



A member of CommonSpirit

Saint Joseph Outpatient Wound Care Center

Saint Joseph Hospital

1 Saint Joseph Drive

5th Floor

Lexington, KY 40504

Direct (859) 313-4855

Fax (859) 313-3185

Facsimile 859-399-6697

Date: 9-17-25

To: McGrath

Company:

From: Kelly

No. of Pages:

(Including cover)

Subject

If you have trouble receiving this facsimile, please contact the sender.

CHI Saint Joseph Hospital

Encounter Date: 9/16/2025
 Hospital Account: 61002189132
 MRN: 1600886901
 CSN: 2103355962
 Guarantor: WOODS,ELIZABETH S
 VIP Status:
 Financial Class: Medicare
 Accommodation Code:

Admitting Provider: Referring Physician: Staggs, Christina
 Attending Provider: Adm Diagnosis:

PATIENT

Name:	WOODS, ELIZABETH S	DOB:	3/13/1942 (83 yrs)
Address:	3002 WOODBURN AVE	Sex:	Female
City, State, Zip, Country:	MAYSVILLE KY 41056-8884 USA	Marital Status:	Widow/Widower
Social Security No.	xxx-xx-9912	Language:	English
Ethnicity:	Unable to determine	Drug Allergy:	
Race:	White or Caucasian	E-Mail Address:	Blechner@maysvilleky.net
Religion:	Christian	Reason for No Email:	
Employer:		Primary Phone:	606-584-6138
Patient Alerts:			
Primary Care Provider:	Christina Staggs, APRN		
EMERGENCY CONTACTS			
Contact Name	Legal Guardian?	Rel to Patient	Home Phone
1. Hehner, Beverly		Daughter	(606)584-6138
2. *No Contact Specified*			

GUARANTOR

Guarantor:	WOODS,ELIZABETH S	DOB:	3/13/1942
Address:	3002 WOODBURN AVE	Sex:	Female
	MAYSVILLE, KY 41056-8884	Home Phone:	606-584-6138
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	160090206	Status:	UNKNOWN
Guarantor Employer:	OTHER		

COVERAGE

PRIMARY INSURANCE - MEDICARE			
Plan:	MEDICARE PART A & B	Att:	
Group Number:		Insurance Type:	INDEMNITY
Subscriber Name:	WOODS,ELIZABETH S	Subscriber DOB:	3/13/1942
Subscriber ID:	2CC1U79TM38	Relation:	Self
State:		City:	
Zin:			
SECONDARY INSURANCE - MCR SUPPLEMENT/INDI			
Plan:	BCBS ANTHEM MCR SUPP	Att:	
Group Number:	KYSUPWP0	Insurance Type:	INDEMNITY
Subscriber Name:	WOODS,ELIZABETH S	Subscriber DOB:	3/13/1942
Subscriber ID:	VNG300M56332	Relation:	Self

ADDITIONAL INFO.

Injury Date:		Accident Time:	
Admission Source:	Physician or clinic referral	Admitting User:	
Subscriber Name:	WOODS,ELIZABETH S	Smoking Status:	Counseling given: Not Answered
Admit Date/Time:	No admission date for patient	Discharge Date/Time:	No discharge date for patient

To teach someone before 3:30
 Call Caregiver - Gerald 606-301-8008
 Daughter works until 3:30



CHI Saint Joseph Health

CHI Saint	Woods,
Joseph	Elizabeth S
Hospital	MRN:
1 Saint	160088690
Joseph	DOB:
Drive	3/13/1942
LEXINGTON	Legal Sex:
KY 40504-	Enc. Date:
3742	9/16/2025

MRN: 1600886901

Woods, Elizabeth S

Office Visit 9/16/2025

Saint Joseph Hospital Wound Care Center

Provider: Lisa Boggs, APRN (Wound Care)

Primary diagnosis: Localized tissue death (HCC)

Reason for Visit: Wound Care; Referred by Christina Staggs, APRN

Progress Notes

Lisa Boggs, APRN (Nurse Practitioner) • Wound Care

Procedure Orders

1. Debridement [673749000] ordered by Lisa Boggs, APRN

Post-procedure Diagnoses

1. Localized tissue death (HCC) [I96]
2. Ulcer of left foot, with fat layer exposed (HCC) [L97.522]
3. Ulcer of right medial lower extremity, with fat layer exposed (HCC) [L97.812]
4. Decubitus ulcer of right foot, stage 4 (HCC) [L89.894]
5. Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed (HCC) [L97.822]
6. Other specified local infections of the skin and subcutaneous tissue [L08.89]
7. Parkinson's disease, unspecified whether dyskinesia present, unspecified whether manifestations fluctuate (HCC) [G20.A1]

DOS: 9/16/2025

Patient ID: Elizabeth S Woods is a 83 y.o. female.

Debridement

Wound 09/02/25 Foot Left; Medial

Performed by: Lisa Boggs, APRN

Authorized by: Lisa Boggs, APRN

Consent

Consent obtained? written

Consent given by: patient

Risks discussed? procedural risks discussed

Time out called at 9/16/2025 5:32 PM

Immediately prior to the procedure a time out was called and the performing provider verified the correct patient, procedure, equipment, support staff, and site/side marked as required.

Debridement Details

Performed by: NP

Debridement type: surgical

Level of debridement: subcutaneous tissue

Pain control: lidocaine 4%

Pain control administration type: topical

Pre-debridement measurements

Length (cm): 3.6

Width (cm): 1.6

Depth (cm): 0.1

Surface Area (cm²): 4.52

Post-debridement measurements

Length (cm): 3.7

Width (cm): 1.7

Depth (cm): 0.2

Percent debrided: 100%

Volume (cm³): 0.66

Tissue and other material debrided: **adipose, dermis, epidermis and subcutaneous tissue**

Devitalized tissue debrided: **biofilm, fibrin and necrotic debris**

Instrument(s) utilized: **curette**

Bleeding: **small**

Hemostasis obtained with: **pressure**

Procedural pain (0-10): **0**

Post-procedural pain: **0**

Response to treatment: **procedure was tolerated well**

Progress Notes

Lisa Boggs, APRN (Nurse Practitioner) • Wound Care

Subjective

9-16-25-LMB-returns to the wound clinic for follow-up of the bilateral foot wounds today. Today the patient's wounds have improved there are areas of the eschar that have dried and separated at the edges that we have been able to effectively removed from the wounds. The right heel is open but that is due to the fact that the eschar in that area was boggy and had to be removed. My recommendations include continuing to keep the dry stable eschar in place on the patient's wound as long as possible to provide a covering for the wounds that are present to her lower legs and feet. The open wounds that are not covered with eschar we will use Mepitel along with superabsorber's to absorb any drainage. Recommend to continue the use of the pillow boots to keep feet and legs floated off of surfaces and prevent any further pressure. Recommend that the patient be switched over to one of the sand beds at home as soon as she is able to be switched over I think most of the companies here require that the patient has been on a low-air-loss mattress for at least a month. Debridement of the left medial foot was medically necessary due to nonviable tissue loose eschar. Wound is without surrounding induration, erythema, odor, or periwound maceration. Patient is going to switch over to home health home care agency for wound care she will return to the wound care clinic if she has any needs in the future for us.

9-2-25-LMB-patient returns to the wound clinic for follow-up of the bilateral foot wounds. Today all the wounds have improved. Patient is accompanied by her daughter who states that she did have revascularization to both lower extremities. There continues to be some thick stable eschar present to the legs and feet and we will keep these areas intact as long as possible before removing the eschar. To that end we will continue using Betadine to the eschar areas daily we will use Iodoflex to the areas on the leg that are opened next to the eschar and we will use Iodoflex to the area between the 4th and 5th toe that is open. Debridement of the wounds was medically necessary due to nonviable tissue. Wounds are without surrounding induration, erythema, odor, or periwound maceration. I will have the patient to return in 1 week for reevaluation and at that time if she is doing well we will go to every 2-week visits as she does live about an hour and a half away from us.

7-3-25-LMB-patient returns to the wound care clinic for follow-up of the bilateral foot wounds. Today the wounds have increased in size and are larger so they have deteriorated. Talked with the patient's family and let them know that unfortunately it looks like these wounds do not have enough blood supply to allow them to heal and the original recommendation that they had gotten to amputate is probably the best route to resolve these areas. Patient's family reports that they have not seen a vascular surgeon that this was just a recommendation from the other wound care clinic. We will go ahead and refer the patient over to Fayette surgical Associates Dr. Universe for evaluation and see what if anything can be done to help with her blood flow. No further debridement was done today instead we will change up the plan of care to IO Plex the foam dressing with the Betadine in it and apply this to all of the patient's wounds it will be changed every other day. Patient will return to the wound clinic here in 1 to 2 weeks for reevaluation.

6-26-25-LMB-patient is a 83-year-old female who presents to the wound care clinic for initial visit for assessment of bilateral foot wounds. Review of records finds that patient has a history that includes but is not limited to dementia and Parkinson's disease. Patient has allergies to oxycodone and acetaminophen, and poloxamer Iodine and iodinated contrast. Patient has had an x-ray of the left foot on 5/29/2025 with findings: There is ulcer of the medial hallux superficial to a previous bunionectomy. There is no superimposed bony destruction identified. Diffuse osteopenia and multifocal degeneratively changes are present. There is a heel ulcer posteriorly. There is erosion of the posterior os calcis but this shows no interval progression from the May for study. There is an x-ray from 5/1/2025 in the patient's chart as well my findings for this procedure are: There is marked diffuse osteopenia. There is normal alignment of the right foot. There is increased bone loss and erosive changes to the posterior calcaneus. There is an adjacent wound VAC device. Recent labs in patient's chart are from 5/29/2025 with BUN elevated at 26 and creatinine within normal at 0.82, EGFR within normal at 71. Patient's family accompanied her to this visit and wished to know if her lower extremities would be able to heal. Talked with him let them know that we would just have to debride and review patient's blood flow and see if there is enough blood flow to allow these to heal. Discussed the need for increased protein and daily multivitamin to support wound healing. Talked with the patient's family about ensuring that the wounds are always offloaded and not making contact with any surfaces. Debridement of bilateral heel wounds was medically necessary due to nonviable tissue including muscle. Wounds are without surrounding induration, odor, or periwound maceration. Are going to continue with the wet-to-dry Dakin's every other day for the healed wounds and the eschar wounds to the leg. The other areas of fragile skin we will use PolyMem and secure that using like a rolled gauze. Patient is to wear her waffle boots at all times to keep pressure off of her heels and feet. Will return to the wound clinic here in 1 week for reevaluation.

Diagnosis

Date

- Alzheimer dementia (HCC)
- Anxiety
- Arthritis
- Depression
- Parkinson disease (HCC)
- Pressure ulcer
- Tremor

Past Surgical History:**Procedure**

Laterality

Date

- INGUINAL HERNIA REPAIR
- TOTAL HIP ARTHROPLASTY

Right

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.

HENT: Negative for facial swelling and voice change.

Respiratory: Negative for wheezing.

Cardiovascular: Negative for leg swelling.

Gastrointestinal: Negative for abdominal distention.

Skin: Positive for wound.

Neurological: Negative for facial asymmetry and speech difficulty.

Psychiatric/Behavioral: Negative for agitation and behavioral problems. The patient is not nervous/anxious and is not hyperactive.

Objective**Last Recorded Vitals**

There were no vitals taken for this visit.

Physical Exam**Constitutional:**

Appearance: Normal appearance. She is normal weight.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Pulmonary:

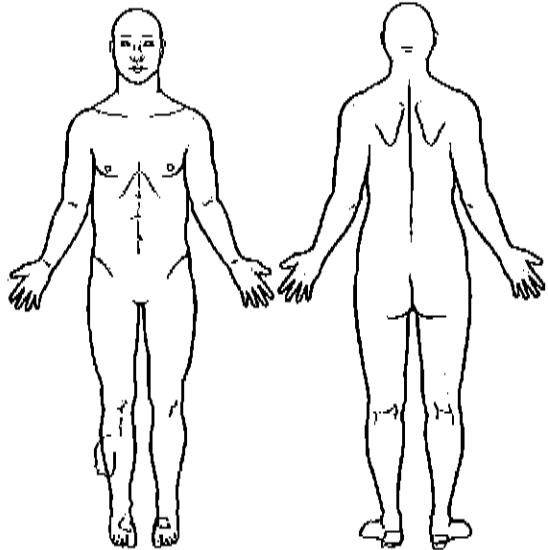
Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Skin:

General: Skin is warm and dry.



Comments: Bilateral heels and right leg Full thickness wound w/ fat layer and muscle exposed

Neurological:

Mental Status: She is alert. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Labs:

No results found for this visit on 09/16/25 (from the past 24 hours).

CT chest for pulmonary embolus

Narrative: CT ANGIOGRAM OF THE CHEST

HISTORY: PE suspected, positive d-dimer

COMPARISON DATE: None

FINDINGS: Postcontrast angiographic imaging in multiple imaging planes was performed. The exam was performed to keep radiation dose as low as reasonably achievable (ALARA principle).

There are no filling defects suspicious for pulmonary emboli. There is no significant adenopathy. The lower lung fields were included on prior CT angiogram of the abdomen and pelvis dated 7/22/2025. There is a new small left pleural effusion and there are new infiltrates in the left lower lobe. There are patchy infiltrates in the left upper lobe and to a lesser extent in the right lung apex. There is a noncalcified 5 mm nodule in the right lower lobe measured on image #33 of series 4.
Impression: Negative exam for pulmonary embolism.

Left lung infiltrates likely represent atelectasis and pneumonia. Small left effusion.

Noncalcified right lower lobe lung nodule. Follow-up CT chest in 6 months recommended.

XR chest 1 view portable / bedside

Narrative: PORTABLE CHEST 8/21/2025 9:10 AM

HISTORY: Shortness of breath.

COMPARISON: None.

FINDINGS: The heart is proper size. The mediastinum is unremarkable. There is a left supr hilar opacity superimposed on diffuse reticulonodular opacities. There is no pneumothorax. The osseous structures are unremarkable.

Impression: Opacity as above, probably secondary to pneumonia.

Follow-up to complete resolution recommended.

Images reviewed, interpreted, and dictated by Dr. A. David Westerfield.

Transcribed by Belinda Wiltich, R.T.(R).

20 minutes spent for counseling, coordination of care, assessment of wounds, formulating a plan for the patient going forward, and documentation of these interventions.

**Assessment**

Diagnoses and all orders for this visit:

Localized tissue death (HCC)

Other specified local infections of the skin and subcutaneous tissue

Decubitus ulcer of right foot, stage 4 (HCC)

Parkinson's disease, unspecified whether dyskinesia present, unspecified whether manifestations fluctuate (HCC)

Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed (HCC)

Ulcer of left foot, with fat layer exposed (HCC)

Other Notes

All notes



Progress Notes

Kelly D Browning, RN 9/16/2025

Avlon Edwards, RN 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

Avlon Edwards, RN 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

Avlon Edwards, RN 9/16/2025

Avlon Edwards, RN 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

Molly Gerwe, RN Cardiac Electrophysiology • 9/16/2025

No questionnaires available.

Instructions

Right leg and foot wounds:

Paint with betadine daily.

Cover with rolled gauze.

Left heel:

Cover healthy granulation tissue with mepitel.

Paint necrotic tissue with betadine.

Cover with superabsorbent dressing.

Change dressing every other day.

Left medial heel:

Cover healthy granulation with mepitel.

Paint necrotic tissue with betadine.

Change dressing every other day.

All other wounds to left leg and left foot:

Paint with betadine.

Cover with rolled gauze.

Apply Iodaplex foam between 4th and 5th left toes.

Additional Documentation

Vitals: BP 128/108 ! (Abnormal) (BP Location: Right arm, Patient Position: Sitting) Pulse 59 Temp 97.5 °F (36.4 °C) Resp 18
Pain Sc 0-No pain

Flowsheets: Vitals, Pain, Pain Assessment, Falls Risk Assessment, Wound Assessment/Care

SmartForms: AMB SF STEADI FALL RISK

Communications

Media

From this encounter

Scan on 9/16/2025 5:03 PM by Avlon Edwards, RN: Wound 06/26/25 Heel Left

Scan on 9/16/2025 5:02 PM by Molly Gerwe, RN: Wound 06/26/25 Toe (Comment which one) Left

Scan on 9/16/2025 5:00 PM by Molly Gerwe, RN: Wound 09/02/25 Toe (Comment which one) Left

Scan on 9/16/2025 5:00 PM by Avlon Edwards, RN: Wound 09/02/25 Foot Left;Medial

Scan on 9/16/2025 4:57 PM by Avlon Edwards, RN: Wound 06/26/25 Pretibial Left;Medial
 Scan on 9/16/2025 4:56 PM by Molly Gerwe, RN: Wound 06/26/25 Leg lower Posterior;Right
 Scan on 9/16/2025 4:55 PM by Molly Gerwe, RN: Wound 09/02/25 Ankle Anterior;Right
 Scan on 9/16/2025 4:54 PM by Molly Gerwe, RN: Wound 09/02/25 Pretibial Proximal;Right;Lateral
 Scan on 9/16/2025 5:05 PM by Avlon Edwards, RN: Wound 06/26/25 Heel Left
 Scan on 9/16/2025 5:03 PM by Molly Gerwe, RN: Wound 06/26/25 Toe (Comment which one) Left
 Scan on 9/16/2025 5:01 PM by Molly Gerwe, RN: Wound 09/02/25 Toe (Comment which one) Left
 Scan on 9/16/2025 5:01 PM by Avlon Edwards, RN: Wound 09/02/25 Foot Left;Medial
 Scan on 9/16/2025 5:00 PM by Molly Gerwe, RN: Wound 09/02/25 Foot Left;Lateral
 Scan on 9/16/2025 4:59 PM by Avlon Edwards, RN: Wound 06/26/25 Pretibial Left;Medial
 Scan on 9/16/2025 4:58 PM by Avlon Edwards, RN: Wound 06/26/25 Pretibial Left;Medial
 Scan on 9/16/2025 4:57 PM by Molly Gerwe, RN: Wound 06/26/25 Leg lower Posterior;Right
 Scan on 9/16/2025 4:56 PM by Molly Gerwe, RN: Wound 09/02/25 Ankle Anterior;Right
 Scan on 9/16/2025 4:54 PM by Molly Gerwe, RN: Wound 09/02/25 Pretibial Proximal;Right;Lateral

Orders Placed

Debridement (Resulted 9/16/2025)
 Wound Treatment

Medication Changes

As of 9/16/2025 5:33 PM

None

Medication List at End of Visit

As of 9/16/2025 5:33 PM

	Refills	Start Date	End Date
Eliquis 5 MG tablet	—	—	—
Take 1 tablet (5 mg total) by mouth 2 (two) times daily. - oral			
Patient-reported medication			
calcium carbonate-vitamin D3 (CALTRATE-D) 600 mg-10 mcg (400 unit) Tab	—	—	—
daily.			
Patient-reported medication			
carbidopa-levodopa IR (SINEMET) 25-100 mg per tablet	3	1/17/2025	—
TAKE ONE AND A HALF (1 & 1/2) TABS BY MOUTH FOUR (4) TIMES DAILY FOR PARKINSON'S DISEASE..			
cholecalciferol, vitamin D3, 50 mcg (2,000 unit) Cap	—	—	—
daily.			
Patient-reported medication			
divalproex sprinkle (Depakote Sprinkles) 125 mg capsule	3	1/17/2025	—
Take 2 capsules (250 mg total) by mouth nightly 1 cap po qam and 2 tabs po qhs for mood. - oral			
Notes to Pharmacy: Stopping Depakote ER so cancel prescription			
doxycycline hydiate (VIBRA-TABS) 100 MG tablet	—	—	—
TAKE ONE (1) TABLET BY MOUTH EVERY 12 HOURS			
Patient-reported medication			
escitalopram (LEXAPRO) 20 MG tablet	3	6/6/2025	—
Take 1 tablet (20 mg total) by mouth daily. - oral			
ferrous sulfate 220 mg (44 mg iron)/5 mL	—	4/28/2025	—
Take 1 mL (44 mg total) by mouth daily. - oral			
Patient-reported medication			
gabapentin (NEURONTIN) 300 MG capsule	1	6/9/2025	6/9/2026
Take 1 capsule (300 mg total) by mouth nightly As needed for pain. Max Daily Amount: 300 mg - oral			
galantamine (RAZADYNE) 12 MG tablet	3	1/17/2025	—
Take 1 tablet (12 mg total) by mouth 2 (two) times daily. - oral			
midodrine (PROAMATINE) 2.5 MG tablet	5	8/13/2025	—
TAKE ONE (1) TABLET BY MOUTH EACH MORNING AND ONE (1) TABLET AT NOON FOR LOW BP..			
Tab-A-Vite 400 mcg Tab	—	1/25/2024	—
Take 1 tablet by mouth daily. - oral			

Patient-reported medication**QUEtiapine (SEROquel) 25 MG tablet****1****6/6/2025****—****TAKE 1 TABLET BY MOUTH EACH MORNING AND ONE 2 TABLETS AT NOON AND TAKE THREE (3) TABLETS AT BEDTIME.****Visit Diagnoses**

Primary: Localized tissue death (HCC) I96

Other specified local infections of the skin and subcutaneous tissue L08.89

Decubitus ulcer of right foot, stage 4 (HCC) L89.894

Parkinson's disease, unspecified whether dyskinesia present, unspecified whether manifestations fluctuate (HCC) G20.A1

Ulcer of right medial lower extremity, with fat layer exposed (HCC) L97.812

Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed (HCC) L97.822

Ulcer of left foot, with fat layer exposed (HCC) L97.522

 Encounter Information

	Provider	Department	Encounter #	Center
9/16/2025	Lisa Boggs, APRN	SJHX WOUND CARE CTR	2103355962	

EpicCare Link Facesheet

EpicCare Link Facesheet

Wound Treatment (Order 673746304)

Nursing

Date: 9/16/2025 Department: Saint Joseph Hospital Wound Care Center Ordering/Authorizing: Lisa Boggs, APRN

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
09/16/25 05:19 PM	None	9/16/2025	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Clinic Performed

More Information

Associated Wounds/Ostomies

Wound 06/26/25 Toe (Comment which one) Left
 Wound 06/26/25 Pretibial Left;Medial
 Wound 06/26/25 Heel Left
 Wound 06/26/25 Leg lower Posterior;Right
 Wound 06/26/25 Heel Plantar;Right
 Wound 09/02/25 Pretibial Proximal;Right;Lateral
 Wound 09/02/25 Ankle Anterior;Right
 Wound 09/02/25 Foot Left;Medial
 Wound 09/02/25 Toe (Comment which one) Left
 Wound 09/02/25 Foot Left;Lateral

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Localized tissue death (HCC) - Primary	I96	1000002
Other specified local infections of the skin and subcutaneous tissue	L08.89	686.8
Decubitus ulcer of right foot, stage 4 (HCC)	L89.894	707.09 707.24
Parkinson's disease, unspecified whether dyskinesia present, unspecified whether manifestations fluctuate (HCC)	G20.A1	332.0
Ulcer of right medial lower extremity, with fat layer exposed (HCC)	L97.812	707.19
Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed (HCC)	L97.822	707.19
Ulcer of left foot, with fat layer exposed (HCC)	L97.522	707.15

Scheduling Instructions

Clean with normal saline.
 Left heel:
 Apply mepitel to healthy granulation tissue.
 Paint the necrotic tissue with betadine.
 Cover with super absorber.
 Secure with rolled gauze.
 Change every other day.

~~Do not medial tool.~~

Cover healthy granulation tissue with mepitel.

Apply betadine to necrotic tissue.

Cover with rolled gauze.

Change every other day.

All other wounds to right leg, left leg, right foot, left foot, and right heel:

Paint with betadine daily.

Cover with rolled gauze.

Apply Ioplex between 4th and 5th left toes.

Change dressing daily.

Refer to Home Wound care provider

⌚ Wound Treatment: Patient Communication

Not Released

Not seen

Collection Information

Patient Information

Patient Name Woods, Elizabeth S	Legal Sex Female	DOB 3/13/1942	SSN xxx-xx-9912
------------------------------------	---------------------	------------------	--------------------

Additional Information

Associated Reports

Priority and Order Details

Order Provider Info

		Phone	Pager	E-mail
Ordering User	Lisa Boggs, APRN	859-737-6655 (Office Phone)	--	Lisa.Boggs@CommonSpirit.org
Authorizing Provider	Lisa Boggs, APRN	859-737-6655 (Office Phone)	--	Lisa.Boggs@CommonSpirit.org
Attending Provider	Lisa Boggs, APRN	859-737-6655 (Office Phone)	--	Lisa.Boggs@CommonSpirit.org
Pended By (on 09/16/2025 1718)	Kelly D Browning, RN	--	--	kelly.browning@commonspirit.org

Reprint Requisition

Wound Treatment (Order #673746304) on 9/16/25

Order History

Outpatient

Date/Time	Action Taken	User	Additional Information
09/16/25 1718	Pend	Kelly D Browning, RN	
09/16/25 1719	E-Sign	Lisa Boggs, APRN	

Order Transmittal Information

Wound Treatment (Order #673746304) on 9/16/25

⌚ Encounter

[View Encounter](#)

Woods, Elizabeth S

MRN: 1600886901

Office Visit 9/16/2025

Saint Joseph Hospital Wound Care Center

Default Flowsheet Data (all recorded)**Wound Assessment/Care**

Row Name 09/16/25 1702 09/16/25 1701 09/16/25 1700 09/16/25 1659 09/16/25 1658

Wound 09/02/25 Pretibial Proximal;Right;LateralWound Date First Assessed: 09/02/25 Time First Assessed: 1608 Location: **Pretibial** Wound LocationProperties Orientation: **Proximal;Right;Lateral****Wound 09/02/25 Ankle Anterior;Right**Wound Date First Assessed: 09/02/25 Time First Assessed: 1612 Location: **Ankle** Wound LocationProperties Orientation: **Anterior;Right****Wound 06/26/25 Leg lower Posterior;Right**Wound Date First Assessed: 06/26/25 Time First Assessed: 1455 Location: **Leg lower** Wound LocationProperties Orientation: **Posterior;Right****Wound 06/26/25 Pretibial Left;Medial**Wound Date First Assessed: 06/26/25 Time First Assessed: 1448 Location: **Pretibial** Wound LocationProperties Orientation: **Left;Medial**

Non-staged — — — — Full thickness

Wound

Description

Wound 06/26/25 Heel Plantar;RightWound Date First Assessed: 06/26/25 Time First Assessed: 1457 Location: **Heel** Wound Location Orientation:Properties **Plantar;Right****Wound 09/02/25 Foot Left;Lateral**Wound Date First Assessed: 09/02/25 Time First Assessed: 1625 Location: **Foot** Wound Location Orientation:Properties **Left;Lateral**

Wound Image

Wound Length

(cm)

Wound Width

(cm)

Wound

Surface Area

(cm²)

Wound Depth

(cm)

Wound

Volume

(cm³)

Margins

Wound

Healing %

Drainage

Amount

Odor

3.5 cm

1.6 cm

4.4 cm²

0.1 cm

0.293 cm³

Well-defined edges

58

None

None

Row Name	09/10/25 17:04	09/10/25 17:04	09/10/25 17:00	09/10/25 16:59	09/10/25 16:59
Wound Bed	—	—	—	100 %	—
Eschar (%)	—	—	—	—	—
Wound 09/02/25 Foot Left;Medial					
Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1621 Location: Foot Wound	Location Orientation:	—	—	—
Wound Image	Left;Medial	—	—	—	—
Site	—	—	—	Eschar;Sloughing	—
Assessment	—	—	—	—	—
Peri-Wound Assessment	—	—	—	Blanchable erythema	—
Wound Length (cm)	—	—	3.7 cm	3.6 cm	—
Wound Width (cm)	—	—	1.7 cm	1.6 cm	—
Wound Surface Area (cm^2)	—	—	4.94 cm^2	4.52 cm^2	—
Wound Depth (cm)	—	—	0.2 cm	0.1 cm	—
Wound Volume (cm^3)	—	—	0.659 cm^3	0.302 cm^3	—
Margins	—	—	—	Well-defined edges	—
Wound Healing %	—	—	56	80	—
Drainage Description	—	—	—	Serosanguineous	—
Drainage Amount	—	—	—	Moderate	—
Wound Bed Slough (%)	—	—	—	25 %	—
Wound Bed Eschar (%)	—	—	—	75 %	—
Non-staged Wound Description	—	—	—	Full thickness	—

Wound 09/02/25 Toe (Comment which one) Left

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1624 Location: Toe (Comment which one) , Fifth Wound	Location Orientation: Left
Wound Image	—	—
Wound Length (cm)	—	5.5 cm
Wound Width (cm)	—	3.7 cm
Wound Surface Area (cm^2)	—	15.98 cm^2
Wound Depth (cm)	—	0.1 cm
Wound Volume (cm^3)	—	1.066 cm^3

Wound Name	06/10/25 1102	06/10/25 1101	06/10/25 1100	06/10/25 1059	06/10/25 1058
Margins	—	—	Well-defined edges	—	—
Wound	—	—	49	—	—
Healing %	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Odor	—	—	None	—	—
Wound Bed	—	—	100 %	—	—
Eschar (%)	—	—	—	—	—

Wound 06/26/25 Toe (Comment which one) Left

Wound Date First Assessed: 06/26/25 Time First Assessed: 1446 Location: **Toe (Comment which one)**, Properties Great Wound Location Orientation: **Left**

Wound Image	—	—	—	—	—
Wound Length (cm)	—	0.6 cm	—	—	—
Wound Width (cm)	—	0.5 cm	—	—	—
Wound Surface Area (cm^2)	—	0.24 cm^2	—	—	—
Wound Depth (cm)	—	0.1 cm	—	—	—
Wound Volume (cm^3)	—	0.016 cm^3	—	—	—
Margins	—	Well-defined edges	—	—	—
Wound Healing %	—	62	—	—	—
Drainage Amount	—	None	—	—	—
Odor	—	None	—	—	—
Wound Bed	—	100 %	—	—	—
Eschar (%)	—	—	—	—	—

Wound 06/26/25 Heel Left

Wound Date First Assessed: 06/26/25 Time First Assessed: 1451 Location: **Heel** Wound Location Orientation: Properties **Left**

Wound Image	—	—	—	—	—
Site	Granulation;Eschar;Sloughing	—	—	—	—
Assessment	Blanchable erythema	—	—	—	—
Peri-Wound Assessment	—	—	—	—	—
Shape	Cluster	—	—	—	—
Wound Length (cm)	12.5 cm	—	—	—	—
Wound Width (cm)	14.5 cm	—	—	—	—
Wound Surface Area (cm^2)	142.35 cm^2	—	—	—	—
Wound Depth (cm)	1 cm	—	—	—	—

Row Name	09/10/25 1702	09/10/25 1701	09/10/25 1700	09/10/25 1659	09/10/25 1658
Wound Volume (cm ³)	94.902 cm ³	—	—	—	—
Margins	Well-defined edges	—	—	—	—
Wound Healing %	372	—	—	—	—
Drainage Description	Serosanguineous	—	—	—	—
Drainage Amount	Moderate	—	—	—	—
Odor	None	—	—	—	—
Wound Bed Granulation (%)	25 %	—	—	—	—
Wound Bed Slough (%)	50 %	—	—	—	—
Wound Bed Eschar (%)	25 %	—	—	—	—
Non-staged Wound Description	Full thickness	—	—	—	—
Row Name	09/16/25 1657	09/16/25 1656	09/16/25 1655	09/16/25 1653	

Wound 09/02/25 Pretibial Proximal;Right;Lateral

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1608 Location: Pretibial Wound Location Orientation: Proximal;Right;Lateral
Wound Image	—
Wound Length (cm)	—
Wound Width (cm)	—
Wound Surface Area (cm ²)	—
Wound Depth (cm)	—
Wound Volume (cm ³)	—
Wound Healing %	—
Drainage Amount	—
Odor	—
Wound Bed Eschar (%)	—

Wound 09/02/25 Ankle Anterior;Right

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1612 Location: Ankle Wound Location Orientation: Anterior;Right
Wound Image	—
Wound Length (cm)	—
Wound Width (cm)	—

ROW ID#IC	05/10/25 1057	05/10/25 1059	05/10/25 1060	05/10/25 1063
Wound Surface Area (cm ²)	—	—	0.2 cm ²	—
Wound Depth (cm)	—	—	0.1 cm	—
Wound Volume (cm ³)	—	—	0.013 cm ³	—
Margins	—	—	Well-defined edges	—
Wound Healing %	—	—	35	—
Drainage Amount	—	—	Scant	—
Odor	—	—	None	—
Wound Bed Eschar (%)	—	—	100 %	—

Wound 06/26/25 Leg lower Posterior;Right

Wound Properties	Date First Assessed: 06/26/25 Time First Assessed: 1455 Location: Leg lower Wound Location Orientation: Posterior;Right
Wound Image	—
Wound Length (cm)	— 9.1 cm
Wound Width (cm)	— 2.1 cm
Wound Surface Area (cm ²)	— 15.01 cm ²
Wound Depth (cm)	— 0.1 cm
Wound Volume (cm ³)	— 1.001 cm ³
Margins	— Well-defined edges
Wound Healing %	— -167
Drainage Amount	— None
Odor	— None
Wound Bed Eschar (%)	— 100 %

Wound 06/26/25 Pretibial Left;Medial

Wound Properties	Date First Assessed: 06/26/25 Time First Assessed: 1448 Location: Pretibial Wound Location Orientation: Left;Medial
Wound Image	—
Site Assessment	Eschar
Wound Length (cm)	— 9 cm
Wound Width (cm)	— 3 cm
Wound Surface Area (cm ²)	— 21.21 cm ²
Margins	— Well-defined edges

Wound Metric	09/19/25 10:57	09/19/25 10:59	09/19/25 10:59	09/19/25 10:59
Drainage Amount	None	—	—	—
Wound Bed Eschar (%)	100 %	—	—	—
Non-staged Wound Description	Full thickness	—	—	—

Wound 06/26/25 Heel Plantar;Right

Wound Properties	Date First Assessed: 06/26/25 Time First Assessed: 1457 Location: Heel Wound Location Orientation: Plantar;Right
Wound Image	—
Wound Length (cm)	2 cm
Wound Width (cm)	3.5 cm
Wound Surface Area (cm^2)	5.5 cm^2
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.367 cm^3
Margins	Well-defined edges
Wound Healing %	75
Drainage Amount	Scant
Odor	None

Wound 09/02/25 Foot Left;Lateral

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1625 Location: Foot Wound Location Orientation: Left;Lateral
Wound 09/02/25 Foot Left;Medial	

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1621 Location: Foot Wound Location Orientation: Left;Medial
Wound 09/02/25 Toe (Comment which one) Left	

Wound Properties	Date First Assessed: 09/02/25 Time First Assessed: 1624 Location: Toe (Comment which one) , Fifth Wound Location Orientation: Left
Wound 06/26/25 Toe (Comment which one) Left	

Wound Properties	Date First Assessed: 06/26/25 Time First Assessed: 1446 Location: Toe (Comment which one) , Great Wound Location Orientation: Left
Wound 06/26/25 Heel Left	

Wound Properties	Date First Assessed: 06/26/25 Time First Assessed: 1451 Location: Heel Wound Location Orientation: Left