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Chief Complaint:
Foot pain from diabetic foot ulcer.

History of Present Illness:
Mr. R is a 63M with CAD s/p, PCI x2, HTN, HLD, uncontrolled T2DM (A1c 10.6 in 11/2021), had a diabetic foot ulcer 10 days prior to admission. He has had a problem prior to being admitting, his toe on his right foot started off a pressure ulcer stage 1, at around 4:30 pm then over the next course of couple of days, the ulcer started to develop to stage 3. He came to ED b/c he was complaining of pain, puss, and unable to walk on the foot. Pt's ulcer became infected and developed a fever of 101.3. Pt was admitted upon his history with ulcers and the ulcer being infected. Pt was given 1000mg ertapenem IV every 24 over 30 minutes for the infection. Pt was also given 650mg acetaminophen PO every 6 hrs for the pain and fever. Pt is full code.

Surgical History:
s/p PCI x2
s/p partial ray amputation of fifth toe left foot

Medical History:

-Diabetic ulcer of right foot associated with type 2 diabetes mellitus, limited breakdown of skin
- Type 2 diabetes mellitus
-Asthma
-Hyperlipidemia
-Essential hypertension
-Atherosclerosis of coronary artery
-Anemia
-High alkaline phosphate

-Acute kidney injury superimposed on CKD
-Anxiety & depression
-Toxic encephalopathy
-Addiction
-Nutrition, metabolism, and development symptoms

Social History:
Patient lives in Brooklyn, NY with his wife. Patient is able to do all ADLS & IADLS with little to no help, patient uses a cane to help with ambulation. Patient drives and does his own finances, pt is also a construction worker and a Latino/Hispanic male. Pt has 3 children, who do not live with him. Pt does not use alcohol or tobacco, however pt had a history of addiction to certain prescription drugs and IV medications. Pt has no living will, but his wife is his health care proxy.

Family History:
Pt states that his father had cardiovascular issues but unclear if pt's father passed away due to this. Pt's mother also had cardiovascular issues and diabetes mellitus. Pt's siblings do not h**ave** any PMH that he is aware of. There is no family history of cancer.

Allergies:
No known allergies

Medications:
Ertapenem IVPB – 1000mg IV over 30 min – abx used to treat infections
Amlodipine tablet 10mg – calcium channel blocker used to lower blood pressure
Escitalopram – 10mg PO – SSRI used to treat anxiety and depression
Olanzapine 10mg – antipsychotic medication that is used to treat psychotic condition
Trazodone 100mg – SARI used to treat depression
Aspirin 81mg – used to treat pain and reduce fever or inflammation; as well as prevent heart attacks, strokes, and chest pain (angina).
Heparin 7500 units every 8 hrs - anticoagulant (blood thinner) that prevents the formation of blood clots.

Atorvastin 40mg PO – HMG CoA reductase inhibitors used to treat high cholesterol
Insulin glargine 25 units (LANTUS) – lower glucose levels
Insulin lispro sliding scale - lower glucose levels
Insulin lispro (ADMELOG) 12 units - lower glucose levels
Albuterol 90 micrograms HFA inhaler 2 puffs every 6 hrs – bronchodilator used to treat wheezing or SOB brought on by asthma
Acetaminophen tablet 650 mg every 6hrs PRN – pain and fever reliever

Review of Systems:
Constitutional - NAD, has been generally feeling well the last couple of weeks
Eyes - no changes in vision, double vision, blurry vision, wears glasses to see and read
ENT - No congestion, changes in hearing, does not wear hearing aids
Skin/Breast –Warm to touch, skin intact throughout with normal color and turgor minus the LLE with diabetic ulcer on right foot.
Cardiovascular - No SOB, chest pain no heart palpitations. Heart sounds clear. Apical impulse in 5th ICS at left MCL, no thrill.
Pulmonary – no cough, lung sounds clear bilaterally. No tenderness to palpation.
No egophony. Normal S1 and S2, No S3, S4, or other extra sounds, No murmurs.
Endocrine - No changes in appetite
Gastro Intestinal - No n/v/d or constipation. Is on a DASH & TL diet.
Genito Urinary - No increased frequency or pain on urination. Regular voiding w/o dysuria or frequency, Foley catheter or Texas catheter; Urine color amber and clear
I&O.
Musculo Skeletal - no changes in strengths, no joint tenderness or swelling
Neurologic – AOx3 No changes in memory. PMH of anxiety and depression.
Psychology - No changes in mood, PMH of toxic encephalopathy
Heme/Lymph - Denies easy bruising
Extremities: diabetic pressure ulcer with infection. Amputation of fifth toe on left foot. (non-healing, non-purulent deep wound on lateral side of fifth dight with exposed bone.
Abdomen: Normoactive bowel sounds, NT/ND

Vitals:
O2: 96%
BP: 130/87
HR: 76
Temp: 98.0

Pertinent Diagnostic Test:

Na: 137
Cl: 103
K: 5.1
Glucose: 119
CO2: 24

Assessment:

Impaired skin integrity:
The diabetic ulcer on the pt's foot is as a result from the neuropathy from diabetes mellitus type 2. Wound and foot care is very important in diabetic patients because they lose sensation in their lower extremities and are prone to injuries, cuts, and pressure ulcers. Uncontrolled blood sugar levels can lead to nerve damage in people with diabetes. Diabetic neuropathies are a family of nerve disease that causes a loss of sensation, including the ability to feel pain. For those with nerve damage, a small cut, blister or surgical wound on the foot can go unnoticed and untreated, leading to infection and interference with diabetic foot ulcer recovery. Diabetes is a metabolic disease that causes elevated levels of glucose in the blood. Elevated blood glucose levels stiffen the body's arteries and narrow its blood vessels, restricting the delivery of the blood and oxygen needed to support the body's natural healing abilities.
Assessing the site of impaired tissue integrity and its condition. Redness, swelling, pain, burning, and itching are indications of inflammation and the body's immune system response to localized

tissue trauma or impaired tissue integrity. Assessing the characteristics of the wound, including color, size (length, width, depth), drainage, and odor. Assess the patient's level of pain.

Plan:

1. Pt will be provided with tissue care. A sterile dressing technique will be preformed so that it reduces the risk of further infection that pt already has. Pt will also be premediated before dressing and cleaning the wound do the nature of the ulcer and the amount of pain the pt is in. The pt's . Monitor patient's continence status and minimize exposure of skin impairment site and other areas to moisture from incontinence, perspiration, or wound drainage. Pt will also get antibiotics because of the nature of the infection that has occurred for the pt's wound. The pt will also get educated on proper nutrition, hydration, and methods to maintain tissue integrity. Pt will be taught skin and wound assessment and ways to monitor for signs and symptoms of infection, complications, and healing, early assessment and intervention help prevent the development of serious problems. The patient significant others, and family will be educated in the proper care of the wound, including handwashing, wound cleansing, dressing changes, and application of topical medications). Accurate information increases the patient's ability to manage therapy independently and reduces the risk for infection. Pt needs to learn as many wound care management techniques as possible, due the fact that he is a diabetic and foot ulcers are a reoccurring problem.

2. Pt is at risk for decreased cardiac output due his hypertension. The goal for the patient is that he will participate in activities that reduce BP/cardiac workload, will maintain BP within individually acceptable range, will demonstrate stable cardiac rhythm and rate within patient's normal range, and will participate in activities that will prevent stress (stress management, balanced activities and rest plan). The patient will be monitored, and the BP will be recorded. It will be measured in both arms and thighs three times, 3–5 min apart while the patient is at rest, then sitting, then standing for initial evaluation. Pt will have their heart tones and breath sounds listened too and any presence and quality of central and peripheral pulses. The patients' skin color, moisture, temperature, and

capillary refill time will be observed. The presence of pallor; cool, moist skin; and delayed capillary refill time may be due to peripheral vasoconstriction or reflect cardiac decompensation and decreased output. It will also be noted if there if any dependent and general edema. The pt will have a Provide calm, restful surroundings, minimize environmental activity and noise. Also, the limit of the number of visitors and length of stay will occur. Medication will also be administered to lower BP and the pt's response to them will also be monitored, as well as the BP about an hour after medication.

3. Due to the pt's type 2 diabetes mellitus, patient will be assessed for signs of hyperglycemia and hypoglycemia. The blood sugar levels will be taken before meals and at bedtime, it should read 140 to 180 mg/dL. The patient will also be assessed in their feet for temperature, pulses, color, and sensation - to monitor peripheral perfusion and neuropathy. The patient will also be assessed for pattern of his physical activity. The patient will also be assessed in his knowledge of his modified diet and why his diet plan is recommended.