

Progress Note Details

Patient Name: PEDDLAR, MONICA
Patient Number: M000299978
Patient Date of Birth: 4/19/1969
Patient Account Number: BH0019992684

Date: 2/10/2020
Clinician: Hahn, Susan
Physician / Extender: Miller, Gary

Subjective

Chief Complaint

This information was obtained from the patient
no complaints

Allergies

shellfish derived, cipro, hydrocodone, hydromorphone, influenza virus vaccine, specific, tetanus immune globulin, tree nut

HPI

This information was obtained from the patient
50 yo f w/ right le wound from trauma at work. wheelchair injury.

50 yo f w/ healing rle wound w/ hydroactive b.

Objective

Wound Assessment(s)

Wound #1 Right Shin is a chronic Full Thickness Abrasion and has received a status of Not Healed. Subsequent wound encounter measurements are 0.2cm length x 0.3cm width x 0.2cm depth, with an area of 0.06 sq cm and a volume of 0.012 cubic cm. No tunneling has been noted. No sinus tract has been noted. No undermining has been noted. There is a scant amount of serosanguineous drainage noted which has no odor. The patient reports a wound pain of level 0/10. The wound margin is irregular. Wound bed has No epithelialization, No eschar, No slough, Yes pink, firm granulation. The periwound skin texture is normal. The periwound skin moisture is normal. The periwound skin color is normal. The temperature of the periwound skin is Warm. Periwound skin does not exhibit signs or symptoms of infection. Local Pulse is Doppler.

Vitals

Height/Length: 67 in (170.18 cm), Weight: 285 lbs (129.55 kgs), BMI: 44.6, Temperature: 98 °F (36.67 °C), Pulse: 72 bpm, Respiratory Rate: 16 breaths/min, Blood Pressure: 140/90 mmHg.

Physical Exam**Integumentary (Hair, Skin)**

right le traumatic wound healing slowly. no infection. good gran tissue..

Assessment

Active Problems**ICD-10**

(Encounter Diagnosis) I87.2 - Venous insufficiency (chronic) (peripheral)

(Encounter Diagnosis) S81.811D - Laceration without foreign body, right lower leg, subsequent encounter

Plan

Wound Orders:**Wound #1 Right Shin**Dressings

Other: - Cleanse with NS, apply Hydroactive B. Change weekly.

Follow-Up Appointments

Return Appointment # weeks: - 1 week

Scribing Attestation

I attest, as the nurse, that I scribed these orders for the physician.

Electronic Signature(s)

Signed By:

Miller, Gary

Date:

02/10/2020 16:18:12

Entered By: Miller, Gary on 02/10/2020 12:36:22