

## 1 Patient Information

<b>Name:</b>	Barbara J. Kowalski
<b>DOB:</b>	May 16, 1953
<b>Age / Sex:</b>	71 years / Female
<b>Date of Visit:</b>	April 27, 2025
<b>Provider:</b>	Jessica M. Hartley, BSN, RN — Certified Wound Care Nurse
<b>Home Health Agency:</b>	CarePath Home Health Services — Minneapolis, MN
<b>Visit Type (e.g., Skilled Nursing, PT, OT):</b>	Skilled Nursing — Wound Assessment and Care, Medication Management, Patient/Caregiver Education

## 2 Reason for Visit

Post-surgical wound assessment and care for right lower extremity wound following right below-knee amputation (BKA) performed April 11, 2025 at Hennepin County Medical Center. This is skilled nursing Visit #7 of 20 authorized. Discharged home April 18, 2025 following 7-day inpatient stay. Primary services: surgical wound assessment, dressing change, infection monitoring, and diabetic wound healing education.

## 3 Homebound Status

<b>Functional limitations:</b>	Unable to ambulate independently — right BKA with prosthetic fitting not yet initiated (planned at 6-week post-op visit May 23). Wheelchair dependent. Unable to safely navigate stairs or drive.
<b>Need for assistance to leave home (person or device):</b>	Requires husband's assistance and wheelchair for all outings. Car transfers require assistance and are physically exhausting — patient avoids leaving except for essential medical appointments.
<b>Medical contraindications to leaving home:</b>	Active surgical wound requiring sterile dressing changes. Wound healing fragility — community pathogen exposure increases infection risk. Poorly controlled diabetes (HbA1c 9.2%) impairs immune response. Fall risk without prosthetic limb.
<b>Frequency and difficulty of leaving home:</b>	Left home twice in 9 days since discharge — both for required medical appointments (post-op wound check April 21, vascular surgery April 24). Both required significant physical assistance and described as 'exhausting and painful.'

## 4 History of Present Illness

Mrs. Kowalski is a 71-year-old female with longstanding T2DM (25-year history), PAD, and hypertension who underwent right BKA on April 11, 2025. Amputation necessitated by non-healing right foot diabetic ulcer (Wagner Grade 4) that had progressed to osteomyelitis of the right 1st and 2nd metatarsal bones (confirmed bone biopsy March 2025). Conservative wound management including debridement, IV antibiotics (vancomycin and pip-tazo), and vascular intervention (right fem-pop bypass, 2023) had failed.

Current condition: Wound healing progressing slowly — consistent with expected course given diabetes and PAD. No acute infection signs today. Proximal wound margins showing granulation tissue. Distal margins with dry eschar requiring monitoring. Pain 4/10 at wound site (improved from 7/10 at discharge). Phantom limb pain present — tingling and cramping 'where my foot used to be,' 2-3 times/day, rated 5/10 during episodes.

## 5 Review of Systems

<b>Constitutional:</b>	Mild fatigue — post-surgical recovery and anemia. Appetite improved — 2 meals daily (was 1 at discharge). No subjective fever. Sleeping 7 hours/night — interrupted by phantom limb pain episodes.
<b>Cardiovascular:</b>	RRR. S1 and S2 auscultated. No murmurs. Left radial and posterior tibial 1+ (PAD). Right radial 2+. Right LE: no distal pulses post-amputation (expected). Left ankle 1+ pitting edema. Right residual limb 2+ distal edema.
<b>Respiratory:</b>	Clear upper lung fields bilaterally. Mild decreased air entry at bilateral bases — deconditioning and habitus. No wheezes or crackles. Breathing unlabored at rest.
<b>Gastrointestinal:</b>	Appetite improved. Constipation improving — BM every 2 days with docusate. No nausea, vomiting, or abdominal pain.
<b>Musculoskeletal:</b>	Left LE intact, full ROM, no wounds. Upper extremities 4/5 bilateral grip (deconditioning). Right residual limb: appropriate surgical appearance POD16. Residual limb length: approximately 14 cm below right knee joint.
<b>Neurological:</b>	Alert and oriented x4. Left foot: decreased monofilament sensation (5/10 sites absent — DPN). Phantom limb pain right foot — present, rated 3/10 at exam time.
<b>Other systems as clinically indicated:</b>	Endocrine: Fasting glucose 178 mg/dL (suboptimal — impairs wound healing). HbA1c 9.2% (April 21). Dermatology: Left foot assessed — no active wounds. Patient performing daily left foot inspection per prior education.

## 6 Vitals

<b>Temperature:</b>	98.6°F (36.8°C) — afebrile	<b>Heart Rate:</b>	82 bpm, regular	<b>Oxygen Saturation:</b>	94% on room air
<b>Blood Pressure:</b>	148/88 mmHg (left)	<b>Respiratory Rate:</b>	16 breaths/minute	<b>Weight (if relevant):</b>	187 lbs — up 2 lbs from last

arm, seated  
in  
wheelchair)

visit 3 days  
ago.  
Possible  
fluid  
retention —  
notified  
physician.

## 7 Physical Examination

<b>General Appearance:</b>	Obese 71-year-old female in wheelchair. Alert and oriented x4. Fatigued but engaged. Right residual limb elevated on wheelchair leg rest extension. No acute distress.
<b>Cardiovascular:</b>	RRR. S1 and S2 auscultated. No murmurs. Left radial and posterior tibial 1+ (PAD). Right radial 2+. Right LE: no distal pulses post-amputation (expected). Left ankle 1+ pitting edema. Right residual limb 2+ distal edema.
<b>Respiratory:</b>	Clear upper lung fields bilaterally. Mild decreased air entry at bilateral bases — deconditioning and habitus. No wheezes or crackles. Breathing unlabored at rest.
<b>Abdomen:</b>	Soft, obese, non-tender. Bowel sounds present. No organomegaly.
<b>Musculoskeletal:</b>	Left LE intact, full ROM, no wounds. Upper extremities 4/5 bilateral grip (deconditioning). Right residual limb: appropriate surgical appearance POD16. Residual limb length: approximately 14 cm below right knee joint.
<b>Neurological:</b>	Alert and oriented x4. Left foot: decreased monofilament sensation (5/10 sites absent — DPN). Phantom limb pain right foot — present, rated 3/10 at exam time.
<b>Skin (wounds, pressure injuries):</b>	<b>RIGHT RESIDUAL LIMB WOUND ASSESSMENT — POD16, Visit #7:</b> Dimensions: 4.2 x 2.8 cm (slight reduction from 4.5 x 3.1 cm at Visit #6, April 24). Depth: 0.3 cm. Wound bed: 60% granulation tissue (pink-red, moist, healthy). 40% dry eschar (dark, firmly adherent, distal margin). Wound edges: Proximal margins well-approximated with 3 remaining sutures (surgeon to remove May 23). No dehiscence. Periwound skin: Mild erythema within 0.5cm of wound margins — acceptable for POD16. Drainage: Minimal serosanguinous on prior dressing. No purulent or malodorous drainage. Infection signs: ABSENT — no cellulitis, purulent discharge, significant erythema beyond margins, warmth, or fever. Left foot: Intact. No ulcerations. Callus on left heel — patient educated. Daily moisturizer applied.

## 8 Skilled Services Provided

### RIGHT RESIDUAL LIMB — POD16:

1. Periwound skin cleansed with normal saline irrigation.
2. Eschar assessment: Firmly adherent, no lifting, no undermining, no infection signs — NOT debrided (protocol: adherent eschar over vascular-compromised tissue — debride only if infection develops).
3. Dressing applied:
  - Primary: Adaptic non-adherent contact layer

- Secondary: Aquacel Ag (silver hydrofiber — moist environment and antimicrobial prophylaxis given diabetic status)
- Tertiary: Soft foam secured with hypoallergenic tape
- 4. Elastic bandage figure-8 wrap for residual limb shaping (prosthetic preparation).
- 5. Next dressing change in 3 days (or sooner if soaking through).

Medication reconciliation:

1. Gabapentin 300mg TID — phantom limb pain — taken as prescribed, partial relief.
2. Metformin 1000mg BID — HELD per surgeon (Cr 1.4, wound healing). Patient aware.
3. Glargine insulin 20 units SQ nightly — self-administering correctly (technique observed). Fasting glucose 178 mg/dL — reported to Dr. Engel.
4. Lisinopril 10mg daily — taking as prescribed.
5. Furosemide 20mg daily — taking. 2 lb weight gain noted — reported to physician.
6. Aspirin 81mg daily — taking.
7. Atorvastatin 40mg nightly — taking.

## 9 Response to Care

**Patient tolerance and response to interventions:** Tolerated wound care well — pain 2/10 with procedure (improved from 4/10 at initial visits). Reports feeling 'much better than when I first came home.' Good cooperation throughout.

**Improvement / no change / decline:**

IMPROVEMENT: Wound dimensions slightly reduced. Pain scores improved. No infection signs. CONCERN: 2 lb weight gain — possible fluid retention — physician notified. CONCERN: Fasting glucose 178, HbA1c 9.2% — impairs healing — physician notification made.

## 10 Assessment

Mrs. Kowalski is a 71-year-old on POD16 post right BKA for diabetic foot osteomyelitis. Wound healing slowly but positively — appropriate for T2DM with HbA1c 9.2% and PAD.

Wound: Slight size reduction. 60% granulation tissue. Adherent eschar monitoring without debridement. No infection signs.

Active concerns:

1. HbA1c 9.2%, fasting glucose 178 — significantly impairs wound healing. Physician notified. Endocrinology consultation recommended.
2. Weight gain 2 lbs in 3 days — possible fluid retention. Furosemide compliance assessed (adherent). Physician notified.
3. Phantom limb pain — partial gabapentin control. Consider dose increase or pain management referral.
4. Left foot DPN — high ulceration risk. Ongoing education and assessment critical.
5. BP 148/88 — above target. Physician notified.

## 11 Plan

Skilled nursing 3x/week — wound care and monitoring. OT 2x/week — ADL training and home safety. PT 2x/week — strengthening and pre-prosthetic training. Next SN visit: April 30, 2025.

### Adjustments to care plan:

2 lb weight gain reported to Dr. Engel — awaiting callback re: furosemide adjustment. Gabapentin dose increase discussed — may titrate to 600mg TID at next review. Endocrinology referral recommended for insulin adjustment.

### Coordination with physician or interdisciplinary team:

Phone call to Dr. Engel at 11:30 AM — reported weight gain, elevated BP, and suboptimal fasting glucose. Awaiting callback. OT visit April 25 (Visit #3). PT visit April 26 (Visit #4).

### Equipment or support needs:

Hospital bed, wheelchair, overbed table in place. Wound supplies restocked today. Diabetic shoe (left foot) in use. Residual limb shrinker sock ordered from DME supplier.

## 12 Safety Assessment

### Fall risk:

HIGH — Single LE (right BKA), wheelchair dependent, left foot DPN, obesity (BMI 34.1), pre-amputation fall history. Fall prevention: wheelchair brakes locked during transfers, grab bar in bathroom (OT recommendation), non-slip mats throughout.

### Medication safety:

Glargine pen stored correctly in refrigerator. Self-administration technique correct (observed). Medication organizer reviewed — correctly organized. No drug interactions of concern.

### Environmental hazards:

Clear wheelchair pathways — furniture rearranged per OT. Bathroom grab bar installed. No throw rugs in main areas. Kitchen accessible. Single-level home — no stairs.

### Caregiver capability:

Husband Walter (age 74) — primary caregiver. Engaged and capable. Mild arthritis limiting heavy assistance. Correctly demonstrated wound dressing removal and elastic bandage application. Verbalizes infection warning signs and when to call agency. Appropriate supervision provided.

## 13 Follow-Up

### Next visit:

April 30, 2025 (Wednesday) — SN Visit #8. Wound reassessment, dressing change, weight recheck, blood glucose log review.

### Ongoing monitoring plan:

Weight at every visit — physician notified of >2 lb gain in 3 days. Blood glucose log reviewed each visit. Wound dimensions measured each visit. Left foot assessed each visit. Vitals at each visit.

**Provider Name:**

Jessica M. Hartley, BSN, RN

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**Credentials:**

BSN, RN — Certified Wound Care Nurse, CarePath Home Health Services

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**Date:**

April 27, 2025

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**Time:**

11:00 AM CST

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