WoundAlly

Progress Note

Phone: (123) 456-7890 | Fax: (123) 456-7890

Site: https://woundally.com

Email: info@woundally.com

Date of Service: **04/09/2026**

Progress Note ID: **PN-000-000-468**

Patient Name: **Demo, Patient**
Gender: **Male**
Date of Birth / Age: **03/13/1929 97 y.o.**
Place of Service: **Skilled Nursing Facility (31)**
Facility Name: **Faith Enterprises, Inc**
Address: **545 W Beverly Pl, Tracy, CA, 95376**

Patient ID: **WAT-2026-04-00002-09**
Visit Type: **New Visit**
Service(s): **Wound Evaluation & Treatment**
Rendering Provider: **Jackson, Samuel PA**
Supervising Physician: **Doe, John MD**
Referring Physician: **John, Smith MD**

Chief Complaint

Consulted for managing wound(s).

History of Present Illness

Focused HPI: **97 year old male referred from a skilled nursing facility for evaluation and management of a diabetic ulcer to the left plantar foot. The wound has been present for approximately 9 months per facility documentation and has not demonstrated measurable improvement despite ongoing standard wound care. The patient has a history of type 2 diabetes mellitus, which is a significant contributing factor to impaired wound healing. Blood glucose level obtained this morning by nursing staff was 128 mg per dL. Most recent hemoglobin A1C is within normal range at 4 percent to 5.6 percent as of 02/04/2026, suggesting adequate glycemic control at this time. Additional comorbidities include secondary pulmonary arterial hypertension, neurogenic arthritis, and disorders of lipid and bile acid metabolism, all of which may further impair circulation and healing potential. Prior treatment has included routine cleansing with normal saline, standard dressings, and intermittent offloading. Despite these measures, the wound has persisted without reduction in size or improvement in tissue quality, consistent with failure of conservative therapy. The ulcer is located on the left plantar surface in a weight bearing area, with pressure and shear identified as contributing factors. Offloading has been inconsistent per facility report. The patient is alert with intact level of consciousness and demonstrates oral intake for nutrition, though overall nutritional adequacy for wound healing should continue to be monitored. The patient ambulates with assistance, contributing to ongoing pressure at the wound site. The patient reports mild localized pain. No systemic signs of infection such as fever or chills are reported or observed. On examination, the wound demonstrates chronic features with delayed healing. Clinical assessment indicates impaired but not prohibitive perfusion. Given the chronicity greater than 9 months, failure of standard wound care, and contributing comorbidities, the patient requires continued skilled wound management with consideration for advanced wound care therapies. Findings are suggestive of underlying arterial insufficiency. A formal ABI study has been ordered to further evaluate perfusion and guide treatment planning.**

Diabetic Status: **Type 2 Diabetes Mellitus**
Ambulatory Status: **Ambulate With Assistance**

Level of consciousness (LOC): **Alert**
Nutrition: **Oral Intake**

Hemoglobin A1C: **Normal: 4%-5.6% 02/04/2026**

Treatment Plan Goal: **Promote healing of a chronic left plantar diabetic ulcer present for 9 months that has failed standard wound care, by addressing underlying barriers including pressure, bioburden, and impaired tissue viability. Plan includes strict offloading of the affected foot, routine sharp debridement of devitalized tissue as indicated, maintenance of a moist wound environment, and optimization of local wound conditions to support granulation and epithelialization. Patient will be evaluated for advanced wound care modalities, including skin substitute grafting, if adequate progress is not achieved with current interventions. Goal is progressive reduction in wound size and improvement in tissue quality**

Medical History

Current/Past Medical History/Conditions: **I27.21 - Secondary pulmonary arterial hypertension; E11.9 - Type 2 diabetes mellitus without complications; G98.0 - Neurogenic arthritis, not elsewhere classified; E78.79 - Other disorders of bile acid and cholesterol metabolism.**

Family History: **Alzheimer's Disease; Diabetes; Heart Disease.**

Current Medications: **Sildenafil 20 mg – by mouth three times daily; Metformin 500 mg – by mouth twice daily; Gabapentin 300 mg – by mouth three times daily; Tramadol 50 mg – by mouth every 6 hours as needed for pain; Atorvastatin 20 mg – by mouth once daily.**

Allergy: **Peanuts; Shellfish.**

Social History

Alcohol Use Per Week: **0 shot(s) of strong alcohol. 0 glass(es) of wine. 0 can(s) of beer**

Smoking History: **Never Smoked**

Substance Abuse: **Never Used**

Support Equipment

Chair Use: **Press-reduce Cushion**

Foot Devices: **Diabetic Shoes**

Bed/Mattress Use: **Group 1**

Chronic Comorbid Conditions

Chronic comorbid conditions: **Wound incidence is unavoidable due to Advanced Age; Diabetes; Immobility or limited mobility.**

Staging care due to: **Poor Wound Progression.**

Description: **Chronic non healing diabetic ulcer of the left plantar foot present for 9 months with failure of conservative treatment. Persistent poor wound progression with devitalized tissue noted. Ongoing pressure at plantar surface and underlying comorbidities contribute to delayed healing. Clinical findings support need for continued skilled wound care and consideration of advanced therapies.**

Constitutional

Height: **6'1"**

Weight: **180.0 lb.**

Body Mass Index: **23.7 Normal Weight**

Pulse: **WNL**

Temp: **WNL**

Respiration: **WNL**

Physical Exam

Vascular

Pulses Posterior Tibial: **Right - 2+; Left - 1+**

Dorsalis Pedis: **Right - 2+; Left - 1+**

Capillary Filling Time: **Right - 3; Left - 3**

Pitting Edema: **Right - 0; Left - 1+**

Description: **Peripheral vascular assessment demonstrates diminished pedal pulses on the left compared to the right with mild edema present. Capillary refill is mildly delayed on the affected extremity. Findings are consistent with compromised perfusion, which may contribute to delayed wound healing**

Skin Exam

Left Foot Plantar, Foot (Initial Wound Assessment)

See Wound Assessment

Additional Information

The patient's consent to the procedure has been obtained.

Wound Assessment

Wound Procedures

Wound 1 (Initial Wound Assessment)

Anatomical Location: **Left Foot Plantar, Foot**

Etiology: **Diabetic ulcer left foot, Type 2 muscle with necrosis of muscle**

ICD - 10: **E11.621, L97.523**

Infection: **None**

Pre Procedure Measurement (LxWxD): **2.5 x 2.0 x 0.3 cm**

Wound Bed: **40% Slough / 0% Necrotic / 60% Granulation / 0% Epithelial Tissue**

Wound Bed Description: **Slough - Adherent; Moist; Requires Debridement. Granulation - Healthy / beefy red; Moist.**

Square: **5.0 cm^2**

Volume: **1.5 cm^3**

The pain level: **Discomforting (2)**

Undermining: **_**

Tunneling: **_**

Wound Assessment Parameters: **Odor (Mild); Exudate Amount (Moderate)**

Exudate Type: **Serosanguinous**

Periwound Skin: **Erythema (Mild); Macerated (Mild)**

Wound Edge: **Rolled; Calloused**

Wound Description: **Chronic left plantar diabetic ulcer with mixed wound bed consisting of approximately 60 percent granulation tissue and 40 percent slough. Periwound skin shows mild erythema and maceration. Wound edges are calloused and rolled, consistent with prolonged pressure and impaired epithelial migration. No clinical signs of acute infection. Overall findings support delayed healing and need for continued skilled wound care.**

Pre Procedure Wound Images:

Post Procedure Wound Images:

Treatment Start Date: **04/09/2026**

Procedure: **Excisional Debridement (ED)**

Depth of Tissue Destruction: **Full Thickness**

Post Procedure Measurement (LxWxD): **2.5 x 2.0 x 0.4 cm**

Square: **5.0 cm^2**

Volume: **2.0 cm^3**

Total Area Treated: **5.0 cm^2**

Pain level during the procedure: **Tolerable (3)**

Anesthesia: **2% Lidocaine Spray**

Silver Nitrate: **None**

Nature of Tissue Removed: **Subcutaneous**

Debridement Instrument(s): **Curette**

Pain level after the procedure: **Discomforting (2)**

Excisional Debridement Description: The patient was positioned supine with the left foot elevated and supported to allow full visualization and access to the plantar surface. The left plantar foot ulcer was identified and prepped in the usual sterile manner. Following application of topical anesthesia with 2% lidocaine spray, surgical debridement was performed using a curette. Devitalized tissue including adherent slough and nonviable subcutaneous tissue was sharply removed to the level of viable, bleeding tissue. Pre debridement measurements were 2.5 cm × 2.0 cm × 0.3 cm. Post debridement depth increased to 0.4 cm following removal of devitalized tissue. Total surface area debrided was 5.0 cm². Hemostasis was achieved with minimal pressure. The wound bed demonstrated improved appearance with increased viable granulation tissue following debridement. The patient tolerated the procedure well without complication. Appropriate dressing was applied per treatment plan. .

Treatment Plan: Cleanse left plantar foot ulcer with normal saline and pat dry. Apply calcium alginate to the wound bed to manage exudate and maintain a moist environment. Cover with foam dressing. Change dressing daily and as needed for drainage.

Encounter Complexity

Physical Examination: **Comprehensive**

Medical Decision Making: **Moderate**

Time Spent: **Direct Care 20 min; Consultation 10 min; Education 5 min; Total Time 35 min**

Recommendations

Aggressive offloading, recommend: **Strict offloading of the left plantar foot at all times. No direct pressure to the wound site. Utilize offloading boot or surgical shoe during transfers and ambulation. When in bed or seated, ensure complete heel suspension with pressure relieving device. Nursing staff to monitor and document offloading compliance each shift**

Dietary Recommendations: **Encourage increased protein and caloric intake to support wound healing. Recommend protein supplementation if oral intake is inadequate. Maintain adequate hydration. Monitor nutritional markers including albumin and prealbumin as available**

Additional Recommendations: **Optimize glycemic control in coordination with the primary care team, as hyperglycemia may impair wound healing. Continue wound care as ordered with close monitoring for signs of infection including increased drainage, erythema, warmth, or odor. Reinforce strict adherence to offloading, as ongoing pressure will delay healing. Facility staff to evaluate for podiatry involvement for ongoing callus management and pressure redistribution. Obtain and document weekly wound measurements to monitor progression. If no measurable improvement is observed within 2 to 4 weeks, notify the provider for consideration of advanced wound care modalities. Ensure strict adherence to offloading and all wound care orders. Reinforce compliance with the treatment plan, as continued pressure or noncompliance will delay wound healing**

Recommendation: **See Wound Procedures**

Supplies Order

Normal Saline, Calcium Alginate, Bordered Foam.

Diagnostic Tests

ABI study.

DME Order

Offloading boot.

Referral Order

Callus management; Pressure redistribution; Ongoing foot care.

The Conclusion of the Rendering Provider

The patient's condition has been assessed, and we will re-evaluate the patient in 7 days on April 16, 2026 , to monitor progress and adjust the treatment plan as necessary.

Rendering Provider: **Jackson, Samuel PA 04/09/2026**

Supervising Physician: **Doe, John MD 04/09/2026**

Send to: **Faith Enterprises, Inc** Fax number: **+1 (209) 835-3339**