- **Ulcer Visit 1**
  - History - MA
    - CC: Ulcer
    - Vitals
      - BP
      - Respirations
      - Pulse
      - Height/Weight
    - Allergies
    - Medication History
    - Past Medical History
    - Past Surgical History
    - Family history
    - Social history
    - Review of Systems
    - Is Patient Diabetic?
      - Add diabetic history CC
      - How long?
      - Control?
        - Diet
        - Oral med
        - Insulin
      - Last blood sugar
      - Last Hemoglobin A1c
      - Last time they saw their Physician
  - Have instruments in drawer
  - X-Ray
    - AP and lateral weightbearing
      - Assess for deformity and bone infection
  - Neurological exam
    - Semmes-Weinstein exam
    - Vibratory perception
    - Hot/cold exam
    - Two point descrimination
  - Vascular exam
    - Assess pulses
      - If absent or weak, schedule PADnet
  - Orthopedic examination
    - Document foot deformity
      - Identify risk factors of further ulcer formation
  - Dermatologic examination
    - Photograph wound
      - Add to chart for date of visit
    - Assess wound
      - Use single use ruler
      - Length/width/depth in mm
    - Clinical infection?
      - Document
      - Culture wound
      - Prescribe antibiotics
        - Levaquin 500 mg #10 once daily
        - Augmentin 875 mg #20 bid
        - Clindamycin 300 mg #30 tid
  - Debride wound
    - Remove all devitalized tissue
      - Allows for proper healing
    - Must document level of debridement
  - Prescribe/Dispense Wound Care Products
    - No Drainage
      - Hydrogel gauze
      - Collagen gel
    - Moderate/severe drainage
      - Collagen powder
      - Collagen pad
      - Alginate
      - Foam
  - Offload wound
    - Cam boot
      - Removes pressure that forms the wound
    - Total Contact Cast
  - Lab Tests
    - CBC
    - Comprehensive metabolic panel
    - Hb A1c
      - If diabetic
  - Patient Education
  - Follow up in 2 weeks