

Case Report Patient Number two

Subject is an 81 y/o male with venous insufficiency and multiple wounds.

Complicating problems include diabetes, history of CVA and dementia. Problem initially addressed by wound team using unna boot, however toes were becoming excessively swollen. He was seen from 3/22/11 through 4/5/11 for lymph drainage and bandaging. Subject was unwilling to participate in any type of exercise:

Measurements before and after:

- | | | |
|---------------------|------------------------|-----------------------|
| 1) Metatarsal heads | Left 28.5 cm to 26.5cm | Right 30cm to 27.5 cm |
| 2) Malleoli | Left 35.5cm to 34.5cm | Right 37cm to 34.5 cm |
| 3) 5cm up | Left 3cm to 31 cm | Right 30 cm to 31 cm |
| 4) 15 cm up | Left 42.5cm to 37cm | Right 45cm to 36 cm |

Wounds were healed and veteran placed in komprefit and was able to again wear shoes.

By May 20 of 2011 – Subject failed to co-operate with compression wraps. Bandaging again initiated.

Consult Request: Consult

| Consult No.: 439324

To: CLC PHYSICAL THERAPY
From: LIBERTY

| Requested: 03/22/2011 2:32 pm

Requesting Facility: VA NURSING HM (ORL)

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REASON FOR REQUEST: (Complaints and findings)
PT for lymphadema therapy

Please note the following S/C info before proceeding w/ this request:

Eligibility: SERVICE CONNECTED 50% to 100%	VERIFIED
Total S/C %: 80	
LIMITED MOTION IN CERVICAL SPINE	10%
S/C	0%
SCARS	
S/C	30%
ECZEMA	
S/C	0%
IMPAIRED HEARING	
S/C	20%
LIMITED MOTION IN LUMBAR SPINE	
S/C	50%
POST-TRAUMATIC STRESS DISORDER	
S/C	0%
SCARS	
S/C	10%
LIMITED MOTION IN DORSAL SPINE	
S/C	

PROVISIONAL DIAG:

REQUESTED BY:
DEMERS, CHARLENE A
ARNP, CWOCN
(Pager: 407-510-6927)
(Phone: 407-599-1536)

PLACE:
Consultant's choice

SERVICE RENDERED AS:
Inpatient

URGENCY:
Routine

EARLIEST DATE:

=====

| DATE:

CONSULTATION NOTE #3990000

LOCAL TITLE: PM&R PHYSICAL THERAPY CONSULT

STANDARD TITLE: PHYSICAL THERAPY CONSULT

DATE OF NOTE: MAR 22, 2011@14:36

ENTRY DATE: MAR 22, 2011@14:36:26

AUTHOR: RICH, REBECCA L

EXP COSIGNER: DEMERS, CHARLENE A

URGENCY:

STATUS: COMPLETED

Mr. Spratt presents with 3+ edema in the legs bilaterally with marked edema in foot and toes. He has been followed by wound care team as edema leads to skin breakdown without control of edema. Team has attempted to use compression stockings, circ-aides and finally una boots to control the development of leg wounds. The edema in the feet at this time needs management. Circumferential measurements in lower extremities as follows:
At metatarsals heads L 28 1/2 cm R 30 cm, 5cm up Left 31 cm
Right 30 cm
Malleoli Left 35 1/2 cm Right 37 cm, 15 cm up 42.5 cm Right 45 cm.
Plan of Care: To see veteran 5 to 10 sessions for comprehensive manual lymph drainage and bandaging. Goal is to reduce lower extremity edema.

/es/ REBECCA L RICH PT
PHYSICAL THERAPIST
Signed: 03/22/2011 14:50

/es/ CHARLENE A DEMERS
ARNP, CWOCN
Cosigned: 03/22/2011 16:11

NOTE DATED: 04/05/2011 13:16

LOCAL TITLE: CLC PHYSICAL THERAPY DISCHARGE NOTE

STANDARD TITLE: PHYSICAL THERAPY DISCHARGE NOTE

ADMITTED: 10/01/2009 00:03 LIBERTY

Veteran seen for intial PT Assessment for lymph edema compression wrapping 3-23-2011. He was seen three times week for two weeks. Veteran Measurements before and after as follows:

	Before	After
1) Metatarsal heads	L 28 1/2 cm	26 1/2 cm
	R 30 cm	27 1/2 cm
2) Malleolli	L 35 1/2 cm	34 1/2 cm
	R 37 cm	34 1/2 cm
3) 5cm up	L 31 cm	31 cm
	R 30 cm	31 cm
4) 15 cm up	L 42.5 cm	37 cm
	R 45 cm	36 cm

Veteris being discharged at this time able to wear compression garments and shoes.

Signed by: /es/ REBECCA L RICH PT
PHYSICAL THERAPIST
04/05/2011 16:11

Receipt Acknowledged By:

/es/ CHARLENE A DEMERS
ARNP, CWOCN
04/06/2011 08:33

Receipt Acknowledged By:

/es/ MAUREEN A MCCAUSLAND
Nurse Practitioner
04/06/2011 08:57

Consult Request: Consult

| Consult No.: 486843

To: CLC PHYSICAL THERAPY
From: LIBERTY

| Requested: 05/18/2011 8:18 am

Requesting Facility: VA NURSING HM (ORL)

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REASON FOR REQUEST: (Complaints and findings)
Please note the following S/C info before proceeding w/ this
request:

Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED

PT to eval & tx for lymphadema therapy

Total S/C %: 80

SCARS	0%
S/C	
LIMITED MOTION IN LUMBAR SPINE	20%
S/C	
LIMITED MOTION IN CERVICAL SPINE	10%
S/C	
SCARS	0%
S/C	
LIMITED MOTION IN DORSAL SPINE	10%
S/C	
POST-TRAUMATIC STRESS DISORDER	50%
S/C	
IMPAIRED HEARING	0%
S/C	
ECZEMA	30%
S/C	

PROVISIONAL DIAG:

REQUESTED BY:
DEMERS, CHARLENE A
ARNP, CWOCN
(Pager: 407-510-6927)
(Phone: 407-599-1536)

PLACE:
Consultant's choice

URGENCY:
Routine

SERVICE RENDERED AS:
Inpatient

EARLIEST DATE:

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| DATE:

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CONSULTATION NOTE #4445723

LOCAL TITLE: PM&R PHYSICAL THERAPY CONSULT

STANDARD TITLE: PHYSICAL THERAPY CONSULT

DATE OF NOTE: MAY 20, 2011@15:44

ENTRY DATE: MAY 20, 2011@15:44:27

AUTHOR: RICH, REBECCA L

EXP COSIGNER: DEMERS, CHARLENE A

URGENCY:

STATUS: COMPLETED

This veteran is known to author having been seen for comprehensive decompression therapy several weeks ago at which time legs were reduced with wounds healed. he was discharged with comprehension stockings and circ-aides however failed to cooperate with nursing staff resulting in return of edema and new wounds. This was addressed with profore however toes become edematous. For this reason comprehensive lymph draiange is being resumed . Measurements at the time of this assessment were as follows. Metatarsel heads 128.5 cm Right 32 cm, Figure eight at ankle Left 67 cm Right 64.5 cm, 20 cm above malleoli left 46.5 cm Right 48.5 cm. Plan of Care is to see veteran from one to three weeks for bandaging, moving to compression pump and to instruct staff in use of pump to allow for management of edema and heel wounds.

/es/ REBECCA L RICH PT

PHYSICAL THERAPIST

Signed: 05/23/2011 16:57

/es/ CHARLENE A DEMERS

ARNP, CWOCN

Cosigned: 05/24/2011 08:08

NOTE DATED: 09/12/2011 12:50
LOCAL TITLE: CLC WOUND CARE NOTE
STANDARD TITLE: WOUND CARE NOTE
ADMITTED: 09/12/2011 10:44 FREEDOM
Inpatient Wound Initial Evaluation
General Information:
PRESENTING PROBLEM:lymphademea with open wounds bilat

PAST THERAPY:calamine and zinc impregnated gauze

Co morbidities impacting wound healing: Diabetes, Obesity, Venous Insufficiency

ROS:

Pain level:

Pre-dressing change/debridement: 0;

Post dressing change/debridement:0

Pre-Medication:

Pedal Pulses:

Right:Non-Palpable

Left: Non-Palpable

Edema: Right:3+; Left:3+

Sensation:

Appetite:

Bowel Management: Continent

Bladder Management: Continent

Nutritional Supplements:

Offloading:Pressure redistribution mattress

Active Medications impacting wound healing:

Wound #1

LOCATION: RLE

CLASSIFICATION: Full Thickness

STAGING:

WOUND TYPE: necrotic ulcer s/p bx

MEASUREMENTS:

Length: 4CM

Width: 3CM

Depth: CM

WOUND BED:

% red/pink

% slough

100%eschar/black/purple

EXUDATE: Small, Purulent

PERIWOUND: intact, erythema, edema

Edema: Right:3+; Left:

09/12/2011 12:50 ** CONTINUED FROM PREVIOUS PAGE **

Wound #2
LOCATION: LLE
CLASSIFICATION: Full Thickness
STAGING:
WOUND TYPE: ulceration s/p trauma

MEASUREMENTS:
Length: 0.8CM
Width: 1CM
Depth: 0.3CM

WOUND BED:
80% red/pink
% slough
20% eschar/black/purple

EXUDATE: None

PERIWOUND: intact, edema, hyperpigmented
Edema: Right:; Left:3+

Impression/Plan
LABS:
Wound Care Labs

LAB CUMULATIVE SELECTED 1

No data available for ESR; C-REACTIVE PROTEIN, QUANTITATIVE; APTT; WBC;
HEMOGLOBIN

LAB CUMULATIVE SELECTED 2

Collection DT	Spec	ALBUMIN	GLUCOSE	A1C
08/11/2011 08:38	BLOOD			6.0
08/11/2011 08:38	PLASM	4.1	154 H	
04/21/2011 07:36	BLOOD			6.2 H
04/21/2011 07:36	PLASM	4.2	137 H	

GOAL: resolution; infection prevention, edema control

EDUCATION:

Instructed on:
etiology, goal of therapy, plan of care;
Verbalizes understanding

PROCEDURE: PT for lymphadema therapy

IMPRESSION:

1. necrotic ulcer RLE with inflammation
2. healing ulcer LLE
3. lymphadema

TREATMENT PLAN:

1. iodisorb to wounds

Consultation Results #5262495 continued.

FIM 5 = Supervision FIM 4 = Minimal assist
FIM 3 = Moderate assist FIM 2 = Maximal assist
FIM 1 = Dependent

Transfers:

Transfer to Bed: 7
Transfer to Chair: 7
Transfer to Toilet: 7

Locomotion:

Locomotion (walk): 6
Locomotion (wheelchair):
Stairs: N/T

Bed Mobility: WNL

Gait:

Mobility Aide: Cane
Distance: 300feet
Time:

Gait Pattern: Wide-based, somewhat unsteady

PLAN OF CARE:

1. Short Term Goals: Instruct and perform lymph massage, instruct and perform short stretch strength and range of motion in lower extremities
2. Long Term Goals: Management of edema with compression stocking, promote healing of wound, Increase lower extremity strength and range of motion, Enhance safety during ambulation, Decrease edema
3. Barriers to Achieving Goals: Multiple medical conditions
4. Barriers to Learning:
5. Rehab Potential: Good

Anticipated Discharge Date From PT:

INTERVENTIONS:

Therapeutic Exercise, Balance Training, Gait Training, Manual Therapy, Education
Modality Intervention:

Bandaging

Frequency and Duration of Treatments: 5 times week times one month

Education:

- a. Who was educated? patient, family
- b. Topic of education: Lymphedema massage, bandaging and exercise
- c. Education Barriers:
- d. Demonstrated learning through:

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(...continued)

right and left toe pressure measurements within normal limits at 108 mmHg and 114 mmHg respectively.

Tampa VA Vascular Surgery Department defines Peripheral Vascular Disease PVD as follows:

ABI 0.9 and above = normal 0.71 - 0.9 = Mild PVD 0.41 - 0.7 = Moderate PVD 0.4 and below = Severe PVD > 1.2 = Incompressible tibial arteries.

In patients with diabetes and heavily calcified vessels, the arteries are frequently incompressible. This results in an artifactually elevated ankle pressure which can underestimate disease severity. In these patients, toe pressure determinations more accurately reflect perfusion.

Toe Pressure < 100 mmHg = abnormal 60-100 mmHg = mild range PVD 40-60 mmHg = moderate range PVD 40 or less mmHg = severe PVD

Vascular Surgery must be consulted for any findings of severe PVD. Other factors may be present and the decision to consult Vascular Surgery should be based on a combination of the findings on this study and other clinical data.

Primary Diagnostic Code: Report Ready for Review

Primary Interpreting Staff:

MARJORIE THURLOW, Staff Physician (Verifier)

/MAT

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