

MQH Al Qassimi Hospital-Sharjah

Patient Name: IBRAHIM AHMED DAHQAN

MRN: MQH-00011107

Encounter: 044414921

Medical Service: General Surgery

DOB: 01/01/1958

Age: 64 years

Gender: Male

Admit Date: 10/03/2022

Discharge Date:

e-Dirham: 20883211239743273411

Medical Report

DOCUMENT NAME:

Medical Report

SERVICE DATE/TIME:

29/03/2022 14:03

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION

Mohamed Abdullah Dabbagh (29/03/2022 14:17)

SIGN INFORMATION:

Dr.Fathel Rahman El Hag Edris Mohammed (30/03/2022 12:52)

Brief

Left Diabetic Foot

Medical History

known case of DM and diabetic foot ulcer, being followed in plastic department were some procedure done to him ?? 4D print.. seen in emergency room on 10 Mar 2022 as there is infected ulcer in the left foot heel 7*5 cm filled with sloughed tissue and surrounded by extensive cellulitis and erythema with tenderness.

Patient admitted on 10 Mar 2022 through emergency department and surgical debridement done on 11 Mar 2022.

Patient went well after surgery from general medical point of view, but the debrided foot still showing areas of infection with some ischemic and slough tissue.

PMH: DM, HTN

Procedure/Surgical History

• PCI

On 11 Mar 2022:

Under spinal anesthesia and lateral decubitus

left foot prepped and draped in aseptic technique

Excision of the large necrotic skin patch over the left medial malleolus and over the ulcer over the left calcaneum

Removal of dead sloughed subcutaneous tissue

Pockets underneath the skin extended proximally bet the post compartment and Achillis tendon

Curate of the wound has been done

Hemostasis is secured

Wash by Dermacyn and Jelonet dressing is applied

pressure dressing has been done

Social History

Alcohol - Denies Alcohol Use, 18/Feb/2020

Employment/School

Unemployed, 16/Dec/2021

Exercise - Occasional exercise, 10/Mar/2022

Functional History

none Recent Visual Changes. none Sensory Deficits., 27/Jan/2020

Home/Environment

Lives with: Spouse. Living situation: Home/Independent. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Injuries/Abuse/Neglect in household: No. Feels unsafe at home No. Safe place to go: Yes. Agency(s)/Others notified:

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Medical Report

No. Family/Friends available to help: Yes. Concern for family members at home: Yes. Major illness in household: No. Financial concerns: No., 05/Oct/2017

Nutrition/Health

Diet: Normal, Diabetic., 10/Mar/2022

Psychosocial

None Domestic Concerns. Yes Emotional Support Available. No Financial Concerns Regarding Hospitalization/Discharge. Effective Coping. Condition Stressors., 05/Oct/2017

Social Situation (Marital Status)

Marital Status: Married., 11/Jul/2018

Spiritual History

Special prayer times/days, Reading holy book Spiritual Practices. Saying bismillah before procedures Spiritual practices by health care providers., 04/Mar/2020

Substance Abuse - Denies Substance Abuse, 18/Feb/2020

Tobacco - Denies Tobacco Use, 18/Feb/2020

Family History

Family history is negative

Allergies

No Known Allergies

Clinical Examination

As examined on 29 Mar 2022:

-Patient is alert, oriented and vitally stable

-Well hydrated, no jaundice or pallor.

-Chest: bilateral good air entry.

-Abdomen: soft, lax, non tender, resonant on percussion, positive bowel sounds, intact hernial orifices..

-Wound: Large ulcer over the medial aspect of the left foot and ankle 12x15cm, with dark discoloration over the calcaneum,

Sluffed tissue over medial malleolus and surrounding tissue,

Erythema is less than before, the edges looks ischemic

-No Signs of DVT

Investigations

Diagnostic Results

Diagnostic Results

(02/25/2022 02:09 GST US LE Arterial Duplex Left)

Impression:

Atherosclerotic changes of left lower limb arterial tree.

INFRA-POPLITEAL TIBIAL ARTERIAL DISEASE.

Segmental filling of the infra-popliteal tibial arteries with distal diminutive flow of low peak systolic velocity.

(03/10/2022 16:55 GST XR Foot 2 Views Left)

Joints normal.

No fractures.

Atheromatous calcification of the arteries noted

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Minimal soft tissue swelling observed.

Management

Patient still in the hospital under medical treatment, observation and daily wound care.
Advised to do left below knee amputation as the foot wound looks non-promising.

Detailed Diagnosis

1. Ulcer of foot due to diabetes

Current Procedures

Procedure: Debridement; skin, subcutaneous tissue, muscle, and bone

Medications

Inpatient

Cilostazol 50 mg Oral tablet, 50 mg= 1 tab(s), Oral, BID
enoxaparin, 40 mg= 0.4 mL, Subcutaneous, Daily
insulin regular, 10 unit(s) / 0.1 mL, Subcutaneous, TIDAC
lisinopril, 5 mg= 1 tab(s), Oral, q24hr
pantoprazole, 40 mg= 1 vial(s), IV, q24hr
Paracetamol Parenteral, 1000 mg= 100 mL, IV, As Needed
pentoxifylline, 400 mg= 1 tab(s), Oral, BID
Tramadol Parenteral, 50 mg= 1 mL, IM, q12hr, PRN

Home

Lisinopril 5mg Tablet, 1 tab(s), Oral, q24hr
MetFORMIN 500mg Tablet, 1 tab(s), Oral, q24hr
Pentoxifylline 400mg Tablet, 1 tab(s), Oral, TIDCC
Vitamin B1-B6-B12 Tablet, 1 tab(s), Oral, q24hr

Summary and Recommendations

Left diabetic foot, advised to do left below knee amputation

Prepared by Mohamed Abdullah
Dabbagh

Date 29-MAR-22

[1] Surgery/Procedure Note; Dr.Marwan Rasheed Mohammed 11/Mar/2022 18:30 GST



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