10:46 PM
polyethylene glycol 17 g packet Commonly known as: MIRALAX	Take 17 g by mouth in the morning. Refill: 0	17 g on September 30, 2025 9:31 AM
spironolactone 25 MG tablet Commonly known as: ALDACTONE	Administer 1 tablet (25 mg total) per tube in the morning for 30 days. Dispense: 30 tablet Refill: 0	25 mg on September 30, 2025 9:33 AM
traZODone 50 MG tablet Commonly known as: DESYREL	Administer 1 tablet (50 mg total) per tube nightly as needed for sleep for up to 30 days. Dispense: 30 tablet Refill: 0	50 mg on September 27, 2025 9:18 PM

Discharge Diet:

Diet Orders
(From admission, onward)

Start		Ordered
09/15/25 1359	**Glucerna 1.5; Tube Feeding Continuous rate (mL/hr): 70; Tube Feeding water flush (mL): 10; Water Flush type: Water; Water flush**	09/15/25 1358

frequency: Every hour; Water Flush Method: Automatic Diet effective now
End/Expires: Until Specified

Question	Answer	Comment
Tube Feeding Formula:	Glucerna 1.5	
Tube Feeding Continuous rate (mL/hr):	70	
Tube Feeding water flush (mL):	10	
Water Flush type:	Water	
Water flush frequency:	Every hour	
Water Flush Method:	Automatic	
Place order in third party system.	Done	FLOOR STOCK

09/15/25 1110 **Adult Diet Therapeutic Diet; Carb Controlled, 2 g Potassium Restriction; 4 Carb/60gm/meal; 4 Pureed (NDD I); 2 Mildly Thick (Nectar)** Diet effective now 09/15/25 1110
End/Expires: Until Specified

References: IDDSI Website

Question	Answer	Comment
Diet Type:	Therapeutic Diet	
Therapeutic Diet:	Carb Controlled	
Therapeutic Diet:	2 g Potassium Restriction	
Carbohydrate Controlled:	4 Carb/60gm/meal	
Diet Texture:	4 Pureed (NDD I)	
Liquid Consistency:	2 Mildly Thick (Nectar)	
Place order in third party system.	Done	PME

Follow-up Appointments

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Sara M Marshall, PA-C	Neurosurgery	Go on 9/26/2025	11:30 AM	1760 Nicholasville Rd Suite 301 Lexington KY 40503 859-277-6143
James K Crager, MD	Cardiology	Follow up		1720 Nicholasville Rd Bldg E Ste 400 Lexington KY 40503 859-277-5887
AMEDISYS HOME HEALTH	Home Health Services, Home Therapy Services, Home Living Aide Services			2480 Fortune Drive, Suite 120 Lexington Kentucky 40509 859-271-0611

Follow up With	Specialties	Details	Why	Contact Info
AeroCare Home Medical Equipment				2006 Corporate Drive Richmond Kentucky 40475 859-623-5028
Bio-Script Home Infusion				2380 Fortune Drive Suite 130 Lexington Kentucky 40509 859-277-2013
Urology Dr. Majmudar		Follow up Follow up on 10/2/2025	Your first Telehealth appointment is scheduled for Thursday 10/2/25 at 11:30 am with APRN, Allison Malizzi. You will be under the care of Dr. Majmudar.	Cardinal Family Care (Telehealth) 502-586-7177
McGrath Medical Wound Care		Follow up on 10/2/2025	McGrath will be at your home on Thursday afternoon 10/2/25 to resume wound care.	1648 Alexandria Drive Ste #3 Lexington, KY 40504 859-285-9562

SOWDER, HILLARY L, APRN
10/01/25

APRN time 25 minutes

AFTER VISIT SUMMARY

Robert D. King MRN: 8580
Acute (sudden onset) failure of the respiratory system 7/28/2025 - 10/1/2025 SSH - Central Kentucky 859-239-4200

Care Providers

Not on file

Diet Instructions

- **Nutrition Recommendations:** Continue pureed diet, nectar thick liquids as tolerated
- Continue Glucerna 1.5 @ goal 70 mL/hr via PEG tube
- Flush tube with 60 mL water every 3 hours (4 x daily) from 8 AM to 8 PM - will receive 240 mL water daily

- **Education Resources:**
- Verbal discussion

Follow Up Appointments

Follow up with James K Crager
Specialty: Cardiology
Dr. Crager's office informed of your discahrge. The office will call you with an appointment .
Baptist Healthcare System
1720 Nicholasville Rd
Bldg E Ste 400
LEXINGTON KY
40503
859-277-5887

Follow up with Urology
PCP, Dr. Majmudar, Cadinal Family Health will follow up on Urology appointment.

Follow up with Alaina D Nevels
108 Lexington St
LANCASTER KY
40444
859-304-5258

Follow up with Dr. Majmudar
Thursday Oct 2, 2025
Your first Telehealth appointment is scheduled for Thursday 10/2/25 at 11:30 am with APRN, Allison Malizzi. You will be under the care of Dr. Majmudar.
Cardinal Family Care (Telehealth)
502-586-7177

Your Next Steps

Do

- ☐ Pick up 9 medications from KROGER PHARMACY 02400705 - RICHMOND, KY - 890 RICHMOND PLZ AT BYPASS & HILL ST.
- ☐ Pick up these medications from any pharmacy
  - aspirin
  - ferrous sulfate
  - magnesium gluconate
  - melatonin
  - polyethylene glycol

MyChart

MyChart allows you to see clinical information from a previous stay, view your test results, and more. To sign up, go to https://mychart.selectmedical.com/MyChart/ and click on the **Sign Up Now** link in the New User? box. Enter your MyChart Activation Code exactly as it appears below along with your email address and date of birth to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Activation Code: 9TB7P-K5GX8-SQ2JB
Expires: 10/15/2025 12:30 PM

If you have questions, you can contact the MyChart Requests team at MyChartRequests@selectmedical.com or 717-409-7688 for assistance. Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial **911**.

Follow Up Appointments (continued)

Follow up with McGrath Medical Wound Care
Thursday Oct 2, 2025
McGrath will be at your home on Thursday afternoon 10/2/25 to resume wound care.

1648 Alexandria Drive Ste #3
Lexington, KY 40504
859-285-9562

Continuing Care

DME

AeroCare Home Medical Equipment
Services: Durable Medical Equipment
Address: 2006 Corporate Drive, Richmond KY 40475
Phone: 859-623-5028

Bio-Script Home Infusion
Services: Enteral Nutrition
Address: 2380 Fortune Drive Suite 130, Lexington KY 40509
Phone: 859-277-2013

Home Health/Home Hospice

AMEDISYS HOME HEALTH
Services: Home Health Services
Address: 2480 FORTUNE DRIVE, SUITE 120, LEXINGTON KY 40509
Phone: 859-271-0611

Your Allergies

Date Reviewed: 8/4/2025

No active allergies

Unresulted Labs (From admission through now)

Start		Ordered
08/18/25 0400	**Comprehensive metabolic panel** AM Draw	08/15/25 0854
08/04/25 0604	**CKMB** STAT	08/04/25 0604

Medication List

	Morning	Around Noon	Evening	Bedtime	As Needed
START **aspirin** 81 MG chewable tablet Chew 1 tablet (81 mg total) in the morning. Indications: Carotid Artery Stenting. Last taken: 81 mg on October 1, 2025 10:36 AM	✓ 1 tablet				
START **atorvastatin** 40 MG tablet Commonly known as: LIPITOR Take 1 tablet (40 mg total) by mouth nightly for 30 days. Last taken: 40 mg on September 30, 2025 10:47 PM				✓ 1 tablet	
START **ciprofloxacin** 500 MG tablet Commonly known as: CIPRO 1 tablet (500 mg total) by PO/Per Tube route in the morning and 1 tablet (500 mg total) before bedtime. Do all this for 30 days. Indications: Infection of the Skin and/or Soft Tissue. Last taken: 500 mg on October 1, 2025 10:37 AM	✓ 1 tablet			✓ 1 tablet	
START **Diclofenac Sodium** 1 % gel Commonly known as: VOLTAREN Apply 2 g topically in the morning and 2 g at noon and 2 g in the evening and 2 g before bedtime. Do all this for 30 days. Last taken: 2 g on October 1, 2025 1:24 PM	✓ 2 g	✓ 2 g	✓ 2 g	✓ 2 g	
START **ferrous sulfate** 300 (60 Fe) MG/5ML syrup Administer 5 mL (300 mg total) per tube in the morning and 5 mL (300 mg total) before bedtime. Last taken: 300 mg on October 1, 2025 10:36 AM	✓ 5 mL			✓ 5 mL	
START **hydrALAZINE** 50 MG tablet Commonly known as: APRESOLINE Administer 1 tablet (50 mg total) per tube every 6 (six) hours for 30 days. Last taken: 50 mg on October 1, 2025 1:24 PM	Administer 1 tablet (50 mg total) per tube every 6 (six) hours for 30 days.				
START **insulin regular** 100 UNIT/ML injection Commonly known as: HumuLIN R Inject 0-12 Units under the skin every 6 (six) hours Indications: High Blood Sugar. Directions for insulin coverage: 70 - 150 No Insulin || 151-200 2 units || 201-250 4 units || 251-300 6 units || 301-350 8 units || 351-400 10 units || >400 12 units & Call MD Last taken: 2 Units on October 1, 2025 1:23 PM	Inject 0-12 Units under the skin every 6 (six) hours Indications: High Blood Sugar. Directions for insulin coverage: 70 - 150 No Insulin || 151-200 2 units || 201-250 4 units || 251-300 6 units || 301-350 8 units || 351-400 10 units || >400 12 units & Call MD				

Medication List (continued)

	Morning	Around Noon	Evening	Bedtime	As Needed
START **losartan** 25 MG tablet Commonly known as: COZAAR Administer 1 tablet (25 mg total) per tube in the morning for 30 days. Last taken: 25 mg on October 1, 2025 10:37 AM	✓ 1 tablet				
START **magnesium gluconate** 500 (27 Mg) MG tablet Commonly known as: MAGONATE Take 1 tablet (500 mg total) by mouth in the morning and 1 tablet (500 mg total) before bedtime. Last taken: 500 mg on October 1, 2025 10:37 AM	✓ 1 tablet			✓ 1 tablet	
START **melatonin** tablet Administer 1 tablet (3 mg total) per tube nightly. Last taken: 3 mg on September 30, 2025 10:47 PM				✓ 1 tablet	
START **minocycline** 100 MG capsule Commonly known as: MINOCIN Take 1 capsule (100 mg total) by mouth in the morning and 1 capsule (100 mg total) before bedtime. Do all this for 30 days. Indications: Infection of the Skin and/or Soft Tissue. Last taken: 100 mg on October 1, 2025 10:37 AM	✓ 1 capsule			✓ 1 capsule	
START **polyethylene glycol** 17 g packet Commonly known as: MIRALAX Take 17 g by mouth in the morning. Last taken: 17 g on October 1, 2025 10:36 AM	✓ 17 g				
START **spironolactone** 25 MG tablet Commonly known as: ALDACTONE Administer 1 tablet (25 mg total) per tube in the morning for 30 days. Last taken: 25 mg on October 1, 2025 10:37 AM	✓ 1 tablet				
START **traZODone** 50 MG tablet Commonly known as: DESYREL Administer 1 tablet (50 mg total) per tube nightly as needed for sleep for up to 30 days. Last taken: 50 mg on September 27, 2025 9:18 PM					✓ 1 tablet

Where to pick up your medications

Pick up these medications at KROGER PHARMACY 02400705 - RICHMOND, KY - 890 RICHMOND PLZ AT BYPASS & HILL ST.

atorvastatin • ciprofloxacin • Diclofenac Sodium • hydrALAZINE • insulin regular • losartan • minocycline • spironolactone • traZODone

Address: 890 RICHMOND PLZ, RICHMOND KY 40475
Phone: 859-624-1093

Pick up these medications from any pharmacy

You don't need a prescription for these medications

- aspirin 81 MG chewable tablet
- ferrous sulfate 300 (60 Fe) MG/5ML syrup
- magnesium gluconate 500 (27 Mg) MG tablet
- melatonin tablet
- polyethylene glycol 17 g packet

Take all medications as directed on this form. Do not add, change or remove any prescription medications, over the counter medications or supplements, including vitamins and herbals, until discussing with your primary care provider. Follow-up with your primary care provider for medication refills. Bring all pages of this form with you to your next primary care provider appointment.

Immunizations

No immunizations on file.

Case Management Instructions

The following resources are available to assist with a wide array of Health Related Social Needs:

Find Help/search by zip code
Up to Date/register on line
2-1-1 Caring United Way
KY.gov
Kentucky Directory of 211 sites and services/click on city
Wellcare Medicare 1-866-635-7045
Wellcare Community Connections 1-866-775-2192
Available to non-members and caregivers

Housing
Legal and Public Assistance
Food Banks
Clothing
Transportation
Financial Assistance (utilities,rent,)
Affordable Child Care
Health and Wellness
Employment
Veteran- Specific Assistance

Case Management Instructions (continued)

Income Support
Unsafe situations or Domestic Violence
Education
Disaster Services
Mental Health and Addiction

Wound Care Instructions

Coccyx wound: Clean with vashe. Apply santyl to necrotic areas. Pack with vashe moistened gauze and cover with abd pads. Change three times a day.

Perineum/right gluteus: Clean with vashe, pack with vashe moistened gauze and cover with abd pad. Change three time a day.

Ilium/groin: Apply antifungal powder daily.

Right lateral leg: Clean with vashe. Apply betadine soaked gauze, abd, and kerlix. Change daily

Right heel: Clean with vashe, apply santyl and vashe moistened gauze,abd, and kerlix. Change daily.

Left lateral leg/posterior leg: Clean with vashe, apply endoform to granular wound bed. Cover with silver alginate,abd and roll gauze. Change Monday, Wednesday, and Friday.

Left elbow: Clean with vashe. Apply xeroform and foam dressing. Change Monday,Wednesday, and Friday.

Peg site: Clean with vashe. Apply silver alginate and split gauze Daily.

Bilateral arms: Apply absorbant clear dressing to all skin tears. Change weekly

Emergency Contact Information

Name	Relation	City	State	Zip	Home	Work
King,Stevie	Child				859-408-3957	

Patient Belongings Returned

Flowsheet Row	Most Recent Value
Patient Belongings Retrieved from Safe	N/A
Patient Belongings from Bedside	Clothing, Dentures - Uppers
Disposition of Belongings at Discharge	Sent with Family
Medications Sent Home	None to return

Emergency Preparedness:

One of the most important steps in the event of a disaster or emergency is to **plan ahead**. In the event of an emergency, it is important that first responders are aware you may need assistance. In order to notify them, we recommend that you register with first responders as someone that may require additional assistance in an emergency situation.

Ways to register and resources:

- Contact your local Fire department and inform them that you would need assistance in case of an emergency.
- **If you have any respiratory needs or use life sustaining equipment that requires a power source, please contact your local utility company.**
- You have the option to register for regional and/or national alerts. Be Register Ready: Register for an Emergency by using Dial 211 or www.211.org or www.nixle.com.
- American Red Cross: https://www.redcross.org/get-help/how-to-prepare-for-emergencies/disaster-safety-for-people-with-disabilities.html

Thank you for allowing us to participate in your care. It has truly been a pleasure working with you and your family. Best Wishes as you continue on your road to recovery.

The information in this After Visit Summary is up to date as of: 10/02/25 9:12 AM EDT.

I, Robert D King, on 10/02/25, received patient instructions and the after visit summary was reviewed with me.

I have read or had the instructions reviewed with me and understand the instructions given to me by my caregivers.

Patient Signature: _____ Date: _____