



Date: July 24th, 2018

Patient's Name: Mary xxxxx

DOB: 03/28/1945

We have had the pleasure of assisting our mutual patient Ms. Otter for Foot, lower limb care and wound care at our clinic. This letter is our Podortho Nursing report of our findings which include our Nursing Assessments, Nursing Diagnosis, Treatment plans, Evaluations and recommendations.

Nursing Diagnosis/Assessment:

1. Compromised Skin and Nail integrity R/T: co-morbidities Diabetes and Arterial disease.
2. Damaged skin integrity to right heel medial aspect R/T: Pressure, Friction and above noted co-morbidities.
3. Damaged Skin integrity to right 1st digit under nail R/T: Onychomycosis infection and pressure and above noted co-morbidities.
4. Heel wound does not probe to bone.
5. Insulin dependent diabetic with high ranging blood sugars although states HBAIC was normal last time done. Sensation testing using a 5.07 monofilament score was 8/10 suggesting some L.O.P. (Loss of protective sensation) Her total score on the inlow's 60 second diabetic foot screen was 11/23 and requires screening every three months. Patient states she feels electrical type pain in her lower limbs and feet suggesting peripheral neuropathy. She presents with Erythema and dependent rubor and lower limb edema.
6. Inability to care for skin, nails and wound ***related to:*** decreased mobility.
7. History of Cellulitis and presents with redness and pain on right low limb from foot to mid-calf

Treatment Plan:

1. Diabetic Health teaching and discussion around solutions for foot wear and recommendations made.
2. Darco shoe ordered to off load area where wound is located.
3. Inlow's screen scheduled at our clinic for every six months.
4. Digital appliances recommended. Motor neuropathy noted by deformities. Health education done with questions addressed.

5. Regular diabetic foot care performed by Podortho Nurse. Nail debridement cut and file, and callous care required every six to eight weeks.
6. Laser wound care with silver dressings, packing and irrigation done twice weekly until wound is closed.
7. Watch redness on limb to ensure it does not progress past line marked. May require antibiotics.

Evaluations:

1. Patient is wearing digital appliances daily.
2. Foot care was done, and patient is booked in for care at our clinic every six-eight week.
3. Wounds are progressing well and beginning to close (August 1st, 2018)

Recommendations:

Possible referral to vascular specialist as dependent rubor and lower limb edema has been noted which might suggest some vascular complications.

It also may be advantages to have an x-ray or MRI done to rule out osteomyelitis in Calcaneus bone of right heel.

If you have any questions or concerns, please don't hesitate to contact me. I can be reached at the below numbers.

Podortho Nurses strive for best practice in foot and lower limb care for our patients working with an interdisciplinary team approach.

Erin King

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Podortho Nurses Practice Statement-Professional Podortho Nurse Specialists Are Registered Nurses (Registered Practical Nurse /Registered Nurse) that specialize in the field of Advanced Medical Foot Care. The primary objective of a Podortho Nurse is to optimize foot health, improve client mobility and overall Health Related Quality of Life. This is achieved by performing lower leg and foot assessments, which has been known to detect early signs of life threatening diseases or disabling conditions. In conjunction, Podortho Nurses use the Nursing Process to assess and diagnose, develop and implement a plan of care, and evaluate patient outcomes, while working as part of an interdisciplinary health care team to ultimately provide adequate quality client care.