## 1 PATIENT INFORMATION

### 1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: LIMB PRESERVATION CONSULTATION / FOLLOW-UP / MULTIDISCIPLINARY LIMB SALVAGE VISIT

CARE SETTING: OUTPATIENT LIMB PRESERVATION CLINIC / WOUND CLINIC / INPATIENT / SKILLED NURSING FACILITY / HOME HEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

PODIATRIST / VASCULAR SURGEON / WOUND CARE PROVIDER, IF APPLICABLE

## CC CHIEF COMPLAINT

### 2 PRIMARY LIMB PRESERVATION CONCERN

*Primary limb preservation-related reason for the visit in the patient's own words when possible — non-healing wound, diabetic foot ulcer, limb ischemia, gangrene, infection concern, osteomyelitis concern, Charcot deformity, rest pain, amputation risk, post-revascularization follow-up, or post-amputation wound follow-up...*

## S SUBJECTIVE

### 3 PATIENT-REPORTED LIMB SYMPTOMS, WOUND HISTORY & VASCULAR COURSE

#### 3a INDICATION, WOUND & ISCHEMIA HISTORY

**Reason for Limb Preservation Evaluation (limb salvage assessment, non-healing ulcer, diabetic foot wound, peripheral arterial disease, critical limb-threatening ischemia, gangrene, infection, osteomyelitis, Charcot foot, post-revascularization care, post-amputation care, multidisciplinary treatment planning):**

Wound / Ulcer History (onset, duration, cause, location, laterality, progression, prior measurements, drainage, odor, pain, bleeding, necrosis, exposed structure; whether improving, worsening, stable, or recurrent):

Limb Ischemia Symptoms (claudication, rest pain, night pain, pain relieved by dependency, cold extremity, color change, delayed capillary refill, non-healing wound, tissue loss, gangrene, prior acute limb ischemia):

Neuropathy Symptoms (numbness, tingling, burning pain, loss of protective sensation, balance issues, unnoticed trauma, recurrent ulceration, reduced awareness of wounds):

Infection Symptoms (fever, chills, worsening pain, erythema, warmth, swelling, purulent drainage, foul odor, wound expansion, cellulitis, abscess, systemic symptoms, prior osteomyelitis):

## 3b DIABETES, VASCULAR & OFFLOADING HISTORY

Diabetes / Metabolic History (diabetes duration, glycemic control, HbA1c, insulin or medication use, hypoglycemia, hyperglycemia, neuropathy, nephropathy, retinopathy, diabetes-related complications):

Vascular History (peripheral arterial disease, prior angiogram, angioplasty, stent, bypass, endarterectomy, thrombectomy, amputation, vascular imaging, ABI / TBI results, toe pressures, revascularization plan):

Footwear / Offloading History (shoes, inserts, diabetic footwear, braces, prosthetics, walking boot, total contact cast, offloading adherence, barefoot walking, pressure points, barriers to offloading):

Prior Wound and Limb Treatments (dressings, topical agents, debridement, antibiotics, cultures, negative pressure wound therapy, grafts or skin substitutes, hyperbaric oxygen therapy, revascularization, podiatric care, surgical procedures, amputation history):

## 3c FUNCTION, RISK FACTORS & MEDICATIONS

Functional Impact (walking, standing, transfers, work, sleep, footwear, prosthetic use, activities of daily living, mobility aids, independence, quality of life):

Risk Factors for Limb Loss (diabetes, PAD, neuropathy, CKD / ESRD, smoking, infection, prior amputation, deformity, Charcot arthropathy, poor nutrition, immunosuppression, edema, pressure, poor wound care access, nonadherence):

Medication and Antithrombotic History (antiplatelet therapy, anticoagulation, statin therapy, diabetes medications, antibiotics, pain medications, wound-related medications, adherence, side effects, medication access issues):

Pertinent Negatives (rapidly spreading infection, fever, severe rest pain, acute color change, sudden sensory or motor loss, uncontrolled bleeding, worsening gangrene, systemic illness, acute limb ischemia symptoms):

## ROS LIMB PRESERVATION REVIEW OF SYSTEMS

### 4 PERTINENT POSITIVES & NEGATIVES

| | |
|---|---|
| Wound pain, drainage, odor, bleeding, swelling, redness, or necrosis | |
| Claudication, rest pain, cold extremity, color change, or non-healing tissue loss | |
| Numbness, tingling, burning, loss of sensation, or neuropathic pain | |
| Fever, chills, fatigue, or systemic infection symptoms | |
| Difficulty walking, standing, transferring, wearing shoes, or using prosthetics | |
| Edema, venous disease symptoms, or skin discoloration | |
| Hyperglycemia, hypoglycemia, poor appetite, weight change, or nutrition concerns | |
| Smoking, medication adherence concerns, dressing supply issues, or offloading barriers | |

## O OBJECTIVE

### 5 OBSERVED FINDINGS

#### V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT

BMI

PAIN SCORE

### 5a GENERAL, VASCULAR & PULMONARY

General Appearance (distress level, mobility, nutritional appearance, hygiene, ability to participate in wound care, overall clinical condition):

Cardiovascular / Vascular (pedal pulses, femoral and popliteal pulses if assessed, Doppler signals, capillary refill, limb temperature, dependent rubor, pallor with elevation, cyanosis, edema, varicosities, venous stasis changes, signs of arterial insufficiency):

Pulmonary (respiratory status when relevant to operative risk, hyperbaric therapy eligibility, or overall healing):

### 5b EXTREMITIES, NEUROLOGIC & SKIN

Extremities / Musculoskeletal (deformity, Charcot changes, amputation status, contractures, pressure points, footwear fit, braces, prosthetics, range of motion, gait, mobility limitations):

Neurologic (protective sensation, monofilament testing, vibration sense, proprioception, neuropathy findings, motor strength, gait stability, ability to detect injury or pressure):

Skin / Soft Tissue (skin integrity, callus, maceration, fissures, erythema, cellulitis, eschar, gangrene, necrosis, dermatitis, hemosiderin staining, fungal changes, pressure injury, surgical scars, additional wounds):

## WA WOUND / LIMB ASSESSMENT

### 6 DESCRIBE EACH WOUND OR LIMB-THREATENING LESION SEPARATELY

WOUND NUMBER

LOCATION AND LATERALITY

WOUND TYPE OR SUSPECTED ETIOLOGY

DATE FIRST ASSESSED, IF KNOWN

LENGTH × WIDTH × DEPTH

WOUND CLASSIFICATION OR GRADE, IF APPLICABLE

EXUDATE AMOUNT, COLOR, CONSISTENCY, ODOR

WOUND PHOTOGRAPHS OBTAINED, IF APPLICABLE

Undermining and tunneling, including clock-face location and depth:

Wound bed tissue type (granulation, slough, eschar, epithelialization, necrosis, exposed tendon, exposed bone, exposed joint, exposed hardware):

Wound edges (attached, rolled, undermined, callused, macerated, irregular):

Periwound condition; bleeding or friability:

Signs of infection, ischemia, gangrene, abscess, or deep tissue involvement:

Pain with wound care or palpation:

Comparison to prior measurements and appearance:

## CL LIMB THREAT / CLASSIFICATION, IF APPLICABLE

### 7 LIMB PRESERVATION RISK CLASSIFICATION

DIABETIC FOOT ULCER GRADE / CLASSIFICATION

WIFI CLASSIFICATION, IF USED

WAGNER GRADE, IF USED

UNIVERSITY OF TEXAS CLASSIFICATION, IF USED

PRESSURE INJURY STAGE, IF APPLICABLE

CRITICAL LIMB-THREATENING ISCHEMIA STATUS

GANGRENE EXTENT AND LOCATION

CHARCOT STAGE OR DEFORMITY STATUS

PRIOR AMPUTATION LEVEL AND STUMP STATUS

OVERALL AMPUTATION RISK

Osteomyelitis concern:

Abscess or deep space infection concern:

## PR PROCEDURES PERFORMED

### 8 LIMB PRESERVATION OR WOUND PROCEDURES THIS VISIT

Selective debridement · Excisional debridement · Callus paring · Incision and drainage · Wound culture collection · Bone biopsy · Negative pressure wound therapy application or change · Skin substitute or graft application · Compression wrap application · Total contact cast application · Offloading device application · Nail or callus care related to ulcer prevention · Wound photography or measurement

PROCEDURE NAME

INDICATION

WOUND OR LIMB LOCATION AND LATERALITY

CONSENT OBTAINED

ANESTHESIA, IF USED

INSTRUMENTS USED

TISSUE REMOVED

BLEEDING / HEMOSTASIS

POST-PROCEDURE MEASUREMENTS

DRESSING AND OFFLOADING APPLIED

Technique:

Patient tolerance and complications, if any:

## L LABORATORY AND DIAGNOSTIC RESULTS

### 9 RESULTS REVIEWED OR ORDERED

Laboratory Studies (CBC, CMP, ESR, CRP, HbA1c, glucose, renal function, albumin, prealbumin, nutrition markers, coagulation studies, infection-related labs):

Microbiology (wound culture, tissue culture, bone culture, blood culture, antibiotic sensitivities, prior resistant organisms, pending culture results):

Imaging (X-ray, MRI, CT, ultrasound, bone scan, tagged WBC scan; imaging for osteomyelitis, abscess, gas, foreign body, fracture, Charcot arthropathy, deep infection):

Vascular Studies (ABI, TBI, toe pressures, arterial duplex, venous duplex, $TcPO_2$, skin perfusion pressure, angiography, CTA / MRA, revascularization reports):

Pathology (bone biopsy, tissue pathology, malignancy evaluation, inflammatory dermatosis findings, atypical wound pathology):

Prior Records Reviewed (wound clinic notes, podiatry records, vascular surgery records, operative reports, infectious disease notes, hospital records, home health notes, medication history, prior wound measurements and photos, prior amputation records):

## A ASSESSMENT

### 10 LIMB PRESERVATION CLINICAL INTERPRETATION

*Primary limb-threatening diagnosis or working diagnosis. Wound type, location, severity, and healing status. Limb perfusion status and ischemia severity. Presence or absence of infection, cellulitis, abscess, osteomyelitis, gangrene, necrosis, pressure injury, neuropathy, or exposed structure. Diabetes control, vascular disease, renal disease, nutrition, smoking, edema, pressure, deformity, offloading adherence, or other healing barriers. Functional impairment and mobility risk. Overall limb salvage potential and amputation risk. Need for debridement, antibiotics, culture, imaging, vascular evaluation, revascularization, offloading, advanced wound therapy, surgery, hospitalization, or multidisciplinary coordination...*

## P PLAN

### 11 LIMB PRESERVATION MANAGEMENT BY PROBLEM

*Wound care plan (cleansing, dressing type, topical agents, frequency, who will perform dressing changes, supply needs). Debridement plan. Infection management plan (cultures, antibiotics, imaging, infectious disease referral, osteomyelitis evaluation, source control, urgent escalation). Vascular and perfusion plan (ABI / TBI, toe pressures, arterial duplex, $TcPO_2$, CTA / MRA, angiography, vascular surgery referral, revascularization planning). Offloading plan (total contact cast, removable cast walker, surgical shoe, diabetic shoes, custom inserts, heel protector, pressure redistribution surface, wheelchair use, activity limitation). Diabetes and metabolic optimization plan. Nutrition plan. Edema and compression plan. Pain management plan. Advanced therapy plan. Surgical or amputation planning. Home care and mobility plan. Referral and coordination plan. Patient education...*

## F FOLLOW-UP

### 12 REASSESSMENT PLAN

**Follow-up timeframe and purpose (wound measurement reassessment, infection monitoring, debridement, vascular testing review, imaging or culture review, offloading assessment, revascularization planning, advanced therapy response, amputation-risk monitoring):**

## TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

PROCEDURE TIME, IF APPLICABLE

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

MULTIDISCIPLINARY CARE COORDINATION TIME, IF APPLICABLE

HOME HEALTH / SUPPLY COORDINATION TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / LIMB SALVAGE COORDINATION

E/M LEVEL, IF APPLICABLE: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

DEBRIDEMENT CODE(S), IF APPLICABLE

WOUND PROCEDURE CODE(S), IF APPLICABLE

VASCULAR / PERFUSION TESTING CODE(S), IF APPLICABLE

SKIN SUBSTITUTE / GRAFT CODE(S), IF APPLICABLE

NEGATIVE PRESSURE WOUND THERAPY CODE(S), IF APPLICABLE

COMPRESSION / CAST / OFFLOADING CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

## SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: LIMB PRESERVATION / WOUND CARE / VASCULAR / PODIATRY

DATE

TIME