

## Fax Transmission/Information Sheet



Date: 10/07/25

To: 8593996697

Recipient Fax Number: 859-399-6697

From: BAPTIST HEALTH

Department: MGE PC TATES CREEK  
BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE  
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Comments:

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

Encounter Date: 10/07/2025

**Marttinen, Risto K****MRN: 8911107560**

Iannuzzi, Luke, MD

Progress Notes



Encounter Date: 10/7/2025

Physician

Signed

Specialty: Family  
Medicine**Procedure Orders**

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

**Post-procedure Diagnoses**

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

**Transitional Care Follow Up Visit**

Subjective

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

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

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

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

Reviewed by: Luke Iannuzzi, MD

9/29/2025

7:55 AM

**Date of TCM Phone Call**

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

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

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

**Course since discharge:**

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

**Patient Active Problem List****Diagnosis**

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

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

**Current Outpatient Medications**

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

**Objective**

BP 104/68 | Pulse 88 | Temp 98.2 °F (36.8 °C) (Infrared) | Ht 178 cm (70.08") | Wt 85.7 kg (189 lb) | SpO2 96% | BMI 27.06 kg/m<sup>2</sup>

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

General: He is not in acute distress.

Appearance: He is not ill-appearing.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

**Pulmonary:**

Effort: Pulmonary effort is normal.

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**Breath sounds:** Normal breath sounds.

**Neurological:**

Mental Status: He is alert.

**Psychiatric:**

Thought Content: Thought content normal.

**Sacral wound**

Left sacral wound 1.5 x 3 cm. No surrounding erythema

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

Right buttock wound 0.5 Cm by 2 cm

There is sloughing skin to each of these wound sites

**Sacral and buttock wound debridement**

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

Performed by: Iannuzzi, Luke, MD

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

Risks and benefits: risks, benefits and alternatives were discussed

Consent given by: patient

Patient identity confirmed: verbally with patient

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

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

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

Right buttock wound 0.5 Cm by 2 cm

There is sloughing skin to each of these wound sites

These areas were flushed with sterile saline

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

**Assessment & Plan**

Diagnoses and all orders for this visit:

**1. Closed fracture of right hip with routine healing, subsequent encounter (Primary)**

**2. Wound of sacral region, subsequent encounter**

- Cancel: Ambulatory Referral to Wound Clinic
- Sacral and buttock wound debridement

Status post pinning right hip 9/11.

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

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

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**Luke Iannuzzi, MD  
Family Medicine - Tates Creek BHMG**

Office Visit on 10/7/2025

Note shared with patient

**Additional Documentation**

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

**Encounter Information**

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

Note status  
 Signed

**Visit Information**

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

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

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

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

**Visit Diagnoses**

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