

Patient: C. A, Age 38. Sex - M. Marital Status - M.
Race - white, Place Birth - CA D.O.B - 4/2/81
Address - 19720 Steinway St, Canyon County CA 91351
Occupation - Manager Engineer.
Religion - None
Primary Language - English.
Height - 5'11
Weight - 154
Allergies - No Known Allergies
Date of Admission - 8/14/19
Code Status - Full code

B. Admitting Diagnosis: Person injured in unspecified motor-vehicle accident. Multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing, fracture of unspecified of left clavicle, subsequent encounter for fracture with routine healing, other injury of celiac artery, subsequent encounter, ~~person injured in.~~

Speech - Normal
Vision - Normal
Hearing - Good.
Mobility - wheelchair

Fine motor:	Left	Right
	Poor	Good
	Impaired	

Level of Participation: 1:1, Bedside, Independent.

Social History: Tobacco Use - Never

Past Surgical History:

Procedure: Open Treatment w/ internal
Fixation, Acetabulum orit Fracture

Diet - Regular

~~Before~~ - He has PT and OT.

LAB.

		Result	Ref Range	Unit
Creatin with eGFR	L	0.42	0.70-1.30	mg/dL
Sodium	L	132	136-145	mEq/L
Chloride	L	95	98-107	mEq/L
Albumin	L	3.3	3.5-5.7	g/dL
Alkaline Phosphatase	H	342	34-104	U/L
BUN/Creatinine Ratio	H	23.8	10.0-20.0	
RBC	L	4.11	4.63-6.08	X
Hemoglobin	L	11.5	13.7-17.5	
Hematocrit	L	36.4	40.1-51.0	
Platelet count	H	473	150-400	

Dosage	
Metoprolol Tartrate (LOPRESSOR) 50 mg Oral Tab (Taking)	1/2 tablet Oral 2 TIMES A DAY
Aspirin (ECOTRIN LOW STRENGTH) 81 mg Oral TBEC DR Tab (Taking)	1 TAB PO DAILY
Zinc Sulfate (ZINC-220) 220 (50) mg Oral Cap (Taking)	Take 1 capsule by mouth daily
LORazepam (ATIVAN) 1 mg Oral Tab (Taking)	1 tablet Oral 2 TIMES A DAY AS NEEDED
oxyCODONE-Acetaminophen (PERCOCET) 10-325 mg Oral Tab (Taking)	Take 1 tablet by mouth every 4 hours as needed for pain
Carboxymethylcellulose (REFRESH CELLUVISC / THERA TEARS) 1 % Opht DpGe (Taking)	0.1389 Each Opht 2 TIMES A DAY AS NEEDED
Enoxaparin (LOVENOX) 40 mg/0.4 mL SubQ Syringe (Taking)	0.4 mL SubQ EVERY 24 HOURS until 8/28/19
Famotidine (PEPCID AC) 20 mg Oral Tab (Taking)	1 tablet Oral 2 TIMES A DAY
Gabapentin (NEURONTIN) 300 mg Oral Cap (Taking)	1 capsule Oral twice a day
Multivitamin Oral Tab (Taking)	1 tablet Oral DAILY
Polyethylene Glycol 3350 (MIRALAX) 17 gram/dose Oral Powd (Taking)	MIX 1 TBSP (15 ML) IN 8 OUNCES OF WATER OR JUICE AND DRINK ORAL THREE TIMES DAILY UNTIL YOU HAVE NORMAL BOWEL MOVEMENTS
Sennosides (SENOKOTXTRA) 17.2 mg Oral Tab (Taking)	Take 1 tablet QHS as needed for constipation
Vit A & D-White Pet-Lanolin Top Oint (Taking)	Top DAILY
Docusate Sodium (COLACE) 250 mg Oral Cap (Taking)	1 CAP PO DAILY AT BEDTIME
Saliva Substitution Combo (BIOTENE DRY MOUTH ORAL RINSE) MM Mouthwash (Taking)	Use as directed
Fluticasone (FLONASE ALLERGY RELIEF) 50 mcg/actuation Nasl SpSn (Taking)	USE 2 SPRAYS IN EACH NOSTRIL DAILY. REDUCE TO 1 SPRAY IN EACH NOSTRIL DAILY WHEN SYMPTOMS IMPROVE (replaces Prescription Flonase)

ew Orders

HX:

Department of Infusion/Wound Care at Panorama City

Pt referred for: s/p MVA and multiple orthopaedic surgeries, specifically BLE compartment syndrome and plateau fractures now s/p fasciotomy release and STSG. Patient with multiple delayed healing wounds on BLE, please evaluate and treat. Thank you

38 polytrauma after MVA with significant foot drop and LE fractures.

Presented from OSH with bilateral pressure ulcers on heels, right worse than left.

He is currently at outside rehab facility and requires ongoing management of the pressure ulcers to ensure healing.

HE is currently non ambulatory.

Will have upcoming appt with Orthopedics on 8/26 at Pan city

By: Dr. J. Tilan and J. Arteaga

Subjective:

Andrew L Carpenter is a 38 year old male who presents for evaluation of BLE and heels. NWB per Ortho. Had MVA 2 mo. ago. Has foot drop and multiple fractures, compartment syndrome and STSG to BLE from thigh. Has Ext Fixator to LLE. Will get AFO measuring this week. Will have Ext. Fixator removed this week per pt. Presents today in splints/plastoc braces to BLE and wedge.

Pt with hx of

Patient Active Problem List:

FOOT CALLUS

HX OF LASIK

BILAT DRY EYE SYNDROME

NASAL SINUS CONGESTION

DRY MOUTH

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

SJOGRENS SYNDROME

CAUSE OF INJURY, MVA

LEFT ACETABULUM FX

RIGHT TIBIA FX

RIGHT PATELLA FX

RIGHT FEMUR CONDYLE FX

RIGHT FIBULA FX
 LEFT PATELLA FX
 RIGHT ULNA FX
 LEFT DISTAL HUMERUS FX
 LEFT PROXIMAL ULNA FX
 LEFT CLAVICLE FX
 RIGHT CALCANEUS FX
 LEFT TALUS FX
 LEFT FIFTH METATARSAL FX
 BILAT FOOT DROP
 SINUS TACHYCARDIA
 RIGHT MANDIBULAR CONDYLAR PROCESS FX
 LEFT METATARSAL FX

These factors contribute to level of complexity of this encounter. Does not walk. Reports pain to LLE heel not to rest of legs. Denies fever, chills.

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• LORazepam (ATIVAN) 1 mg Oral Tab	1 tablet Oral 2 TIMES A DAY AS NEEDED	40	0
• Metoprolol Tartrate (LOPRESSOR) 50 mg Oral Tab	1 tablet Oral 2 TIMES A DAY	60	1
• oxyCODONE-Acetaminophen (PERCOCET) 10-325 mg Oral Tab	Take 1 tablet by mouth every 4 hours as needed for pain	60	0
• Carboxymethylcellulose (REFRESH CELLUVISC / THERA TEARS) 1 % Opht DpGe	0.1389 Each Opht 2 TIMES A DAY AS NEEDED	1	0
• Enoxaparin (LOVENOX) 40 mg/0.4 mL SubQ Syringe	0.4 mL SubQ EVERY 24 HOURS until 8/28/19	17	0
• Famotidine (PEPCID AC) 20 mg Oral Tab	1 tablet Oral 2 TIMES A DAY	30	0
• Gabapentin (NEURONTIN) 300 mg Oral Cap	1 capsule Oral twice a day	60	0
• Multivitamin Oral Tab	1 tablet Oral DAILY	30	0

Social History

Tobacco Use
Smoking Status Never Smoker
Smokeless Tobacco Never Used

HPI

Onset: chronic
Location: Bilateral heels and RLE
Duration: > 2 month(s)
Severity: moderate
Course of his symptoms over time is chronic
Aggravating Factors: none
Relieving Factors: none
Treatments tried: not sure every Mon, Wed, Fri
Current treatment: non stick, Wound cleansing: saline
Dressing type removed: non stick

Past Medical History:

Patient Active Problem List:

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CAUSE OF INJURY, MVA
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LEFT TALUS FX
LEFT FIFTH METATARSal FX
BILAT FOOT DROP
SINUS TACHYCARDIA
RIGHT MANDIBULAR CONDYLAR PROCESS FX
LEFT METATARSal FX

Past Surgical History:

Past Surgical History:

Procedure

Laterality

Date

Left

7/31/2019

- OPEN TREATMENT W INTERNAL FIXATION, ACETABULUM

Procedure: ACETABULUM ORIF FRACTURE; Laterality: Left; Surgeon: Tilan, Justin Ulip (M.D.), M.D.

Social History:

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Alcohol/week: 0.0 oz

- Drug use: No tobacco or alcohol history on file - go to History activity and update tobacco and alcohol use

PHYSICAL EXAM:

Temp 98 °F (36.7 °C) (Oral)

Estimated body mass index is 21.49 kg/m² as calculated from the following:

Height as of 8/19/19: 1.803 m (5' 11").

Weight as of 7/25/19: 69.9 kg (154 lb 1.6 oz).

Skin/Wound: Not intact. Normal temp to Bilat Lower extremity/surrounding area/s AND see below for details of wound/s or impaired skin integrity

Allergies: Patient has no known allergies.

HGBA1C 5.6 10/20/2017

No results found for this basename: ALB

PREALBUMIN 13 08/01/2019

BUN 5 08/06/2019

CREAT 0.44 08/06/2019

GFR >120 08/06/2019

INR 1.4 07/29/2019

XRAY Right foot 8/26/19

FINDINGS/

IMPRESSION:

Fracture of calcaneus shows satisfactory progress. Alignment and position are unchanged.
Irregular contour of the medial shaft of the first distal phalanx, nonspecific etiology. X-rays of the right great toe recommended for further workup.

Left foot:

FINDINGS/

IMPRESSION:

Fractures show unchanged alignment and position.

DP/PT L/R pulse palpable +2.

Pt with dec sensation to Bilateral feet

Edema to L/R extremity trace +1 RLE > LLE = And pitting to RLE

Cap refill < 3 sec

ASSESSMENT

Wound location 1: RLE

Wound type: trauma and surgical - several open wounds to anterior leg and lateral leg. Medial aspect to calf with STSG- healed.

Wound size: (Length/width/depth): 2.5cm/1.5cm/0.1cm- anterior wounds

Tissue loss: Full

Tracts/undermining: no

Exudate Amount/type: tan scant

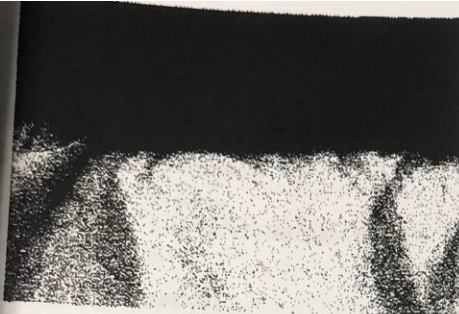
Exudate odor: none

Wound bed appearance: several open wounds along linear incision yellow fibrous slough, 100% to all wounds to lateral and anterior leg. STSG intact.

Periwound Appearance: hyperpigmented, linear in shape, No erythema, warmth, fluctuance or induration

Wound pain: denies problems

No sign of infection at this time



Wound location 2: LLE

Wound type: trauma and surgical - several open wounds to anterior leg and lateral leg. Lateral to calf with STSG- healed.

Wound size: (Length/width/depth): 10cm/4cm/0.2-0.3cm

Tissue loss: Full

Tracts/undermining: no

Exudate Amount/type: tan scant

Exudate odor: none

Wound bed appearance: several open wounds along linear incision yellow fibrous slough, 80% 20% granulation to wounds. STSG healed.

Periwound Appearance: hyperpigmented, linear in shape, No erythema, warmth, fluctuance or induration

Wound pain: denies problems

No sign of infection at this time



Progress Notes

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CAUSE OF INJURY, MVA

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RIGHT TIBIA FX

RIGHT PATELLA FX

RIGHT FEMUR CONDYLE FX

Pressure Injury: STAGE Deep Tissue Pressure Injury (DTPI)
Wound size: (Length/width/depth): 2cm/2cm/0cm
Exudate Amount/type: none
Wound bed appearance: 100% purple and maroon discoloration, dry
Periwound Appearance: Intact- reports pain to left heel
No erythema, warmth, fluctuance or induration
Wound pain: low
No sign of infection at this time

Debrided desiccated tissue/slough/fibrin from wound beds to BLE with tweezers/scissors which pt tolerated with no c/o pain revealing wound described above. Consent was given by pt prior to procedure.

Right heel intact. BLE with areas of purple hyperpigmentation. Pin sites left foot clean/dry intact.

Wound Treatment Recommended/PLAN:

To BLE open wounds- anterior, medial, lateral legs not skin graft areas to calves:

1. Cleanse wounds/irrigate wound with Normal saline. Pat dry.
 2. A&D ointment to periwound and to intact skin except in between toes.
 3. Apply Medihoney gel to ulcer- fill wound 80%
 4. Adaptic
 5. ABD pads
 6. Kerlix to secure
- Change 3x a week

To bilateral calves- where STSG is-

Continue to Apply A&D ointment 3x a week with dressing changes. May use Adaptic PRN to area and ABD pads and Kerlix to secure 3x a week.

To left heel:

Leave affected areas open to air. Prevent friction, pressure, rubbing to area. Float heel.

Pad plastic rigid braces to BLE with Foam dressings cut like a washer to offload plastic from heel areas. Do this daily until changed to AFO boot.

Getting AFO measured this week- make sure heels are floating and AFO not touching heels especially LLE- has healing DTPI.

Wound Care Procedure:

Sharp debridement: yes

Nutrition: Increase protein in diet for wound healing- 3x a day. Will work on this he reports.

Wound healing supplements discussed MVI- continue Add Zinc Sulfate 220mg OTC daily- Taking protein supplement 2x a day at facility.