

**Patient:**  
**Account Number:**  
**DOB: Age: Sex:**  
**Phone:**  
**Address: Structured Data:** Referral Source : Other

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## Subjective:

### Chief Complaints:

1. Multiple Wounds,,

### HPI:

#### Transition of Care:

How Long Wound Present: Since hospital admission

Treatments Tried: nothing since he has been home

Pain Level: 10/10 - mostly concerned about bottom as he is not able to sit on couch or ride in car due to pain

#### 8/7/24 - Initial Visit

Home Health referral received from summit. Patient was admitted to the hospital for coronary bypass grafting x 2 on 6/24, he had a rapid response called on 6/25. Patient states that he was intubated for 9 days and does not remember anything from that time. States that he got pressure wounds while he was in the hospital and nothing was done about them. States that when he was discharged on 7/12/24 he was told to go see PCP for additional care but PCP stated they did not handle the significant wounds that he has. He has been home for about 2 weeks with no wound care due to trying to get ahold of someone to come out and look at them. States that the one on his bottom hurts the most, he is unable to sit anywhere but the kitchen stool due to pain. HE is unable to get up from couch at this time. States that the heel hurts a little, mainly with pressure but that has not been covered up, that he remembers hitting that on something at some time. Also states there is a wound on back of head but he is not concerned about that as it has scabbed up and does not want to mess with it.

8/14 - Patient states he is doing ok, still having issues with sitting or even sleeping as he can't get comfortable, states that the bandages have been staying on better, but overall frustrated that he is in this situation

8/21- patient eating lunch upon arrival, states that this morning he had an appointment this morning that was taxing to try to get to as neighbor had to drive. Patient frustrated with overall state of health. States that he is very concerned as to why so many things happened, and how he is no longer able to help himself with yard work, gardening etc. States pain is worse in heel, bottom is feeling better

8/28 - patient states heel continues to hurt, still having issues getting comfortable sitting/laying down. state he is having weird memories of when he was intubated

9/4- patient ready for apt, states heel is killing him today. . states that he keeps hearing is bottom is improving.

9/12- patient states heel is killing him, he can't walk on it, can't wear a shoe, in pain so can't get comfortable.

### ROS:

#### Skin:

Patient complains of wound.

### Medical History:

**Medications:** Taking OLANzapine 5 MG Tablet 1 tablet Orally Once a day, Taking Mirtazapine, Taking Magnesium Oxide 400 MG Tablet 1 tablet as needed Orally Once a day, Taking Humalog, Taking Lantus, Taking Lisinopril 40 MG Tablet 1 tablet Orally Once a day, Taking Clopidogrel & Aspirin, Taking Spironolactone 25 MG Tablet 1 tablet Orally, Taking Metoprolol Succinate 50 MG Capsule ER 24 Hour Sprinkle 1 capsule Orally Once

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a day , Taking Synthroid 100 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day , Taking Lasix , Taking Aspirin 81

**Objective:****Vitals:**

HR: **94** /min, RR: **12** /min, Oxygen sat %: **99** %.

**Examination:**General Examination:**Wound 1:**

Location: R Buttocks

Stage: 3

How long present: over 1 month

Current Treatment - debridement, calcium alginate with silver and silicone border dressing

Measurement: 7.2 x 4 cm x 1 ( noted in crack)

Wound Bases : irregular, excoriated

Drainage : large

odor: improved

Tissue : 60% slough, 40 % pink

**Wound 2:**

Location: L Buttocks

Stage: 3

How long present: over 1 month

Current Treatment - debridement, calcium alginate with silver silicone border dressing

Measurement: 3.3 cm x 1.9 cm x 1 cm

Wound Bases : red, inflamed, excoriated

Drainage : large.

Tissue :50% slough , 50 % pink

**Wound 3:**

Location: Right Heel

Stage: unstageable

How long present: over 1 month

Current Treatment - santyl, vaseline gauze, silicone dressing and gauze with tape

Measurement: 3 cmx 3 cm x UTA

Hard to assess due to patient pain level and inability to sit with leg elevated

Wound Bases :

Drainage : mod

Tissue : 60 slough, 40 beefy red

**Wound 4:**

Location: Scalp

Stage: unstageable

How long present: over 1 month

Current Treatment - patient refused treatment, just cleansed

Measurement: 3 cm x 6 cm x uta ( raised scab)

Wound Bases :

Drainage : none

Tissue : scabbed

No Tendon, muscle, joint capsule or exposed bone is present,.

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**Assessment:****Assessment:**

1. Pressure ulcer of right buttock, unstageable - L89.310 (Primary)
2. Pressure ulcer of left buttock, unstageable - L89.320
3. Pressure ulcer of head, unstageable - L89.810
4. Pressure ulcer of right heel, unstageable - L89.610

History of Wound: pressure wounds received while in hospital and intubated per patient history

Current treatment on wound - Debridement and Calcium alginate with silver, cover with foam dressing. Change 3 x weekly for buttocks, for heel, santyl/vasline gauze x 3 weekly

Wound Culture from 8/7 positive for staphylococcus aureus - started patient on Ciprogloxacin on 8/7 - shows susceptible, will continue course and monitor wounds

Xray completed on 9/10 - negative for osteomyelitis

9/11 - would like to move forward with allografts for wounds 1 & 2 - noted vast improvement in slough and size over first few weeks, but progression is slow and patient is in a lot of pain, would like to continue to remove slough with santyl on heel but once more beefy tissues noted, will move forward with approval for allograft.

**Plan:****Treatment:****1. Others**

Notes: ABI: Will obtain next week

Patient Education: discussed importance of keeping wounds clean, discussed keeping foot wrapped/possible shoe or boot, discussed frequent dressing changes discussed antibiotics. Discussed nutrition, patient states he has ensured in the frig

Plan of Care for wound: culture obtained on 8/7 - positive and started on antibiotics

Xray negative for osteomyelitis

This NP to debride and change dressing on Wednesdays

RN to change dressing 2 x weekly

Wounds 1,2 - cleanse with wound wash, cover with calcium alginate - for bottom - use skin tac/skin prep and silicone border dressing (meplix) triad cream as needed on excoriation

wound 3 -for heel use santyl, vaseline gauze foam dressing, gauze (patient did not tolerate coban)

wound 4 - cleanse with wound wash

**Procedures:**

Verbal Consent Obtained

Wound Debridement Performed: Conservative Sharp Debridement

First cleansed all wounds with vashe

sprayed lidocaine on wounds 1 and 2

Completed Conservative Sharp debridement with 11' blade scalpel to patient tolerance on wound 1 and 2

Outcome of debridement: removal of some slough on wound 1 and 2,

Covered wound with calcium alginate, skin tac and bordered gauze and tape

wound 3

after cleansing with vashe,

covered with santyl, vasline gauze, foam dressing and gauze

Educated to leave in place for 2-3 days and then to change dressing,

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educated to keep wounds covered, clean and dry  
patient in extreme pain with cleansing, unable to complete manual debridement

Patient tolerated procedure well and there are no questions at this time.

**Procedure Codes:** 97597 ACTIVE WOUND CARE/20 CM OR <, 97598 ACTIVE WOUND CARE > 20 CM, Units:  
2.00

**Follow Up:** 1 Week

### **Billing Information:**

**Visit Code:**

**Procedure Codes:**

97597 ACTIVE WOUND CARE/20 CM OR <.

97598 ACTIVE WOUND CARE > 20 CM. Units: 2.00.

### **Images**

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