

Ruiz, Edwardo  
MR # 51968121321



DOB 08/01/1951  
Code Status: Full Code

## **History and Physical**

**Admitting Diagnosis:** Non-healing right femoral-popliteal bypass graft

**Code Status:** Full Code

**History of Present Illness:** Mr. Ruiz is a 72-year-old male who presented to the emergency room this morning c/o a non-healing wound following a right femoral-popliteal bypass graft performed last week. Patient states he notices some drainage coming from his incision and thought he should have it checked out. Mr. Ruiz has a 40-year history of diabetes, for which he takes insulin. He took his insulin this morning at home just before he ate breakfast. On the way to the hospital, Mr. Ruiz tripped on a curb and hurt his left ankle. Mild swelling is noted on the posterior aspect of the left ankle. The patient states he is anxious about going home and states concern that he will not be able to care for himself once he returns home. Mr. Ruiz is widowed but has a daughter that lives nearby who can assist with care. No known allergies.

### **Review of Symptoms:**

*Constitutional:* no recent weight loss/gain, sleeps through the night. Low-grade fever off and on. Anxious and concerned about self-care at home.

*HEENT:* no eye drainage, no ear drainage, HOH in both ears, wears hearing aids

*Integumentary:* no rashes, no lumps, no itching, swelling and bruising on left ankle, draining wound on right upper thigh.

*Cardiovascular:* no reports of chest pain/palpitations, no murmurs no dizziness/fainting reported.

*Respiratory:* nonproductive cough x1 week, crackles bilaterally

*Gastrointestinal:* no reports of abdominal pain, last BM was yesterday, no emesis, no difficulty swallowing

*Genitourinary:* Incontinent of urine.

### **Assessment and Plan:**

1. non-healing right femoral popliteal bypass graft
  - A. Admit to medical-Surgical Unit
  - B. Start CefTRIAXone 750 mg daily IM.
  - C. Daily Dressing changes, sterile wet-to-moist
2. Left ankle swelling
  - A. Elevate extremity, will continue to monitor, and treat for pain.

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3. Possible respiratory infection

- A. Crackles noted bilaterally upon exam.
- B. Rule out respiratory infection by obtaining a CXR and sputum culture.

4. Diabetes

- A. Continue home medication of NPH insulin 30 units daily @ 0830.
- B. Monitor blood glucose ACHS and PRN
- C. Start sliding scale regular insulin.

K. Kirst, MD

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Electronically Signed \_\_\_\_/\_\_\_\_20\_\_ at \_\_\_\_