ADDITIONAL WOUND CARE PROGRESS NOTES

Date	Residents Name: Destefano, Carolina J. Room #307
9/21/99	pt admitted on 9/19/99 c̄ diagnosis of ↓ level of consciousness, uroseptis, alzheimers, chronic constipation, impaired swallowing. Abnormal labs (9/16/99) sodium 134↓, BUN 26↑, RBC-3.36↓, HGN 9.8↓, HCT 29.3↓, Band Neutrophils 19.5↑, lyphocytes 17.7↓, ABB. Band Neutroph. 2.0↑, Myelocytes 2.7↑; Urinalysis (9/15/99) Clarity - hazy, Color - yellow, Bacteria 4+, Hyaline Casts: 5↑, Coarse gran casts 3↑. Nursing admission skin assessment (9/19/99) noted the following: (R) Heel stage III c̄ yellow slough & bloody drainage, 2 open areas on coccyx/sacrum c̄ additional healed sites (c̄ pink scar tissue); Also c̄ stage II intact blister on (L) shld. See graphic wound assessment for dressing recommendations and wound status. When assessed - pt found to have bright red blood on incontinence pad from unknown origin. Nursing notified and aware of blood. per Nursing - MD. to examine pt. pt to be transferred to ORMC for evaluation. [illegible] LPTA / Mary Sheriter LPN