



Luis Sanchez

Date of Birth	3/11/1970	Sex	Male
Encounter date	5/21/24	Encounter Type:	Home Visit/ Follow up

Progress Note

Patient is a 54 year old male seen at Soul Housing Recuperative Home for follow up on right leg wounds.

Wound Evaluation

Wound Details

Location	Ratione deleniti ali	Width (cm)	Consectetur similiqu		
Wound Type	Et rem quisquam aliq	Length (cm)	Corrupti qui vero s		
Status	Eaque tempore labor	Depth (cm)	Quia corporis culpa		
Stage	Sit assumenda sit i	Area (cm2)	Sit assumenda sit i		
Exudate amount	Explicabo Sed alias	Undermining	Et officia qui conse	Epithelialization	Rat
Exudate type	Aute neque natus sun	Tunneling	Deleniti exercitatio	Pain level	0/1
Granulation tissue	In quo irure enim a	Sinus tract (cm)	Ut tenetur odit numq	Odor	Rat
Fibrous Tissue	Pariatur Aut obcaec	Exposed structures	Ut tenetur odit numq	Infection	Ut
Necrotic Tissue	Lorem in sunt recusa	Peri wound color	Delectus alias cons	Clinical signs of infection	Del
Wound Bed	Consequuntur vel tem	Wound Edges	Consequuntur vel tem	Wound duration	>C

Vascular

Neurology

Pulses

Skin Temperature

Pin Prick

Monofilament

Right DP:	Est deleniti offic	Right	Aliquid ea et ea arc	Right	Dolore ex accusantiu	Right:
Right PT:	Veniam suscipit qua	Left:	Ut dolores eum vel h	Left:	Non nisi magna sunt	Left:
Left DP:	Fugiat rerum exerci					
Left PT	Fugiat rerum exerci					

Other related factors

Procedure

RIGHT KNEE:The pre-procedure area was prepped in the usual aseptic manner. Local anesthesia was achieved with lidocaine spray. The chronic non-healing ulcer was debrided by mechanical methods. Devitalized tissue was removed to the level of healthy bleeding tissue which included biofilm and necrotic tissue. The wound bed was then packed with sterile gauze and included gauze scrub with cleanser.

The debridement area extended down to the level of subcutaneous tissue. All surrounding peri wound hyperkeratotic skin was also removed as required. Hemostasis was achieved by the usage of compression. The estimated blood loss was less than 3 ccs.

The post-debridement measurements were as follows: W:1.2 x L:1.5 x D:0.3

The debridement area was cleansed with wound cleanser then dressed with a non-adherent dressing. The patient tolerated the procedure well and there were no complications.

The patient was provided detailed post-procedure instructions. A follow-up appointment will be scheduled for approximately 1 week

Diagnosis

L97918 Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity

Treatment Order

BLE wounds: Cleanse with wound cleanser, pat dry with gauze. Apply therahoney gel and alginate to the wound bed. Cover with bordered gauze dressing. Change dressing gauze 3x weekly or as needed for loose or soiled dressing.

RX: Vitamin C 500mg PO daily

Procedures

99350 HOME/RES VST EST HIGH MDM 60

97597 DEBRIDEMENT

Care Plan/Patient Instructions

Encourage balanced diet with adequate protein (if not contraindicated), vitamins C and zinc to support tissue healing.

- Monitor for any signs of systemic infection
- avoid smoking and excessive alcohol consumption
- emphasized importance of keeping skin clean and dry
- Instructed on wound dressing change

Educated on the potential complications such as cellulitis, osteomyelitis, or gangrene and seeking prompt medical attention if complications arise. -follow up with wound care nurse or surgeon

