

**WOUND ASSESSMENT REPORT: 11/20/2023 11/25/2023**
**Patient Profile**

<b>Name</b>		<b>Mrn</b>	
<b>Dob</b>		<b>Location</b>	
<b>Age/sex</b>	59/F	<b>Braden score</b>	No data entered in eKare inSight.

**Wound 1: Key Facts**

<b>Etiology</b>	Trauma - Excoriation	<b>Onset date</b>	11/22/2023
<b>Location</b>	Abdomen, Lower Quadrant, Right	<b>Last assessment date</b>	11/22/2023
<b>Status</b>	Active	<b>Clinician</b>	
<b>Facility acquired</b>	No		

**Wound 1: Assessment**
**Completed by:** 11/22/2023

<b>Wound edge:</b>	Attached, Rolled	<b>Clinical:</b>	Dorsalis Pedis Left: 2+, Dorsalis Pedis Right: 2+
<b>Peri-wound:</b>	Excoriation	<b>Infection:</b>	No
<b>Pain:</b>	At rest: 0, With movement: 2, At night: 0	<b>Tunneling:</b>	
<b>Drainage:</b>	Minimum: Thin, pink, watery (serosanguinous)	<b>Undermining:</b>	<b>Odor:</b> None

**Notes:** CC: non-healing , non-pressure chronic right lower abd ulcers  
 HPI: Patient is a 59, female, presenting with primary co-morbidities of HTN, prediabetes, morbid obesity, lymphedema of B/L LE, OA B/L knees, anxiety, depression, and chronic cellulitis of lower extremities. She is sitting up in her bed. Reports that she is unable to leave the home because she cannot ambulate due to her pain, weight, and poorly healed lower right extremity fracture. Her last hospitalization was in 2020 due to a fall that resulted in a right ankle fracture. The patient is bed-bound now, because during COVID wasn't able to follow-up with a specialist to heal right ankle properly. The patient has good bed mobility, and utilizes the help of a caregiver to assist with bed baths, and help with bowel/bladder elimination and hygiene, using a bed pan. Her caregiver (CG) lives with the patient, and CG helps with bathing, preparation of meals, grocery shopping and light house work. When asked about daily hygiene, she is unable to ambulate to the bathroom for bathing. Though she emphasizes that she and her caregiver take great care to sponge wash patient. She currently uses a combination of a bed pan and incontinence pads. She denies any wounds to her backside. She reports that she does have off/on weeping with her lower legs when the swelling is real bad, at this time, lower extremities is free from wound and infection. She reports no falls or hospitalizations in the last 30 days. When asked, patient feels safe at home; boyfriend doesn't live with patient.

Patient is being seen for the wounds that have not healed in over 1 month now. At first clotrimazole was attempted, and then silvadene creme. Per home health nurse and patient, the wounds are getting worse over the last month. This is the first time writer is seeing patient for wound care and evaluation. Patient reports that at first rashes started to appear which were itchy, then after scratching she started to get wounds. She reports trying the anti-fungal and silverdene creams in last 4 weeks, but while the itching, odor, rashes resolved, the open wounds did not heal and some became larger. She denies fever/chills, no N/V/D/C, no chest pain/headache, no cough/SOB.

ROS: Cardiovascular:Admits Hypertension , Edema and Dyspnea on Exertion Denies Chest Pain , Palpitations , Orthopnea , Claudication and Cyanosis Endocrine: Denies Appetite Changes , Growth , Polydipsia , Cold Intolerance and Heat Intolerance reports being pre-diabetic, last A1C = 6.3 (prediabetes) Female Genitourinary: Denies Change in Color of Urine , Dysuria , Hematuria and Incontinence Gastrointestinal: Denies Abdominal Pain , Bloody Stools , Constipation , Diarrhea , Dysphagia , Nausea and Vomiting General: Admits Able to Conduct Usual Activities Needs assistance with bathing, and meal prepping. HEENT: Admits Frequent Colds, Denies Decreased Hearing , Dental Difficulties , Earache , Headaches , Hoarseness , Lightheadedness , Neck Pain , Neck Stiffness , Sore Throat and Tinnitus Hematology:

**Account:**
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**Generated by:**

Denies Easily Bruised and Prolonged Bleeding Musculoskeletal: Admits Decreased Range of Motion decreased range of motion in lower extremities due to edema, and chronic pain. Joint Pain and Joint Stiffness Denies Increased Heat to Joint , Increased Heat to Muscle , Joint Redness and Joint Swelling Neurological: Denies Ataxia , Decreased Memory , Dysarthria , Dysesthesia , Loss of Consciousness , Numbness , Paralysis , Paresthesia , Seizures , Speech Difficulties , Tremor , Focal Neurological Symptoms and Dizziness Psychiatric: Admits Anxiety and Depression, Denies Hallucinations , Insomnia , Nervousness and Suicidal Ideation Respiratory: Denies Chronic Cough , Dyspnea , Fever , Wheezing and Night Sweats Skin: Admits Rash that developed into wounds. Denies Pruritus and Excessive Sweating excessive

PE: Temp 97.30 F, Pulse 88 b/m , Respiration 17 b/m, BP 138/80 mm/Hg AOX3, responds appropriately to questions Respiratory: CTA-B, nonlabored breathing Cardiovascular: +nonpitting edema, RRR Abdominal: Bowel Sounds present, non-tender rounded and obese Skin: Normal; Moisture/Temperature: Normal; Body, Hair, Mobility & Turgor: Normal Turgor Lesions/Rashes: Along lateral, lower right lower side of abdomen that extends to right lower side of torso Counted in this wound area 8 total wounds, circular in shape, with 10 wounds ranging 1.5 - 2.5cm diameter, and 1 wound 4x4 cm. all ranging in depth from 0.3-0.4cm, +slough noted, no necrotic tissue

DX: L98.492, R73.03, E78.2

Treatment: Multiple cluster wounds, right lower abdominal wall: The patient most likely started with a fungal infection between folds, and caused trauma with excoriation r/t itching. The fungal infection had cleared, no odor, and there is no redness around wounds. But the wounds are not properly healing with Silvadene and home health care. Sharp debridement was done with a lolly surgical scrub. On the right lower abdominal wall there is one (1) wound in 4cm diameter wound with depth of 0.4cm, and 7 smaller wounds in same area ranging in 1.5cm to 2cm diameter size, with a depth of 0.3cm. The edges of the larger wounds have begun to roll. All wounds in area were cleansed with wound cleanser and gauze. The debridement was successful, and all slough was removed with surgical scrub. The patient tolerated the procedure well. The amniotic skin grafts were placed after slough removed, and a silicone border dressing was applied to each wound to keep wound clean from debris and dry.

Follow-up: The patient will need an additional application of amniotic skin patches. 1- 4x4, and additional 7- 2x2cm patches.

Wound orders: -Keep wound dressings dry, writer will change dressings and apply amniotic skin grafts weekly -If dressings become soiled, may cleanse area with saline and re-apply silicone border dressings. Do not disrupt wound bed as much as possible to enable maximum healing properties of skin graft. -For pain, may use tylenol 650mg or ibuprofen 400mg as directed -provided patient education on how to keep nearby skin area dry to prevent further fungal infections within skin folds Notified home health care of orders. Will follow-up with patient in 1 week to assess and complete dressing change Ordered PT/OT for patient for evaluation and treatment, including appropriate fitting of AFO for right ankle Patient is aware of treatment plan and verbalized understanding

Wound 1: Treatment & Wound Care Protocol		Completed by:	11/22/2023
Debridement	Sharp (bedside)		
Dressing change	Yes (per protocol)		
Pressure redistribution	Yes		
Comments			
Cleansing:	Wound cleaners, Surgical scrub brush		
Secondary Dressing:	Self adhesive dressing		
Nutrition:	Vitamin c		
Advanced:	Bio-engineered skin substitute		Weekly
Rehab:	Therapeutic exercise		Weekly

#### Wound 1: Images & Measurements

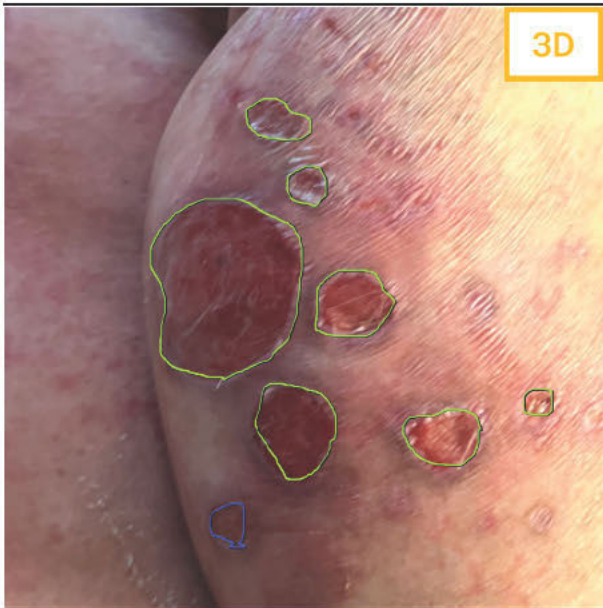
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**L x W x D**      - cm<sup>3</sup> ( LxW = - cm<sup>2</sup> )  
**Area**              46.7 cm<sup>2</sup>  
**Volume**            18.6 cm<sup>3</sup>  
**Color**              R: 92%, Y: 2%, B: 6%

**Wound 1: Most Recent Measurements**
**11/22/2023 09:31 AM**

<b>Length:</b>		<b>Width:</b>	
<b>Avg Depth:</b>	0.2 cm	<b>Max depth:</b>	0.5 cm
<b>Area:</b>	46.7 cm <sup>2</sup> (LxW = 0 cm <sup>2</sup> )	<b>Volume:</b>	18.6 cm <sup>3</sup>
<b>Red:</b>	92.0%	<b>Yellow:</b>	1.8%
<b>Black:</b>	6.2%	<b>Type:</b>	Multiple

*Only one measurement taken of this wound to date. No progress available.*

**Acknowledgement**

<b>Signature</b>	_____	<b>Date</b>	<u>11/22/2023</u>
<b>Name:</b>			
<b>Signature</b>	_____	<b>Date</b>	_____
<b>Name</b>			
<b>Signature:</b>	_____	<b>Date</b>	_____
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