Demographics (5 points)

Date of Admission 10/6/2021	**Patient Initials** M.P.	**Age** 52	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Meperidine Demerol Reaction: Nausea and vomiting
Code Status Full code	**Height** 63 inches	**Weight** 202.7 lbs	

Medical History (5 Points)

Past Medical History:

- Obstructive sleep apnea
- Major depression
- Irritable bowel syndrome
- Symptomatic Cholelithiasis
- Defibulator
- Deep vein thrombosis in right saphenous vein
- Type 2 diabetes
- Biventricular cardiac pacemaker

- Cardiomyopathy
- Chronic systolic heart failure
- Charcot-marie tooth disease
- Coronary artery disease

Past Surgical History:

- Coronary artery bypass graft 8/26/2021
- Open reduction Internal flexion (ORIF) of right patella 1/5/2021
- Open reduction Internal flexion (ORIF) of left patella 12/22/2021
- Cholecystectomy 2/7/2020
- Colonoscopy with biopsy 3/6//2019
- Amputation of left toe 7/12/2018
- Amputation of right toe 1/1/2016
- Pacemaker 1/1/2015

Family History:

- Father:
    - Cardiovascular disease
    - Diabetes type 2

    - Heart attack
    - Stroke
- Maternal grandfather
    - Colon cancer

Social History (tobacco/alcohol/drugs):

- Alcohol occasionally
- No tobacco use
- No substance use

Admission Assessment

Chief Complaint (2 points): Increased swelling and redness in the right lower extremity.

History of present Illness (10 points):.

Patient presented to Sarah Bush Lincoln with increased swelling, redness and pain to the right lower extremity. Patient said that she had a coronary artery bypass graft (CABG) on August 26th in the right lower extremity for vein harvest and has had complications ever since. Patient developed an open area on the right foot and was admitted to the hospital with a diabetic ulcer and cellulitis. While admitted, the patient was seen by surgery and placed on IV antibiotics and then sent to Odd Fellows for rehabilitation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Non-pressure chronic ulcer of the right foot.

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

Ulcers are wounds or open sores that will not heal or keep returning. Neuropathy, trauma, and, in many patients, simultaneous peripheral artery occlusive disease all contribute to the pathogenesis of foot ulcers and soft-tissue infection. Diabetic neuropathy causes foot deformity, which causes skin pressure to rise when walking. When a foot ulcer develops, the limb is at high risk for invasive infection, and the patient is considered to have critical limb ischemia when it is paired with peripheral artery occlusive disease. For diabetics with a foot ulcer, a multidisciplinary approach to care is recommended, including annual assessments by a primary care physician and referral to a podiatrist and vascular surgeon for evaluation of foot arterial perfusion. Inpatient care is advised for systemic antibiotic medication, vascular laboratory testing of arterial limb perfusion, and surgical debridement of infected tissue when an invasive foot infection develops and tissue beneath the fascia is implicated. The treatment's goals are to repair the foot and keep the patient ambulatory (Bandyk, 2019).

Leg ulcers may be caused by medical conditions such as:

- Poor circulation, often caused by arteriosclerosis
- Venous insufficiency (a failure of the valves in the veins of the leg that causes congestion and slowing of blood circulation in the veins)
- Other disorders of clotting and circulation that may or may not be related to atherosclerosis
- Diabetes
- Renal (kidney) failure

- Hypertension (treated or untreated)
- Lymphedema (a buildup of fluid that causes swelling in the legs or feet)
- Inflammatory diseases including vasculitis, lupus, scleroderma or other rheumatological conditions
- Other medical conditions such as high cholesterol, heart disease, sickle cell anemia, bowel disorders
- History of smoking (either current or past)
- Pressure caused by lying in one position for too long
- Genetics (ulcers may be hereditary)
- A malignancy (tumor or cancerous mass)
- Infections
- Certain medications (*Leg & foot ulcers: Causes, diagnosis, treatments & prevention,* 2021).

Symptoms of ulcers may or may not be painful. The patient generally has a swollen leg and may feel burning or itching. There may also be a rash, redness, brown discoloration or dry, scaly skin. Leg ulcers are diagnosed by examining the wound thoroughly and may perform tests such as X-rays, MRIs, CT scans and noninvasive vascular studies to help develop a treatment plan (*Leg & foot ulcers: Causes, diagnosis, treatments & prevention,* 2021).

The goals of treatment are to relieve pain, speed recovery and heal the wound. Each patient's treatment plan is individualized, based on the patient's health, medical condition and ability to care for the wound (*Leg & foot ulcers: Causes, diagnosis, treatments & prevention,* 2021).

Treatment options for all ulcers may include:

- Antibiotics, if an infection is present
- Anti-platelet or anti-clotting medications to prevent a blood clot
- Topical wound care therapies
- Compression garments
- Prosthetics or orthotics, available to restore or enhance normal lifestyle function
- Moist to moist dressings
- Hydrogels/hydrocolloids

- Alginate dressings
- Collagen wound dressings
- Debriding agents
- Antimicrobial dressings
- Composite dressings
- Synthetic skin substitutes

(*Leg & foot ulcers: Causes, diagnosis, treatments & prevention,* 2021).

Reference:

Bandyk, D. F. (2019). *The diabetic foot: Pathophysiology, evaluation, and treatment*. Seminars in vascular surgery. Retrieved October 25, 2021, from https://pubmed.ncbi.nlm.nih.gov/30876640/.

Leg & foot ulcers: Causes, diagnosis, treatments & prevention. Cleveland Clinic. (2021). Retrieved October 25, 2021, from https://my.clevelandclinic.org/health/diseases/17169-leg-and-foot-ulcers.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8x10^6/mcL	3.49	N/A	"Major surgery and in particular cardiac surgery is a challenge to the hematopoietic system" (Lako et al., 2015). Patients receiving a coronary artery bypass graft (CABG) are known to have low levels of red blood cells, hemoglobin, and hematocrit levels relating to the surgery. Levels usually return to normal within one to three months after surgery (Lako et al., 2018).
Hgb	12.0-15.8g/dL	9.9	N/A	"Major surgery and in particular cardiac surgery is a challenge to the hematopoietic system" (Lako et al., 2015). Patients receiving a coronary artery bypass graft (CABG) are known to have low levels of red blood cells, hemoglobin, and hematocrit levels relating to the surgery. Levels usually return to normal within one to

				three months after surgery (Lako et al., 2018).
Hct	36.0-47.0%	30.4	N/A	"Major surgery and in particular cardiac surgery is a challenge to the hematopoietic system" (Lako et al., 2015). Patients receiving a coronary artery bypass graft (CABG) are known to have low levels of red blood cells, hemoglobin, and hematocrit levels relating to the surgery. Levels usually return to normal within one to three months after surgery (Lako et al., 2018).
Platelets	140-440K/mcL	518	N/A	N/A
WBC	4.0-12.0K/mcL	9.1	N/A	N/A
Neutrophils	40-60%	60.8	N/A	Neutrophilia or high neutrophil levels can be related to infection, stress, surgery and more. My patient has an infection related to her coronary artery bypass graft surgery which explains why her neutrophil levels are slightly high (Tahir & Zahra, 2021).
Lymphocytes	19-49%	26.6	N/A	N/A
Monocytes	3.0-13.0%	7.3	N/A	N/A

Eosinophils	0.0-8.0%	4.6	N/A	N/A
Bands	0.0-10.0%	N/A	N/A	N/A

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	134-144mmol/L	140	**N/A**	**N/A**
K+	3.5-5.1mmol/L	4.0	**N/A**	**N/A**
Cl-	98-107mmol/L	104	**N/A**	**N/A**
CO2	21-31mmol/L	29	**N/A**	**N/A**
Glucose	70-99mg/dL	196	**N/A**	"Several factors can contribute to hyperglycemia in people with diabetes, including food and physical activity choices, illness, non-diabetes medications, or skipping or not taking enough glucose-lowering medication" (Hyperglycemia in Diabetes, 2020).
BUN	7-25 mg/dL	17	**N/A**	**N/A**

Creatinine	0.50-1.20mg/dL	0.85	**N/A**	**N/A**
Albumin	3.5-5.7 g/dL	N/A	**N/A**	
Calcium	8.6-10.3 mg/dL	9.0	**N/A**	
Mag	1.6-2.6 mg/dL	N/A	**N/A**	
Phosphate	2.4-4.5 units/L	N/A	**N/A**	
Bilirubin	0.3-1.0 mg/dL	N/A	**N/A**	
Alk Phos	34-104 units/L	N/A	**N/A**	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	yellow, clear	**N/A**	**N/A**	**N/A**
pH	5.0-9.0	**N/A**	**N/A**	**N/A**
Specific Gravity	1.003-1.013	**N/A**	**N/A**	**N/A**
Glucose	Negative	**N/A**	**N/A**	**N/A**
Protein	Negative	**N/A**	**N/A**	**N/A**

Ketones	Negative	**N/A**	**N/A**	**N/A**
WBC	0.0-0.5	**N/A**	**N/A**	**N/A**
RBC	0.0-3.0	**N/A**	**N/A**	**N/A**
Leukoesterase	Negative	**N/A**	**N/A**	**N/A**

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	**N/A**	**N/A**	**N/A**
Blood Culture	Negative	**N/A**	**N/A**	**N/A**
Sputum Culture	Negative	**N/A**	**N/A**	**N/A**
Stool Culture	Negative	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Labs to know for Nclex Review. Registered Nurse RN. (2019, July 17). Retrieved October 11, 2021, from https://www.registerednursern.com/labs-to-know-fornclex-review/.

Lako, S., Dedej, T., Nurka, T., Ostreni, V., Demiraj, A., Xhaxho, R., & Prifti, E. (2018, June). *Hematological changes in patients undergoing coronary artery bypass surgery: A prospective study*. Medical archives (Sarajevo, Bosnia and Herzegovina). Retrieved October 25, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4500299/.

Mayo Foundation for Medical Education and Research. (2020, June 27). *Hyperglycemia in diabetes*. Mayo Clinic. Retrieved October 25, 2021, from https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631.

Tahir, N., & Zahra, F. (2021, September 19). *Neutrophilia*. StatPearls [Internet]. Retrieved October 25, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK570571/.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- Hemoglobin A1C: 8.3
- Anion gap: 7.1 (septic)
- 1 view chest x-ray (to rule out cardio issues)
    - No acute cardiopulmonary process
- 3 view x-ray on right foot (to rule out osteomyelitis)
    - No definite osseous abnormality

- Computed tomography angiography (CTA) of chest
    - Changes of recent CABG with small amount of peristernal fluid and air
    - Small pericardial effusion bilateral pleural effusion
    - No visualized Pulmonary embolism
    - Slightly hazy lung changes. Mild edema and atelectasis
- Ultrasound of right lower extremity
    - Great saphenous vein thrombosis

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**B: Neurontin** **G: Gabapentin (Vallerand & Sanoski, 2021)**	**B: Entresto** **G: Sacubitril-valsartan (Vallerand & Sanoski, 2021)**	**B: Plavix** **G: Clopidogrel** **(Vallerand & Sanoski, 2021)**	**B: Levemir** **G: Insulin Detemir** **(Vallerand & Sanoski, 2021)**	**B: Insulin lispro** **G: Admelog** **(Vallerand & Sanoski, 2021)**

Dose	**600 mg**	**24/26 mg**	**75 mg**	**70 units**	**20 units**
Frequency	**3x a day**	**1 tab 2x daily**	**1 tab at bedtime**	**At bedtime**	**3x a day at meals**
Route	**Oral**	**Oral**	**Oral**	**Subcutaneously at bedtime**	**Subcutaneously 3x a day at meals**
Classification	**Schedule 5 analgesic adjunct (Vallerand & Sanoski, 2021)**	**Angiotensin II receptor antagonists (Vallerand & Sanoski, 2021)**	**Anticoagulant, Platelet aggregation inhibitor (Vallerand & Sanoski, 2021)**	**Pancreatics (Vallerand & Sanoski, 2021)**	**Pancreatics (Vallerand & Sanoski, 2021)**
Mechanism of Action	**Unknown; may affect transport of amino acids across and stabilize neuronal membrane.**	**Blocks the vasoconstrictor & aldosterone-secreting effects of angiotensin II at various receptor sites, including vascular smooth muscle and adrenal glands.**	**Inhibits platelet aggregation by irreversibly inhibiting the binding of ATP to platelet receptors.**	**Lower blood glucose by: -Stimulating glucose uptake in skeletal muscle & fat -Inhibiting hepatic glucose production. Other actions: -Inhibition of lipolysis & proteolysis -Enhanced protein synthesis**	**Lower blood glucose by: -Stimulating glucose uptake in skeletal muscle & fat -Inhibiting hepatic glucose production. Other actions: -Inhibition of lipolysis & proteolysis -Enhanced protein synthesis**
Reason Client Taking	**Peripheral neuropathy**	**Congestive heart failure (CHF)**	**Stents**	**Diabetes**	**Diabetes**

Contraindications (2)	**-Hyper sensitivity -Pregnancy (Vallerand & Sanoski, 2021)**	**-Hyper sensitivity -Pregnancy (Vallerand & Sanoski, 2021)**	**-Hyper Sensitivity to clopidogrel or prasugrel -Pathologic bleeding; (peptic ulcer,intracranial hemorrhage) (Vallerand & Sanoski, 2021)**	**-Hypoglycemia -Allergy or hypersensitivity to a particular type of insulin, preservatives, or other additives (Vallerand & Sanoski, 2021)**	**-Hypoglycemia -Allergy or hypersensitivity to insulin lispro (Vallerand & Sanoski, 2021)**
Side Effects/Adverse Reactions (2)	**-Suicidal thoughts -Hypertension (Vallerand & Sanoski, 2021)**	**-Edema -Hypotension (Vallerand & Sanoski, 2021)**	**-Chest pain -GI bleeding (Vallerand & Sanoski, 2021)**	**-Hypoglycemia -Anaphylaxis (Vallerand & Sanoski, 2021)**	**-Hypoglycemia -Hypokalemia (Vallerand & Sanoski, 2021)**

Medications Reference (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **-Alert** **-A & O x4** **-No signs of distress** **-Well groomed, maintains personal hygiene**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **-Appropriate for ethnicity** **-Dry intact with localized abnormality on right foot** **-Warm** **-Elastic** **-N/A** **-N/A** **-Diabetic ulcer on right foot** **-19**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **-Normocephalic, neck is supple, no signs of masses, no deviated trachea** **-Symmetrical, no signs of cerumen** **-PEERLA** **-No deviated septum, nares are patent** **-Missing some lower teeth**

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**-S1, S2** **-Dually paced, normal sinus rhythm** **-3+ radial, 2+ dorsalis pedis** **-Less than 3, greater than 3 on feet**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**-Anterior, posterior clear bilaterally**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	. **-Regular** **-Diabetic** **-62 inches** **-202.7 lbs** **-Heard in all 4 quadrants** **-Yesterday** **-No masses, abdomen is soft, not tender** **-Slightly distended** **-N/A** **-N/A** **-N/A** **-N/A**

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**-Yellow** **-Clear** **-N/A** **-N/A**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	**-Intact** **-Active/Passive ROM intact** **-Wheelchair** **-Equal strength in arms/legs (extremities)** **-Up with 1 assist**

NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**-A & O x4** **-Alert** **-Clear** **-Both feet and hands have deficit** **-N/A**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**-Makes crafts and plays games on Ipad** **-Bachelor's degree** **-Baptist** **-Lives alone, Daughter and mom live nearby and visit often, Divorced.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:00	**90 bpm** **radial**	**100/62 mm** **HG right** **arm**	**20**	**97.1 °F** **temporal**	**99% room** **air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	**N/A**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired mobility related to neuropathy. This is due to	• Diabetic neuropathy causes numbness	1. Bed in low position, call light in reach, check on patient regularly.	• Patient knows her limits and uses one assist to help her move.

high glucose levels from diabetes as evidence by numbness and tingling sensations from damaged nerves in legs and feet (Phelps, 2020).	and tingling in the extremities. This causes severe gait and mobility impairments (Phelps, 2020).	2. Utilization of assistive devices including; wheelchair, walker, cane, rails, gait belts, etc.	• Uses wheelchair and does not try to move independently because she does not want to fall. • Goals met.
2. Risk for surgical site infection due to diabetes as evidence by impaired wound healing because less oxygen can reach wound and tissue does not heal at a normal rate (Phelps, 2020).	• Diabetic individuals are at a high risk of surgical site infection because of slower wound healing process (Phelps, 2020).	1. Keep skin clean, dry, and moisturized. 2. Maintain blood sugar levels to ensure proper healing process.	• Patient practices proper daily hygiene to prevent infection. • Patient's blood sugar levels are maintained and checked frequently. • Goals met.

Overall APA format (5 points):

Bandyk, D. F. (2019). *The diabetic foot: Pathophysiology, evaluation, and treatment*. Seminars in vascular surgery. Retrieved October 25, 2021, from https://pubmed.ncbi.nlm.nih.gov/30876640/.

Labs to know for Nclex Review. Registered Nurse RN. (2019, July 17). Retrieved October 11, 2021, from https://www.registerednursern.com/labs-to-know-fornclex-review/.

Lako, S., Dedej, T., Nurka, T., Ostreni, V., Demiraj, A., Xhaxho, R., & Prifti, E. (2018, June). *Hematological changes in patients undergoing coronary artery bypass surgery: A prospective study*. Medical archives (Sarajevo, Bosnia and Herzegovina). Retrieved October 25, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4500299/.

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Mayo Foundation for Medical Education and Research. (2020, June 27). *Hyperglycemia in diabetes*. Mayo Clinic. Retrieved October 25, 2021, from https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631.

Phelps, L. L. (2020). Sparks & Taylor's nursing diagnosis reference manual (11th ed.).

Tahir, N., & Zahra, F. (2021, September 19). *Neutrophilia*. StatPearls [Internet]. Retrieved October 25, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK570571/.

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company.

Concept Map (20 Points):

Subjective Data

Patient states “I have little to no feeling in hands and feet except a tingling sensation.”

Nursing Diagnosis/Outcomes

1.Patient has impaired mobility related to diabetic neuropathy (Phelps, 2020).

- -Evaluation/outcome: Goals met, patient knows her limits and uses one assist to help her move. Uses wheelchair and does not try to move independently because she does not want to fall.

2.Patient is at risk for skin infections related to high glucose levels from diabetes (Phelps, 2020).

- -Evaluation/outcome: Goals met, patient practices proper daily hygiene to prevent infection. Patient’s blood sugar levels are maintained and checked frequently.

Nursing Interventions

1. Bed in low position, call light in reach, check on patient regularly.
2. Utilization of assistive devices including; wheelchair, walker, cane, rails, gait belts, etc.

1. Keep skin clean, dry, and moisturized.
2. Maintain blood sugar levels to ensure proper healing process.

(Phelps, 2020).

Objective Data

-Pulse: 90 bpm (radial)
-Blood pressure: 100/62 mm HG (right arm)
-Respiratory rate: 20
-Temperature: 97.1°F (temporal)
-Oxygen: 99% (room air)
-Hemoglobin A1C: 8.3
-Anion gap: 7.1 (septic)
-1 view chest x-ray (to rule out cardio issues)
  -No acute cardiopulmonary process
-3view x-ray on right foot (to rule out osteomyelitis)
  -No definite osseous abnormality
-Computed tomography angiography (CTA) of chest
  -Changes of recent CABG with small amount of peristernal fluid and air
  -Small pericardial effusion bilateral pleural effusion
  -No visualized Pulmonary embolism
  -Slightly hazy lung changes. Mild edema and atelectasis
-Ultrasound of right lower extremity
  -Great saphenous vein thrombosis

Patient Information

Fifty-two year old patient who lives alone. Past medical history of obstructive sleep apnea, major depression, irritable bowel syndrome, symptomatic cholelithiasis, defibulator, deep vein thrombosis in right saphenous vein, type 2 diabetes, biventricular cardiac pacemaker, cardiomyopathy, chronic systolic heart failure, charcot-marie tooth disease, and coronary artery disease. Patient was admitted on 10/6/2021 for a non-pressure ulcer in right foot after complications from coronary artery bypass graft surgery on 8/26/2021.