## California Wound Healing Medical Group (323)264-7796

Patient: Patient PM	ID: Date:									
Facility:Room/Bed:D.O.B.:	Length of visit: minutes Wound Care Provider:									
Etiology:       Factors Effecting         Pressure       Surgical       Venous         Neuropathic       Trauma       Mixed Vascular         Arterial       Other:       Contracture	Insulin       CVA       Limited Mobility       Hypoalbuminemia       CHF         y       HTN       Weakness       Resp. Failure       Hospice									
Significant Changes in Treatment or Change of Condition: Last Assessment Date:										
No report of Nausea, Vomiting, Fever, or Chills	Are the wound(s) healable □Yes □No									
Has There Been Evidence of Improvement this month:	Has There Been a Change in Interventions this month:									
YES, the wound has improved       NO         Evidence of Improvement includes decrease in which of the following:         Wound Measurements       Drainage         Swelling       Hypergranulation         Necrotic Tissue/Slough       Inflammation         Tunneling/Undermining	<b>YES NO</b> If yes, please describe the change and response:									
	<b>Discussion</b> (Have the nutritional interventions been successful?):									
What is the Patient's Current Treatment Goal?         The primary goal of every patient is eventual wound closure         This patient's wound(s) is likely         Closeable         Not Healable	Improvement noted  No significant change Continue current interventions Modify / Orders									
Comments: (If the patient is palliative, why is this not healable?) See note of / / / Closeable: Goals	What Are the Patient's Other Ongoing/Debilitating Factors?         Difficulty with Pressure Reduction (multiple wounds)         Wound site infection       Hospice Status       Metabolic Dyscrasia         Multi-system Organ Failure       Conscious Agitation       Treatment									
Eventual Closure Convert to Self-care or Home Health (if	Refusal  Irreparable Vascular Disease  Non-compliance									
patient's general health, medical issues, continuing adequate mental status, and home environment allow this change)	<u>Healing Factors</u>									
Palliation: Goals	See Wound Assessment									
☐ Minimize risk of infection ☐ Minimize deterioration of the wound ☐ Decrease non-vitalized tissue ☐ Minimize hospital length of stay	Nutritional Status									
☐ Minimize risk of frequent hospitalization ☐ Minimize risk of sepsis ☐ Minimize risk of amputation ☐ Minimize risk of death	See Wound Assessment.									
☐ Minimize psycho-social issues for the patient and their family, associated with wound	Adequate Extremity Arterial Perfusion?									
□Optimize the patient's function, activity, and quality of life □ Patient should be considered for extensive O.R. debridement	See Wound Assessment.									
□ Surgical debridement will continue as needed, performed by the provid	noval of biofilm, non-viable tissue, der, while non-selective active wound care continues by staff between visits ider, while non-selective active wound care continues by staff between visits									

Labs:	CBC,	CMP,	PAB,	CRP	(and	HgbA <sub>1</sub>	C, if a	appropria	ate)	Serum lev	els:	4	С	D <sub>3</sub>	Cu++	Fe <sup>++</sup>	Zn++	Other:	
<b>Other</b>	stud	ies: (	(inclue	le res	ults a	and co	mme	nts)										-	

Repeat labs in two weeks to assess response
 *Recommend Comprehensive Dietary Evaluation*

I have reviewed the wound care measures undertaken by the facility and its staff, and I consider them to be medically reasonable and necessary. The interventions by the patient's care staff are addressing the patient's needs as adequately as can be expected.

Provider Signature:

Plan of Care®