

Wound Care

HAWAII

Phone: (808)808-1324 | Fax:(808)808-1324| Email: woundcarehawaii@gmail.com

Many plans require prior authorization and/or physician referral which may take up to 14 days.
If patient needs to be seen earlier, please indicate: URGENT NON-URGENT

Today's date: <u>7/30/2025</u>	Is the patient designated as homebound? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Requested Service: <input checked="" type="checkbox"/> Home Visit <input type="checkbox"/> Telehealth

Is the patient followed by Home Health Agency? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Agency Name:

Patient's Name: <u>M. Rodriguez</u>	Date of Birth: <u>06/27/1928</u>
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Referring Provider: <u>Dr. Sarah Canyon</u>	Phone #: <u>808-451-0555</u>	Fax #: <u>808-762-1586</u>
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REFERRING/PREVIOUS TREATMENT INFORMATION

Current Address: <u>368 Wohaaio Rd Koloa, HI</u>	Zip Code: <u>96734</u>
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Mailing Address (if different from above):	Zip Code:
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Primary Phone # <u>808-261-1127</u>	Secondary Phone #:	Primary Contact:
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Is English the patient's primary language? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, what is the primary language:

Worker's Compensation / No-Fault Insurance Claim

Is the illness / injury covered by a Worker's Compensation or No-Fault claim? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Agency Name:	Body part injured:	Date of Injury:
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Claim #:	Adjustor Name:	Adjustor Phone #:
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Health Insurance Information

Primary Insurance: <u>HMSA - Plan C</u>	Subscriber: <u>2</u>	Sub ID: <u>A0000260871160</u>
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Secondary Insurance:	Subscriber:	Sub ID:
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Tertiary Insurance:	Subscriber:	Sub ID:
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Patient Diagnoses and Referral Medical History (Check all boxes if Diagnosis)

<input type="checkbox"/> Left leg ulcer L97.929	<input type="checkbox"/> Right leg ulcer L97.919	<input type="checkbox"/> Arm ulcer L98.499
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<input type="checkbox"/> Chest ulcer L98.499	<input type="checkbox"/> Abdominal ulcer L98.499	<input type="checkbox"/> Back ulcer L98.429
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<input type="checkbox"/> Pelvis ulcer L97.909	<input type="checkbox"/> Perineal ulcer L98.4999	<input type="checkbox"/> Head ulcer L89.819
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<input type="checkbox"/> Unspecified pressure ulcer L89.899	<input checked="" type="checkbox"/> Cellulitis L03.90 <i>Begaining</i> <i>R leg</i>	<input type="checkbox"/> Abscess L02.31
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<input checked="" type="checkbox"/> Other: <u>Skin tears</u>	<u>Severe</u> <i>(R) lat. J leg and left leg ↓</i>
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Wound Number:	Wound Location(s) if not specified above:
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Visibility of muscle or bone: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Special Notice to Providers: <u>Poor nutrition, delayed healing, prevention, de infection</u>
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Needed Treatment Information

History & physical or clinical documentation that includes the following information (IF AVAILABLE):

1. Previous treatments that have been tried & a statement that the patient will be referred to Home Wound Care Services

2. Referral diagnostic labs, imaging, radiation history, surgical notes, chest X-ray /CT, EKG and treatment notes

Thank you for your referral! Should you have any questions, please do not hesitate to call us at (808)808-1324

Ensure that patients are not admitted to or discharged from the hospital or scheduled for surgery on the same day as visit



CANYON PRIMARY CARE
DR SARAH CANYON MD PHD
328 Uluniu St Suite 103, Kailua, HI 96734
Office: 808-451-0555; Fax: 808-762-1586

ElationHealth

Office Visit Note

Patient Name: [REDACTED]

D.O.B.: 06/27/1928; 97 yrs, 1 mo at the time of visit

Seen by Dr Sarah Canyon, MD PHD

Date of Encounter: 07/30/2025

Exam Reason (CC): Office Visit - Wound check

Subjective

1. Here for wound recheck

Here for follow up
Presents today with her neighbor Michelle who brought her in
She fell on 7/25/25 through her walker. Springs broke and she fell to the ground causing significant skin tears both legs

2. Pain

- significant pain to right lateral lower leg, rates 8 to 10 out of 10

3. Home bound

- Patient ambulates with much difficulty using two canes. She is unable to bring herself to and from appointment and presented today with her neighbor who has limited time to help her.

4. Poor nutritional intake

- History of poor nutritional intake and usually eats one meal a day

Allergy: NKDA

PMH:

- Diverticular disease of colon
- Hypertension
- Nonrheumatic mitral (valve) insufficiency
- Hearing loss
- Personal history of malignant neoplasm of breast
- Abnormal CXR
- Multinodular goiter
- Dermatitis
- Arthritis of left hip
- Glaucoma
- Pruritic rash
- White coat syndrome with hypertension
- Bullous pemphigoid
- Thoracic back pain
- Left leg weakness
- White coat syndrome with hypertension
- Bullous pemphigoid
- Asthenia
- Left leg swelling

- Peripheral edema
- Osteoarthritis involving multiple joints on both sides of body
- Lymphedema of right arm
- History of total mastectomy of right breast
- Nasal congestion
- Degenerative disc disease at L5-S1 level
- Other nonthrombocytopenic purpura
- Atherosclerosis of aorta
- Low back pain
- Constipation
- Prediabetes
- Dysphagia
- Hypercholesterolemia
- Hyperlipidemia
- Degenerative joint disease (DJD) of lumbar spine
- Other pancytopenia

PSH:

- R breast mastectomy 1999
- TAH BS&O

FH:

- Mother: deceased 76 heart disease
- Father: deceased 76 heart disease

SH:

- Widowed
- Retired store owner

Habits: Never smoker (as of: 05/08/2019)

Meds:

- EPINEPPhrine 0.3 mg/0.3ML Solution Auto-injector
- Latanoprost 0.005 % Solution
- Metoprolol Succinate ER 25 mg Tab ER 24hr sig: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
- Prazosin 2 mg Cap sig: TAKE ONE CAPSULE BY MOUTH TWICE DAILY
- Timolol Maleate 0.5 % Solution
- Thiamine 100 mg Tab sig: 1 tablet orally daily
- Thiamine 100 mg Tab sig: 1 tablet orally three times a day for the next week then daily

ROS: Negative except as noted on HPI

Objective

Vitals:

BP: / (168/77) HR: 79 Temp: 98.2 °F RR: 18 O₂: 98 Pain: 8

PE: GENERAL: Presents in distress. Alert, Vital signs noted.

NECK: Supple

RESP: Clear to auscultation.

CVS: RRR w/o murmurs.

ABDOM: No apparent abdominal distress

MSS: Extrem well-perfused, no edema. No deformities.

NS: Alert & oriented. Gait extremely unsteady

SKIN: Skin tears:

Left outer lower leg - clean and dry, without signs of infection, three small skin tears almost completely approximated by skin flaps, tegaderm in place and clean. Wrapped with kerlix.

Right outer upper leg - similar clean and dry with some beginning signs of infection; swelling and increased pain to the site and area surrounding it. Tegaderm in place. No purulent drainage noted underneath. wrapped in kerlix

PSYCH: Affect appropriate, speech normal.

Assessment/Plan

1. Infected skin tear T14.8XXA, L08.9

- Skin tear of right lower leg is likely at the beginning stages of infection. Prescribed Levofloxacin 500 mg 1 x daily for a course of 5 days to prevent escalation.
- Referral to wound care Hawaii has been made on her behalf to manage wound.

2. Skin tear of left lower leg without complication S81.812A

- Tegaderm remains intact and no signs of infection noted. Referral to wound care Hawaii has been made on her behalf to manage wound.

3. Frail elderly R54

- Homebound patient who lives alone. She is unable to leave her house by herself and ambulates with much difficulty. Her niece will be coming next week sometime to help her and neighbor is also helpful but not always available.

4. Poor nutrition E63.9

- Endorses only eating once per day. Discussed options like Ensure which patient is amenable to drinking. Her neighbor also has filled her fridge with food.

Proc: Attending MD Statement

Patient history, physical exam, assessment and plan performed and documented by nurse practitioner Donna Leonard.

I, Sarah Canyon, saw and examined the patient on the date of service. I discussed the patient with the nurse practitioner student Donna Leonard on the date of service. I have reviewed the progress note and agree with the documentation including the plan of care.

Sarah Canyon MD PhD

Care:

1. For wounds and weight

- Skin wounds heal better when there is adequate protein and supplementation of zinc and vitamin C. I recommend taking two ensures or similar a day and add a multivitamin. We also discussed adding food to breakfast since that is your best meal of the day such as cheese and/or steamed vegetables. Follow up next week

2. Wound care Hawaii

- Referral to wound care Hawaii made for home care dressing changes

3. Wound infection high risk

- Your wound is not healing the way we would like. but it's important to monitor for signs of infection. Please call our office or return for evaluation if you notice any of the following:

Increased redness, warmth, or swelling around the wound

Pus or cloudy drainage

Fever greater than 100.4°F (38°C)

Worsening pain or tenderness

Foul odor coming from the wound

Red streaks extending from the wound

The wound is not improving or appears to be getting worse

4. Oxycodone narcotic pain medicine

- Patient instructed to take $\frac{1}{2}$ tablet as needed for procedural pain or significant discomfort, no more than every 6 hours. Advised not to mix with alcohol or sedating medications. Will continue to monitor usage and adjust plan as needed.
- Please take 1000 mg Tylenol with the narcotic

5. Levaflloxacin

- What it's for:

Levofloxacin is an antibiotic used to treat bacterial infections such as skin infections.

How to Take It:

Take exactly as prescribed, at the same time each day.

Can be taken with or without food.

Drink plenty of fluids to help protect your kidneys.

Avoid taking with antacids, iron, or multivitamins within 2 hours before or after

Signed electronically by Dr Sarah Canyon, MD PHD on 07/30/2025 10:15 am in ElationHealth