

A Clinical Case for CarePICS – August 2017  
Healthkeeperz Home Health  
Fayetteville, NC  
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Width 7.36 cm  
Length 8.25 cm  
Depth 0.45 cm  
Surface Area: 43.93

A 72 year old African American female presents to the local wound clinic (WCC) with claudication (leg pain) and a wound on her right lower leg. Wound clinic prescribed the Wound VAC and referred her to home health services in the area. Wound and Ostomy Care Nurse (WOCN) attended admission due to imagery forwarded from the WCC showing the skin was peeling around the wound area and the foot had a macerated appearance on the right leg. Previous history of the treatment per the patient during admission to the home health agency:

“She had been admitted to a Level 1 Trauma center hospital in her home town one month previously where a toe was amputated on right leg and a vascular procedure to alleviate a blockage in her left leg...no subsequent vascular procedure or diagnostic testing was done on the right leg...just wound therapy. She was discharged and came to her son’s hometown to be close to family. She visited the local WCC where the physician diagnosed venous hypertension with diabetic foot ulcer in the right leg. He noted absent pulses with the Doppler, made no referrals but ordered the Wound VAC and home health care. Patient had a referral visit the following week with the vascular surgeon at her hometown hospital. He checked for pulses with the Doppler and “heard pulses” so he was satisfied. Came back to the WCC the following week and the wound had deteriorated and complaining of claudication in the right leg but the physician did no further treatment. At this point the WOCN in the home health suggested to the family that they have a second opinion from a vascular surgeon or interventionalist.

Imagery of the wound and leg were forwarded to the local interventionalist via CarePICS®...he immediately scheduled angiography screening where blockage was found and treated both behind the knee and the ankle...she subsequently had another procedure on her left leg to the alleviate blockages after initial angiogram screening procedures. Interventionalist stated that if she had waited for the return visit to her vascular surgeon that one if not both of her legs would have been removed...patient did lose one more toe. Our healthcare economists have estimated readmission of this patient would have resulted in over \$80K in non-recoverable expenses to the health system.

