

Initial Wound Assessment Report

METRO WOUND CARE CENTER

Initial Assessment Report

Date: September 8, 2024

Patient: Maria Rodriguez (DOB: 03/15/1965)

Provider: Dr. Sarah Chen, MD

Chief Complaint: 58-year-old female with Type 2 diabetes presents with non-healing right heel ulcer present for 8 weeks, progressively worsening despite home care.

History of Present Illness: Patient developed small blister on right heel 8 weeks ago after wearing new shoes. Initially treated with over-the-counter treatments, but wound progressively enlarged and deepened. Patient reports no fever, but notes increased pain and occasional purulent drainage.

Past Medical History:

- Type 2 Diabetes Mellitus (15 years) - poorly controlled
- Diabetic peripheral neuropathy
- Hypertension
- Peripheral arterial disease (mild)

Physical Examination: Right Foot Ulcer Assessment:

- Location: Right heel, plantar surface
- Size: 4.5 x 3.4 x 0.8 cm
- Wagner Classification: Grade III (deep ulcer with bone involvement)
- Appearance: Irregular margins, pale granulation tissue, moderate exudate
- Surrounding tissue: Erythematous, mild edema
- Sensation: Absent (10g monofilament test)
- Pulses: Dorsalis pedis 2+, posterior tibial 1+

Laboratory Results:

- HbA1c: 9.2%
- Glucose: 285 mg/dL
- WBC: 12,400 (elevated)
- ESR: 45 mm/hr (elevated)
- CRP: 8.2 mg/L (elevated)

Imaging:

- X-ray right foot: Evidence of osteomyelitis in calcaneus
- MRI pending for extent evaluation

Assessment: Wagner Grade III diabetic foot ulcer with underlying osteomyelitis in setting of poorly controlled diabetes mellitus.

Plan:

1. Aggressive surgical debridement
2. Tissue culture and bone biopsy
3. Initiate IV antibiotics per infectious disease
4. Total contact casting for offloading
5. Intensive diabetes management
6. Weekly wound assessment
7. Consider HBOT if no improvement after 30 days conservative management

Dr. Sarah Chen, MD

Board Certified Wound Care Specialist