FAX

To: test
Company:
Fax: 972-532-9272
Phone:

From: Kailey S. - CHI GOOD SAMARITAN
Fax: 308-865-2930
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NOTES:

test

Date and time of transmission: Wednesday, January 28, 2026 9:09:06 PM
Number of pages including this cover sheet: 37

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Discharge Plan by Melissa A Murphy at 1/28/2026 2:19 PM (Date of Service Note Date/Time)

Author: Melissa A Murphy Service: Case Management Author Type: —
Filed: 1/28/2026 2:19 PM Status: Signed
Editor: Melissa A Murphy

Faxed completed referral screen and clinicals to VA CLC for availability and determination of placement.
Fax: 308-389-5136

Electronically signed by Melissa A Murphy at 1/28/2026 2:19 PM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Progress Notes by Dennis McGowan, MD at 1/28/2026 1:12 PM (Date of Service Note Date/Time)

Author: Dennis McGowan, MD Service: Orthopedic Surgery Author Type: Physician
Filed: 1/28/2026 1:26 PM Status: Addendum
Editor: Dennis McGowan, MD (Physician)
Related Notes: Original Note by Dennis McGowan, MD (Physician) filed at 1/28/2026 1:21 PM

POD #1

Day #6 Vancomycin and Cefepime both IV
Day #2 Flagyl oral

Has been on ASA. To start Lovenox tomorrow
Sequential Compression Devices

Comfortable
No new complaint

BP (!) 167/70 (BP Location: Left arm, Patient Position: Sitting) | Pulse 75 | Temp 36.4 °C (97.5 °F) (Oral) | Resp 14 | Ht 182.9 cm (6') | Wt 112 kg (247 lb) | SpO2 97% | BMI 33.50 kg/m²

Left foot splint intact
No pain on passive stretch of toes
No irritation of skin adjacent to splint
Feels sensation left foot
Moves toes with good strength.
Pulse not palpable right foot. Can't check left foot because of splint

Cultures from 1/27/2026 OR all positive for staph epi

HGB 8.7
WBC 12.8 with 82% polys
CRP 59
ESR greater than 140
CR 1.1 with eGFR 73
Glucose 366
Albumin 2.1

A/p
AB
Elevate in splint

Non weight bear
Will check wounds and xray on Monday 2/2/2026
If pulses are not palpable in left foot, will do angiogram next week.
Plant to remove PMMA rod, bone graft, and new instrumentation in 2 months.
Pt understands if the fusion never heals and had recurring infection, amputation would become the best treatment.

Electronically signed by Dennis McGowan, MD at 1/28/2026 1:21 PM
Electronically signed by Dennis McGowan, MD at 1/28/2026 1:25 PM

Revision History

Date/Time	User	Provider Type	Action
1/28/2026 1:26 PM	Dennis McGowan, MD	Physician	Addend
1/28/2026 1:21 PM	Dennis McGowan, MD	Physician	Sign

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Discharge Plan by Denise Deann Davis at 1/28/2026 11:50 AM (Date of Service Note Date/Time)

Author: Denise Deann Davis | Service: Case Management | Author Type: Social Worker
Filed: 1/28/2026 12:49 PM | Status: Signed
Editor: Denise Deann Davis (Social Worker)

Common Spirit Health
Patient Discharge Preference

CC met with Patient to discuss the need for Post-Acute Services. It has been recommended that patient discharge with SNF services.

Patient preference was obtained from Patient. The top preferences are 1) **CLC Grand Island 2) CLC Papillion 3) VA contracted Nursing Home** . Any questions from patient/representative have been answered to their satisfaction and referrals have been sent to the patient preferred providers as well as desired geographic region.

-1248 We asked CMA to send the referral to the CLC

Electronically signed by Denise Deann Davis at 1/28/2026 12:49 PM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Progress Notes by Todd L Chandler, APRN at 1/28/2026 11:14 AM (Date of Service Note Date/Time)

Author: Todd L Chandler, APRN | Service: Internal Medicine | Author Type: Nurse Practitioner
Filed: 1/28/2026 11:24 AM | Status: Attested
Editor: Todd L Chandler, APRN (Nurse Practitioner) | Cosigner: Jordan Moncrief, MD at 1/28/2026 1:02 PM

Attestation signed by Jordan Moncrief, MD at 1/28/2026 1:02 PM

===Attending Physician Attestation===
I, Dr. Jordan Moncrief, MD, performed the substantive portion of the visit to include medical decision-making and patient LOS based on the portion I completed. This visit was performed as a split shared visit with APP Todd Chandler, APRN.

Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)
Acute deep vein thrombosis (DVT) of radial vein of right upper extremity (HCC) (POA: Clinically Undetermined)

Interval History: No acute events. Pain reasonably controlled. Getting ready to take a nap. Discussed duplex results. Afebrile.

Objective/Exam:
General: NAD, alert, pleasant & cooperative
Cardiac: Regular rate and rhythm, no appreciable murmur
Respiratory: Lungs clear to auscultation bilaterally, respirations even and unlabored
Abdomen: Soft, non-tender, non-distended, normoactive bowel sounds
Extremities: LLE wrapped, clean and dry, RUE 1+ generalized edema
Neurological: Oriented x3, no gross deficits of strength or sensation

I personally reviewed the patient's lab and imaging results as well as current medications.

Assessment & Plan:
I agree with the care plan outlined by the advanced practice clinician, with additional comments as follows:

Diabetic foot ulcer with osteomyelitis: S/p I&D, cultures pending, maintains on broad-spectrum antibiotics, appreciate ID and orthopedic surgery. Multimodal pain control. Therapy as tolerated

T2DM: With persistent hyperglycemia. Titrating insulin regimen including basal and mealtime, will continue to titrate as needed with caution to avoid overcorrection

Acute DVT of right upper extremity: Prelim report pending final read, may be chronic component. Discussed with orthopedic surgery with preference to utilize prophylactic Lovenox today and switch to therapeutic dosing tomorrow, will rediscuss with Dr. McGowan now that he has returned and taken back over.

Disposition: Needing placed with continued assistance after discharge

Jordan Moncrief, MD
1/28/2026 12:53 PM

CHI Health Good Samaritan Hospitalist Progress Note

Patient Name: Robert E Peterson (1/18/1957)
Date of Admit: 1/23/2026 9:49 AM Length of Stay: 5

Date of Service: 1/28/2026

Hospital Active Problem List; POA = Present on Admission
Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)
Acute deep vein thrombosis (DVT) of radial vein of right upper extremity (HCC) (POA: Clinically Undetermined)

Assessment & Plan:
Patient presents to Good Samaritan Hospital emergency department with chief complaint of nonhealing left lower foot ulcer with increased drainage despite attempting to treat outpatient with podiatry and wound therapy, nonadherence to utilization of hard soled shoe with toe-touch weightbearing status. (To note, history of underlying Charcot deformity and subsequent left ankle TTC fusion 4/16/2025. Status post removal of hardware, calcaneal saucerization 8/15/2025 with debridement and left foot wound VAC application 8/20; wound culture growing Pseudomonas aeruginosa, PICC placed utilizing vancomycin, ceftazidime until 9/25/2025). After patient's refusal for amputation, 1/25 I&D with removal of L) ankle hardware by Dr. Carlson with wound vac placement, repeat deep tissue I & D 1/27 with wound culture and implantation of Vancomycin/Daptomcyin rod. Likely remain NWB until healing and at least 4 wks antibiotics. ID consulted, appreciate input. Findings of acute non-occlusive deep vein thrombosis in the right proximal forearm of the radial veins. acute occlusive superficial thrombosis in the right cephalic and basilic veins essentially from proximal upper arm to wrist, which includes where patient had IV in the antecubital fossa.

Diabetic foot ulcer with osteomyelitis (HCC)
Osteomyelitis of left foot, unspecified type (HCC)
Assessment & Plan:
-Non-healing ulcer etiology, suspect diabetes contributing, A1C 6.8, despite outpatient wound therapy and podiatry, non-adherence to TTWB status
-MRI and plain film imaging: subtalar osteomyelitis and gas-forming soft tissue infection. History of prior hardware in the area.
-Venous US neg for DVT
-CRP 202-->59, WBC 14-->10, ESR 140; continue trending
-1/25: I&D with L) ankle hardware removal and wound vac placement by Dr. Carlson
-1/27: Deep tissue I&D and implantation of Vancomycin/Daptomycin impregnated rod; *culture collection Few Gram Positive Cocci, ID pending*
-ID consulted with *history of pseudomonas and MRSA,* continue IV Vanco and Cefepime Day #4; appreciate input
-Multimodal pain therapy regimen
-Strict NWB precautions

Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC)
Assessment & Plan:
-Most recent A1c 6.8 utilizes Lantus 46 units at bedtime and 14 units of Humalog 3 times daily and reports good adherence.
-Blood sugar avg 360-411 after resumption of diet
-Increase Lantus to 30 units, moderate SSI with 14 units at meal time, may adjust Lantus pending glucose trend

Acute deep vein thrombosis (DVT) of radial vein of right upper extremity (HCC) (POA: Clinically Undetermined)
-History of prior PICC RUE 8/2025 for duration of IV antibiotics
-*Preliminary report Vascular US RUE:* Findings of acute non-occlusive deep vein thrombosis in the right proximal forearm of the radial veins. acute occlusive superficial thrombosis in the right cephalic and basilic veins essentially from proximal upper arm to wrist, which includes where patient had IV in the antecubital fossa.
-Elevate extremity above level of heart, limb alert placed
-Utilize prophylactic Lovenox today, transition to therapeutic dosing tomorrow pending ortho input

Hypertension
Assessment & Plan:
-SBP 140-160
-Home antihypertensive regimen: Amlodipine 5 mg twice daily, lisinopril 5 daily, may consider increasing lisinopril with hold parameters

HLD (hyperlipidemia)
Assessment & Plan:
-Continue home statin

PAD (peripheral artery disease)
Assessment & Plan:
-Per ortho, okay to start aspirin 81 mg twice daily

Stage 3a chronic kidney disease (HCC)
Assessment & Plan:
-(baseline creatinine 1.1–1.5)
– Creatinine 1, appears to be at baseline, hold further nephrotoxic agents/contrast dyes whenever possible

BPH
Assessment plan:
– Continue home Sanctura and tamsulosin therapy

Obesity BMI 34.2
Assessment plan:
– Educated on dietary/exercise regimens to promote weight loss strategies outpatient

-Acute on chronic anemia
Chronic disease anemia
Assessment & Plan:
-(BL Hgb 10.9-13.2)
-Arrives Hgb 9.4, suspect current acute infection contributing to chronic anemia of renal disease
-Hgb 9.4-->8.8, heightened with recent operative intervention and anticipated ABL, continue trending

DVT Prophylaxis: Lovenox prophylaxis today, therapeutic dosing in future pending ortho input

Disposition: Inpatient; patient in acceptance with needing alternative discharge options, leaning towards SNF or swingbed to assist with help after discharge.

Subjective
Chief Complaint: No complaints/concerns

Interval History: Patient sitting upright in bed, denies any acute pain or discomfort. Reports his appetite is well. Does feel some abdominal fullness with last BM reported 1/25, discussed addition of milk of mag today, if unsuccessful will attempt Dulcolax suppository. Discussed findings of right upper extremity venous Doppler ultrasound and acute DVT findings in addition with treatment with Lovenox. Patient did state that he did not sleep the best last night, and would like to be downgraded to MedSurg status for less vital sign frequency and less disturbance during night. Will attempt to accommodate this.

Medications:

I reviewed the inpatient medications ordered for Robert E Peterson.

Current Inpatient Medications at 11:19 AM (Scheduled, Drip, PRN)				
	• amLODIPine	5 mg	Oral	BID
	• [Held by provider] aspirin	81 mg	Oral	BID
	• atorvastatin	40 mg	Oral	Nightly
	• cefepime	2 g	IntraVENous	Q8H
	• insulin glargine	30 Units	SubCutaneous	Nightly
	• insulin lispro	14 Units	SubCutaneous	TID with meals
	• insulin lispro	2-14 Units	SubCutaneous	with meals & nightly
	• lisinopriL	5 mg	Oral	Daily
	• metroNIDAZOLE	500 mg	Oral	Q8H
	• polyethylene glycol	17 g	Oral	BID
	• senna-docusate	1 tablet	Oral	BID
	• sodium chloride	10 mL	IntraVENous	2 times per day
	• sucralfate	1 g	Oral	4x Daily
	• tamsulosin	0.4 mg	Oral	PC Dinner
	• trospium	20 mg	Oral	BID
	• vancomycin	1,500 mg	IntraVENous	Q18H
	• [START ON 1/30/2026] vancomycin level	1 each	Other	Once
	acetaminophen, bisacodyl, calcium carbonate, dextrose 50 %, dextrose 50 %, glucagon, melatonin, ondansetron **OR** ondansetron, oxyCODONE, oxyCODONE, polyethylene glycol, Insert peripheral IV **AND** [COMPLETED] Maintain IV access **AND** sodium chloride **AND** sodium chloride			

ROS/Objective:
Complete review of systems is performed and negative except as noted.

Vitals:
Temp: 36.4 °C (97.5 °F)
Heart Rate: 79
Resp: 16
BP: 167/73
Weight change: -3.962 kg (-8 lb 11.7 oz)

Intake/Output last 3 shifts:

Intake/Output Summary (Last 24 hours) at 1/28/2026 1119
Last data filed at 1/28/2026 0745

	Gross per 24 hour
Intake	1520 ml
Output	3475 ml
Net	-1955 ml

Physical examination:
General appearance: Alert, pleasant and cooperative. No evidence of distress.
HEENT: Normacephalic, atraumatic. EOMI.
Neck: Supple. No JVD.
Lungs: Normal respiratory effort. Clear throughout all fields. No wheezing. On RA.
Heart: RRR, S1 & S2 present. No murmurs or rubs.
Abdomen: Soft, non-tender, non-distended; bowel sounds present.
Extremities: Left lower extremity wrapped with Ace wrap and gauze, wound VAC intact, appears functioning. No evidence of underlying drainage. Able to wiggle toes. Right upper extremity

swelling, 2+ radial pulse present.
Pulses: 2+ and symmetric.
Skin: Skin color, texture, turgor normal. No rashes or lesions.
Neurologic: Alert & Oriented x3, no strength or sensory defecits.
Data:

Recent Labs

	01/28/26 0331	01/27/26 0438	01/26/26 0514
NA	130*	141	138
K	4.5	4.1	4.4
CL	102	109	108
CO2	22.0	25.0	24.0
ANIONGAP	10	11	10
CREATININE	1.10	1.00	1.00
BUN	15	9	11
GLU	366*	178*	219*
CALCIUM	8.5	9.2	8.8
PROT	6.4	7.1	6.6
ALBUMIN	2.1*	2.4*	2.3*
ALKPHOS	125	144*	147*
AST	44*	43*	28
ALT	46	46	50
BILITOT	0.4	0.4	0.6

Recent Labs

	01/28/26 0522	01/27/26 2011	01/27/26 1618	01/27/26 0444	01/26/26 2008
CSGLUC	379*	411*	408*	166*	231*

Recent Labs

	01/28/26 0331	01/27/26 0438	01/26/26 0514
WBC	12.6*	11.1	10.0
HGB	8.7*	9.7*	8.8*
HCT	25.9*	30.1*	27.3*
RBC	3.19*	3.74*	3.38*
MCV	81	80	81
PLT	504*	612*	540*
LYMPHOPCT	12	22	16
CRP	--	59.00*	--
SEDRATE1	--	>140*	--
HGBA1C	--	--	6.8*

Microbiology Results (last 7 days)

Procedure	Component	Value	Units	Date/Time
Anaerobic culture (NEIA Only) [510944912]				Collected: 01/27/26 1059
Order Status: Completed		Specimen: Swab from Surgical Site		Updated: 01/27/26 1400
	Gram Stain Result	Many polymorphonuclear leukocytes Rare mononuclear cells Few Gram Positive Cocci Testing performed at CHI Health Good Samaritan, 10 E 31st St., Kearney, NE 68847		

Narrative:

Procedure	Component	Value	Units	Date/Time

1- left intramedullary canal for aerobic and anaerobic (swab)

Anaerobic culture (NEIA Only) [510944914] Collected: 01/27/26 1100
Order Status: Completed Specimen: Swab from Surgical Site Updated: 01/27/26 1349

Gram Stain Result	Many polymorphonuclear leukocytes Rare mononuclear cells No organisms seen. Testing performed at CHI Health Good Samaritan, 10 E 31st St., Kearney, NE 68847

Narrative:
2- left intramedullary canal for aerobic and anaerobic (swab) #2

Blood culture (NEIA Only) X 2 [510436318] Collected: 01/23/26 1035
Order Status: Completed Specimen: Blood Updated: 01/27/26 1200

Microbiolgy Preliminary Report	No growth at 4 days.

Narrative:
Kurin (Yes or No): _
Collection Site: _VENOUS
Aerobic: _10ML
Anaerobic: _10ML
Peds: _
*Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.

Blood culture (NEIA Only) X 2 [510436319] Collected: 01/23/26 1048
Order Status: Completed Specimen: Blood Updated: 01/27/26 1200

Microbiolgy Preliminary Report	No growth at 4 days.

Narrative:
Kurin (Yes or No): _
Collection Site: _VENOUS
Aerobic: _5ML
Anaerobic: _5ML
Peds: _
*Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.

Occult blood x 1, stool [510633950]
Order Status: Canceled Specimen: Stool

Occult blood x 1, stool [510436334]
Order Status: Canceled Specimen: Stool

XR ANKLE 2 VIEWS LEFT
Narrative: XR ANKLE 2 VIEWS LEFT

INDICATION: Trauma.
Impression: FINDINGS/IMPRESSION:

Digital fluoroscopy was provided during ankle fixation.

2 intraoperative fluoroscopic spot image(s) submitted for interpretation.

Fluoroscopic images demonstrate ankle fixation.

0.1 minutes of fluoroscopy time was used.

Please see procedure note for additional details.

I APP Todd L Chandler, APRN, performed history, physical exam, assessment/plan portions of the visit.

I personally reviewed the patient's new clinical lab test results.
I personally reviewed the patient's new radiology test results.
I ordered lab and/or radiology testing during this visit.
I reviewed the patient's current medications.
I personally discussed the patient's plan of care with: Dr(s). Moncrief and bedside nurse.
This documentation includes a review and summation of old medical records.

This note was compiled in part using Dragon voice recognition technology. The note may contain topographical, grammatical, and voice recognition errors. Please contact me to clarify anything confusing in this note.

Electronically signed by Todd L Chandler, APRN on 1/28/2026 at 11:19 AM.

Electronically signed by Todd L Chandler, APRN at 1/28/2026 11:24 AM
Electronically signed by Jordan Moncrief, MD at 1/28/2026 1:02 PM

Revision History

Date/Time	User	Provider Type	Action
1/28/2026 1:02 PM	Jordan Moncrief, MD	Physician	Cosign
1/28/2026 11:24 AM	Todd L Chandler, APRN	Nurse Practitioner	Sign

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Consults by Shelby Shipp, APRN at 1/27/2026 3:26 PM (Date of Service Note Date/Time)

Author: Shelby Shipp, APRN | Service: Infectious Disease | Author Type: Registered Nurse
Filed: 1/27/2026 5:15 PM | Status: Attested
Editor: Shelby Shipp, APRN (Registered Nurse) | Cosigner: Oana Denisa Majorant, MD at 1/27/2026 9:48 PM

Consult Orders
1. Inpatient consult to Infectious Diseases [510784147] ordered by Todd L Chandler, APRN at 01/26/26 1251

Attestation signed by Oana Denisa Majorant, MD at 1/27/2026 9:48 PM (Updated)

I Dr.Oana Denisa Majorant, MD, performed the substantive portion of the visit to include to include medical decision-making and and patient level of service based on the portion I completed. This visit was performed as a split shared visit with Mrs. Shelby Shipp.

CONSENT FOR VIRTUAL MEDICAL APPOINTMENT

Informed Consent: The risks, benefits, and alternatives to the virtual/video visit were explained to the patient and the patient verbally consented to this modality of care. The visit was carried out on a secure line and all parties in the room were identified and approved by the patient prior to the consult. No technical issues were experienced. A level of care equivalent to in-person care was achieved.

PATIENT LOCATION: GSH, Kearney NE
PROVIDER LOCATION: Private residence, Medford Oregon
PATIENT INFORMED OF TREATING MEDICAL GROUP: Yes
VISIT TYPE: SECURED INTERACTIVE REAL TIME VIDEO
01/27/26

Briefly, Mr. Peterson is a complex 69 y/o M with PMH/PSH remarkable for poorly controlled diabetes mellitus, peripheral arterial disease, CKD 3, hypertension, hyperlipidemia, that was admitted at GSH on 1/23/2026 with worsening discharge in the LLE that started approximately 5 days prior, and persisted despite outpatient management. A Left foot Xray indicated the presence of "Marked destruction of the tibiotalar, subtalar joint talus, and tibial plafond and distal fibula " consistent with osteomyelitis/septic arthritis, confirmed by L foot MRI. Patient underwent L ankle I &D on 1/26, with subsequent surgery on 1/27 - antibiotic rod placement. ID has been involved in the case for input on antibiotic management.
Of note, patient was seen in 2024 by CHI ID while admitted at CHI Good Samaritan and then at Saint Francis with LLE DFI complicated by 3rd/4th metatarsal osteomyelitis, as well as potential *Strep mitis* bloodstream infection. At that time he underwent surgery, and was placed on prolonged antibiotic therapy in view of remnant infection. The recommendation was to have additional surgery, but patient refused, and he was placed on PO amoxicillin, then amoxi clav. He was apparently lost to follow up. Patient is also known to outside hospital infectious diseases after he was admitted at Bryan Hospital in the beginning of August 2025 with left lower extremity infection after left ankle TTC arthrodesis and ORIF done on 4/16/2025. At the time, patient had an outpatient culture (echo 8/7/2025) which was positive for MRSA and Pseudomonas species. During the admission at Bryan health patient underwent I&D, bone biopsy as well as removal of posterior calcaneus hardware. IntraOp cultures were also positive for Pseudomonas aeruginosa. Patient was discharged to ambassador swing bed on IV vancomycin and IV ceftazidime with plan to complete 6 weeks of therapy postop.

ROS: Denied fevers, chills, night sweats. Reported that his left leg had become "red and swollen" a few days after he was discharged from ambassador nursing back in Lincoln. Denied nausea or vomiting and reported he had a good appetite.

PE:
General Lying in bed, in no acute distress
HEENT dry lips, neck with normal ROM; looking at the camera
Respiratory No crackles or wheezes
Cardiovascular no tachycardia LUE PIV
Gastrointestinal benign on inspection
Musculoskeletal RUE swelling, discomfort on palpation; LLE s/p I & D, in dressing, wound vac in place
Skin no rash

Limited exam conducted via telemedicine. Portions of this exam were completed by nurse practitioner, Shelby Shipp, APRN in the room with findings relayed to the physician

Labs reviewed included CBC, CRP, ESR, CMET

Micro:

1/27/2026 left intramedullary canal swab #2 in process
1/27/2026 left intramedullary canal swab #1 with gram-positive cocci on Gram stain, culture in process

1/23/2026 blood cultures x 2 No growth to date

Prior micro

8/15/2025 intra-op LLE culture Pseudomonas aeruginosa

Sensi 8/15/2025

Pseudomonas aeruginosa	Amikacin	MIC	4: Susceptible
Pseudomonas aeruginosa	Ciprofloxacin	MIC	1: Intermediate
Pseudomonas aeruginosa	Levofloxacin	MIC	4: Resistant
Pseudomonas aeruginosa	Piperacillin + Tazobactam	MIC	>=128: Resistant
Pseudomonas aeruginosa	Tobramycin	MIC	<=1: Susceptible
Pseudomonas aeruginosa	Ceftolozane + Tazobactam	MIC	1: Susceptible
Pseudomonas aeruginosa	Ceftazidime + Avibactam	MIC	4: Susceptible
Pseudomonas aeruginosa	Ceftazidime	DISK DIFFUSION	Susceptible
Pseudomonas aeruginosa	Cefepime	DISK DIFFUSION	Susceptible
Pseudomonas aeruginosa	Meropenem	DISK DIFFUSION	Susceptible

8/7/2025 superficial local wound

Superficial Wound Culture	**Moderate Growth Staphylococcus aureus**
	Methicillin-Resistant Staph aureus, patient may be an isolation risk.
Superficial Wound Culture	**Light Growth Pseudomonas aeruginosa**
Resulting Agency	BRYAN MEDICAL CENTER WEST LABORATORY

Susceptibility

Organism	Antibiotic	Method	Susceptibility
Staphylococcus aureus	Oxacillin	MIC	>=4: Resistant
Staphylococcus aureus	Erythromycin	MIC	>=8: Resistant
Staphylococcus aureus	Vancomycin	MIC	<=0.5: Susceptible
Staphylococcus aureus	Gentamicin	MIC	<=0.5: Susceptible
Staphylococcus aureus	Trimethoprim + Sulfamethoxazole	MIC	>=320: Resistant
Staphylococcus aureus	Ciprofloxacin	MIC	>=8: Resistant
Staphylococcus aureus	Levofloxacin	MIC	>=8: Resistant
Staphylococcus aureus	Daptomycin	MIC	0.5: Susceptible
Staphylococcus aureus	Tetracycline	MIC	<=1: Susceptible
Staphylococcus aureus	Tigecycline	MIC	<=0.12: Susceptible
Staphylococcus aureus	Rifampin	MIC	<=0.5: Susceptible
Staphylococcus aureus	Linezolid	MIC	2: Susceptible
Pseudomonas aeruginosa	Amikacin	MIC	4: Susceptible
Pseudomonas aeruginosa	Ciprofloxacin	MIC	1: Intermediate
Pseudomonas aeruginosa	Ceftazidime	MIC	4: Susceptible
Pseudomonas aeruginosa	Levofloxacin	MIC	4: Resistant
Pseudomonas aeruginosa	Piperacillin + Tazobactam	MIC	>=128: Resistant
Pseudomonas aeruginosa	Tobramycin	MIC	<=1: Susceptible
Pseudomonas aeruginosa	Meropenem	MIC	4: Intermediate
Pseudomonas	Ceftolozane +	MIC	1: Susceptible

Organism	Antibiotic	Method	Susceptibility
aeruginosa	Tazobactam		
Pseudomonas aeruginosa	Ceftazidime + Avibactam	MIC	2: Susceptible
Pseudomonas aeruginosa	Cefepime	DISK DIFFUSION	Susceptible

Assessment

Calcaneus osteomyelitis, s/p I &D, hardware removal (1/25, Dr. Carlson - patient refused amputation), followed by antibiotic rod placement (1/27, Dr. Carlson)
Elevated CRP–inflammation, infection
Leukocytosis, resolving, thrombocytosis (infection, inflammation, recent surgical intervention)
Prior LLE Chronic wound after left ankle TTC arthrodesis and ORIF 4/16/2025
Prior MRSA/PSAs infection (8/7/2025), s/p debridement, bone biopsy, calcaneus screw removal(8/15/2026) and 6 weeks of IV vancomycin/ceftazidime
Prior Left foot DFI with underlying metatarsal osteomyelitis and possible Strep mitis/oralis ?bloodstream infection (5/2024), s/p IV ampicillin, then po amoxicillin
H/o rash with piperacillin - tazobactam
H/o RUE melanoma, prior R axilla lymphadenopathy, diabetes mellitus, peripheral arterial disease, CKD 3, hypertension, hyperlipidemia, morbid obesity, all complicating care

Plan
Maintain IV vancomycin/cefepime pending further data; local culture data (1/27) pending, Gram stain with GPCs
Given the presence of gas on recent imaging, I will add anaerobic coverage with metronidazole pending culture data
Education done with patient on current management, main antibiotic related side effects, including but not limited to GI upset, nausea, vomiting, diarrhea, rash, C diff infection, leukopenia, kidney or liver dysfunction, patient verbalized understanding
Extensive discussion done with the patient on the low chances of success with this approach, and shared my serious concern about the high risk of prolonged antibiotic usage versus very limited benefits
May need prolonged IV antibiotics, potentially via IV
If wound fails to heal with current approach, unfortunately next step would consist of additional surgical intervention (which patient refused in the past)
ID will continue to follow

Risk of complications, morbidity, or a combination of these
HIGH RISK: , recurrent Left ankle infection, s/p multiple surgical interventions (refusal of additional surgery) in a patient with multiple comorbidities including diabetes, peripheral vascular disease, morbid obesity; need for medication toxicity monitoring - IV vancomycin, and as such the patient is HIGH risk

Infectious Disease Initial Visit - Date of Service: 1/27/2026

Name: Robert E Peterson **DOB:** 1/18/1957 **Age:** 69 y.o. **MRN:** 801100772
PCP on file: Andrew Allen Arends, PAC **Location of Service**: GSH 3WEST PCU

Requesting Physician: Jordan Moncrief, MD
Requesting Team: Internal Medicine

Infectious Diseases was directly contacted by a member of the primary team caring for the patient.
Author of this note discussed the reason for consultation with a physician or physician assistant on the primary team.
Name of the team member was Dr.Moncrief.
Reason for Consult: "Recurrent diabetic foot infection with history of MRSA and pseudomonas".

CONSENT FOR VIRTUAL MEDICAL APPOINTMENT

Informed Consent: The risks, benefits, and alternatives to the virtual/video visit were explained to the patient and the patient verbally consented to this modality of care. The visit was carried out on a secure line and all parties in the room were identified and approved by the patient prior to the consult. No technical issues were experienced. A level of care equivalent to in-person care was achieved.

PATIENT LOCATION: GSH, Kearney, NE
PROVIDER LOCATION: private residence, Medford OR
PATIENT INFORMED OF TREATING MEDICAL GROUP: Yes
VISIT TYPE: SECURED INTERACTIVE REAL TIME VIDEO
01/27/26

Infectious Disease Assessment & Plan: *UpToDate Search*

Assessment
Robert E Peterson is a 69 y.o. male with medical history significant for obesity, hypertension, hyperlipidemia, type 2 diabetes mellitus with long-term current use of insulin, BPH, CKD 3A, PAD. He does have a history of Pseudomonas and MRSA infection of the left foot. He presented to the GSH ED on 1/23 when the area began to have increased drainage and was bloody. Imaging of the left foot obtained showing destruction of tibiotalar, subtalar, joint talus and distal fibula concerning for osteomyelitis/septic arthritis. Gas within plantar surface of foot into lower leg. Ortho was consulted and discussed potential need for amputation, patient declined plan was agreed to have removal of hardware with I&D as well as antibiotic rod and wound VAC placed. Did discuss with patient poor healing and recurrent infections that regardless of interventions this hospitalization he may still need to have an amputation.

Plan
- Complex case as outlined above
Plan to obtain medical records from Ambassador where patient was discharged on 1/14 to see what antibiotics he received.
- Continue current antibiotic regime of Cefepime 2g q8h and Vancomycin 1500mg q18h.
- Will follow surgical site collection swab.
- Will most likely need 4-6 weeks of antibiotics and ID clinic outpatient f/u, may need PICC depending on antibiotic choice. Will provide recommendations after blood and surgical site cultures result.

See attending attestation.

I APP Shelby Shipp, APRN, performed chart review, physical exam, and assessment/plan portions of the visit.

Thank you for allowing ID to participate in this patient's care; I will continue to follow.

History of Present Illness:

History obtained from: the patient and review of medical record

History of the present illness:
Robert E Peterson is a 69 y.o. male with medical history of obesity, hypertension, hyperlipidemia, type 2 diabetes mellitus with long-term current use of insulin, BPH, CKD 3A, PAD.

Patient presented to Good Samaritan Hospital emergency department on 1/23/26 with chief complaint of nonhealing left lower foot ulcer with increased drainage despite attempting to treat outpatient with podiatry and wound therapy. He states that he was discharged from Ambassador in Lincoln on 1/14 and noticed

that his left foot started to become red and swollen on 1/18. He followed up with his VA physician on 1/22 who recommended admission to Saint Francis, however the patient refused. He ultimately decided to present to GSH ED on 1/23 when he noticed bloody drainage and increase in drainage out of his left foot.

Upon presentation to the emergency department on 1/23/26, x-ray of the affected extremity reveals: Destruction of tibiotalar, subtalar, joint talus and distal fibula concerning for osteomyelitis/septic arthritis. Gas within plantar surface of foot into lower leg. Laboratory analysis reveals: ESR 140, CRP 202. Creatinine 1.2 (baseline 1.1–1.5). AST 95, alk phos 227, ALT 95, T. bili 1.3. Mag 1.4. Leukocytosis, WBC 14.2. Hemoglobin 9.4, (baseline 10.9–13.2). Blood cultures obtained and patient started on cefepime, Flagyl, vancomycin.

Current Antimicrobials:

Antibiotics	Antifungals	Antivirals
Cefepime 2g q8h Vancomycin 1500 mg q18h Received Flagyl 500 mg once on 1/23	None	None

Past Medical History:

Robert E Peterson has a past medical history of Acquired talipes planus, BMI 33.0-33.9,adult (07/02/2019), Chronic constipation, Diabetic neuropathy (HCC), Diabetic retinopathy (HCC) (07/02/2019), Hammer toe, Heart murmur, Hyperlipidemia, Hypertension, Irritable bowel syndrome without diarrhea (12/30/2016), Migraine (01/02/1999), NPDR (nonproliferative diabetic retinopathy) (HCC), and Presbyopia.

Robert E Peterson has a past surgical history that includes Destruction of Extensive/Progressive Retinopathy by Laser; Elbow surgery; Amputation 4th Toe (Left, 05/28/2024); Toe amputation (Left, 2016); and Toe amputation (Right).

Robert E Peterson is allergic to pembrolizumab, piperacillin, tazobactam, and piperacillin-tazobactam.

Family History:

Robert E Peterson's family history includes Cardiac Disease in his father; Diabetes in his brother, mother, and another family member; Heart failure in his brother; Kidney failure in his brother.

Personal and Social History:

Robert E Peterson reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use. He reports that he does not use drugs.

Review of Systems:

A complete review of systems is performed and all other systems were reviewed and negative except as noted above in the HPI.

Examination:

Vitals

Temp: 36.4 °C (97.6 °F) - BP: (!) 171/75 - Heart Rate: 80 - Resp: 20 - SpO2: 95 %
Temp Min: 36.2 °C (97.1 °F) Max: 37.1 °C (98.8 °F)

Height / Weight / BMI

Recent height: 182.9 cm (6') (01/23/26 0957)
Recent weight: 116 kg (255 lb 11.7 oz) (01/27/26 0300) - Body mass index is 34.68 kg/m².
Admit weight: 114.4 kg (252 lb 3.3 oz)

Cockroft - Gault (eCrCl)
Estimated Creatinine Clearance: 91.7 mL/min (based on SCr of 1 mg/dL).

General Alert lying in bed, in no acute distress
Respiratory Respirations even, unlabored
Gastrointestinal Soft, slight tenderness upon palpation to RLQ.
Musculoskeletal RUE swollen 2+. RN states IV infiltration occurred in the arm. Primary team aware. LLE wrapped with ace wrap ang gauze, wound VAC in place. Able to wiggle toes.
Skin No rash and IV site left arm PIV lacks erythema/edema/pus.
Neurologic AO x 3, pleasant

Limited exam conducted via telemedicine. Portions of this exam were completed by APP, Shelby Shipp, APRN in the room with findings relayed to the physician.

Data Reviewed:

Cultures/PCR		
Blood	Sputum/nasopharynx/BAL	Other
1/23: Blood cultures collected NGTD	None	1/27: Surgical site swab collected

Results for orders placed or performed during the hospital encounter of 05/28/24
Blood culture x2 - now, then in 15 minutes
Collection Time: 05/28/24 4:00 PM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	No growth at 4 days.	
MICROBIOLOGY FINAL REPORT	No growth at 5 days.	

Blood culture x2 - now, then in 15 minutes
Collection Time: 05/28/24 3:25 PM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	No growth at 4 days.	
MICROBIOLOGY FINAL REPORT	No growth at 5 days.	

Results for orders placed or performed during the hospital encounter of 05/15/24
Blood culture
Collection Time: 05/17/24 6:49 AM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	No growth at 4 days.	
MICROBIOLOGY FINAL REPORT	No growth at 5 days.	

Blood culture
Collection Time: 05/17/24 5:27 AM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	No growth at 2 days.	
MICROBIOLOGY FINAL REPORT	No growth at 5 days.	

Blood culture x2 - now, then in 15 minutes
Collection Time: 05/15/24 10:50 AM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	No growth at 4 days.	
MICROBIOLOGY FINAL REPORT	No growth at 5 days.	

Blood culture x2 - now, then in 15 minutes
Collection Time: 05/15/24 10:46 AM
Specimen: Blood

Result	Value	Ref Range
Microbiolgy Preliminary Report	Culture received in lab, report to follow. (A)	
Gram Stain Result	(A)	

Gram Positive Cocci in chains in aerobic bottle.
Critical results called to Teresa M in PCU at 5/16/2024 07:14 by SDK Patient ID and test results read back.

Blood Culture ID (A)
Streptococcus species (not S. pyogenes, S. agalactiae or S. pneumoniae) detected. detected. in aerobic bottle.
Organism detected by multiplex PCR.

MICROBIOLOGY FINAL REPORT (A)
Streptococcus species (not S. pyogenes, S. agalactiae or S. pneumoniae) detected. detected. in aerobic bottle.
Organism detected by multiplex PCR.

Streptococcus mitis/oralis isolated.
This organism is often considered a contaminant from skin

Organism ID, Bacteria Streptococcus mitis/oralis (A)

No results found for this or any previous visit.

General (last 24 hours)

Results from last 24 hours

	Units	01/27/26 1618	01/27/26 0444	01/27/26 0438	01/26/26 2008
CREAT	mg/dl	--	--	1.00	--
GLUCOSE	mg/dl	--	--	178*	--
GLUCOSE STRIP	mg/dl	408*	168*	--	231*
PROTEIN TOTAL	gm/dl	--	--	7.1	--
ALBUMIN	gm/dl	--	--	2.4*	--
GLOBULIN	gm/dl	--	--	4.7*	--

Infectious / inflammatory (last 24 hours)

Results from last 24 hours

	Units	01/27/26 0438
WBC	k/ul	11.1
HEMOGLOBIN	gm/dl	9.7*
HEMATOCRIT	%	30.1*
MCV	fl	80
PLATELETS	k/ul	612*
CRP	mg/L	59.00*

Urine Studies (last 24 hours)	UA Micro (last 24 hours)

Imaging (last 48 hours)

=== Recent Results (from the past 2 days) ===

XR ANKLE 2 VIEWS LEFT 1/27/2026 12:11 PM

- Impression -
FINDINGS/IMPRESSION:

Digital fluoroscopy was provided during ankle fixation.

2 intraoperative fluoroscopic spot image(s) submitted for interpretation.

Fluoroscopic images demonstrate ankle fixation.

0.1 minutes of fluoroscopy time was used.

Please see procedure note for additional details.

Lines/access: Left forearm PIV.

Procedures
1/27: I&D of left heel/ankle with placement of antibiotic rod and wound vac. Surgical site swab collected.
1/25: Removal of left ankle hardware, I&D of extremity.

Additional comments:
I personally reviewed the patient's new clinical lab test results.
I personally reviewed the patient's new radiology test results.
I reviewed the patient's current medications.
I have decided to obtain relevant old medical records.
This documentation includes a review and summation of old medical records.

I personally discussed the patient's plan of care with: bedside nurse and primary care team.

Risk of complications, morbidity, or a combination of these
Chronic illness with severe exacerbation/progression/side effects of therapy previous infection of ankle, diabetic, non-healing woounds and as such the patient is HIGH risk

This note was generated by voice recognition software. Some words and phrases may be phonetically similar but different from what was actually dictated. Despite concurrent proofreading, please note that homonyms and other transcription errors may be present and that these errors may not truly reflect my intent. Please contact us for clarification if any questions arise relating to the wording of this document.

I spent a total of 35 minutes on the care for this patient.This included interview and physical exam of the patient, discussing plan of care with the patient, nursing and the hospitalist, independent review and interpretation of lab results, independent review and interpretation of labs, records and images, counseling and/ or coordination of care.

Thank you for the consultation, please do not hesitate to contact me with questions.

Electronically signed by Shelby Shipp, APRN on 1/27/2026 at 4:28 PM.

Electronically signed by Shelby Shipp, APRN at 1/27/2026 5:15 PM
Electronically signed by Oana Denisa Majorant, MD at 1/27/2026 9:48 PM

Revision History

Date/Time	User	Provider Type	Action
1/27/2026 9:48 PM	Oana Denisa Majorant, MD	Physician	Cosign
1/27/2026 9:48 PM	Oana Denisa Majorant, MD	Physician	Remove Cosign
1/27/2026 8:44 PM	Oana Denisa Majorant, MD	Physician	Cosign
1/27/2026 5:15 PM	Shelby Shipp, APRN	Registered Nurse	Sign

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Discharge Plan by Denise Deann Davis at 1/27/2026 2:50 PM (Date of Service Note Date/Time)

Author: Denise Deann Davis Service: Case Management Author Type: Social Worker
Filed: 1/27/2026 3:14 PM Status: Signed
Editor: Denise Deann Davis (Social Worker)

Spoke with Todd Chandler-APRN: will need a wound vac, IV abx and will be NWB for some time. ID is visiting with patient now. Patient expressed to Todd he will need rehab somewhere.

1510 Left a message for Michelle with VA Care in Community P# 402-996-3584 -checking if patient is Service Connected, a little more about his stay at the CLC previously.

Electronically signed by Denise Deann Davis at 1/27/2026 3:14 PM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Progress Notes by Todd L Chandler, APRN at 1/27/2026 2:28 PM (Date of Service Note Date/Time)

Author: Todd L Chandler, APRN Service: Internal Medicine Author Type: Nurse Practitioner
Filed: 1/27/2026 2:47 PM Status: Attested
Editor: Todd L Chandler, APRN (Nurse Practitioner) Cosigner: Jordan Moncrief, MD at 1/27/2026 2:57 PM

Attestation signed by Jordan Moncrief, MD at 1/27/2026 2:57 PM

===Attending Physician Attestation===
I, Dr. Jordan Moncrief, MD, performed the substantive portion of the visit to include medical decision-making and patient LOS based on the portion I completed. This visit was performed as a split shared visit with APP Todd Chandler, APRN.

Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)

Interval History: No acute events. Seen postoperatively, resting comfortably in his room, getting ready to work with therapy. Pain reasonably controlled. No chest pain or shortness of breath. Afebrile.

Objective/Exam:
General: NAD, alert, pleasant & cooperative
Cardiac: Regular rate and rhythm, no appreciable murmur

Respiratory: Lungs clear to auscultation bilaterally, respirations even and unlabored
Abdomen: Soft, non-tender, non-distended, normoactive bowel sounds
Extremities: Splint in place, clean and dry
Neurological: Oriented x3, no gross deficits of strength or sensation

I personally reviewed the patient's lab and imaging results as well as current medications.

Assessment & Plan:
I agree with the care plan outlined by the advanced practice clinician, with additional comments as follows:

Diabetic foot ulcer with osteomyelitis: Appreciate orthopedic input, deep tissue I&D with implantation of vancomycin/daptomycin impregnated rod, cultures pending. Appreciate infectious disease input. Continue current antimicrobials. Multimodal pain control. Strict nonweightbearing precautions.

T2DM: Fasting blood sugar this morning reasonably controlled although was n.p.o. after midnight, will continue current basal bolus insulin regimen for now including carb count and adjust further as clinically indicated now that he is able to eat again.

Primary hypertension: Blood pressure somewhat labile, overall suboptimally controlled, will hold off further adjustments in the immediate postoperative setting and monitor over the next 24 hours, may need to increase his lisinopril dose, recheck renal function in the morning

Peripheral arterial disease: Twice daily aspirin, high intensity statin

Jordan Moncrief, MD
1/27/2026 2:54 PM

CHI Health Good Samaritan Hospitalist Progress Note

Patient Name: Robert E Peterson (1/18/1957)
Date of Admit: 1/23/2026 9:49 AM Length of Stay: 4

Date of Service: 1/27/2026
Hospital Active Problem List; POA = Present on Admission
Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)

Assessment & Plan:
Patient presents to Good Samaritan Hospital emergency department with chief complaint of nonhealing left lower foot ulcer with increased drainage despite attempting to treat outpatient with podiatry and wound therapy, nonadherence to utilization of hard soled shoe with toe-touch weightbearing status. (To note, history of underlying Charcot deformity and subsequent left ankle TTC fusion 4/16/2025. Status post

removal of hardware, calcaneal saucerization 8/15/2025 with debridement and left foot wound VAC application 8/20; wound culture growing Pseudomonas aeruginosa, PICC placed utilizing vancomycin, ceftazidime until 9/25/2025). After patient's refusal for amputation, 1/25 I&D with removal of L) ankle hardware by Dr. Carlson with wound vac placement, repeat deep tissue I & D 1/27 with wound culture and implantation of Vancomycin/Daptomcyin rod. Likely remain NWB until healing and at least 4 wks antibiotics. ID consulted, appreciate input.

Diabetic foot ulcer with osteomyelitis (HCC)
Osteomyelitis of left foot, unspecified type (HCC)
Assessment & Plan:
-Non-healing ulcer etiology, suspect diabetes contributing, A1C 6.8, despite outpatient wound therapy and podiatry, non-adherence to TTWB status
-MRI and plain film imaging: subtalar osteomyelitis and gas-forming soft tissue infection. History of prior hardware in the area.
-Venous US neg for DVT
-CRP 202-->59, WBC 14-->10, ESR 140; continue trending
-1/25: I&D with L) ankle hardware removal and wound vac placement by Dr. Carlson
-1/27: Deep tissue I&D and implantation of Vancomycin/Daptomycin impregnated rod; *culture collection Few Gram Positive Cocci, ID pending*
-ID consulted with *history of pseudomonas and MRSA,* continue IV Vanco and Cefepime Day #4; appreciate input
-Multimodal pain therapy regimen
-Strict NWB precautions

Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC)
Assessment & Plan:
-Most recent A1c 6.8 utilizes Lantus 46 units at bedtime and 14 units of Humalog 3 times daily and reports good adherence.
-Blood sugar avg 160-280's
-Continue Lantus 20 units, moderate SSI, and carb count with meals

Hypertension
Assessment & Plan:
-SBP 140-160
-Home antihypertensive regimen: Amlodipine 5 mg twice daily, lisinopril 5 daily, may consider increasing lisinopril with hold parameters

HLD (hyperlipidemia)
Assessment & Plan:
-Continue home statin

PAD (peripheral artery disease)
Assessment & Plan:
-Per ortho, okay to start aspirin 81 mg twice daily

Stage 3a chronic kidney disease (HCC)
Assessment & Plan:
-(baseline creatinine 1.1–1.5)
– Creatinine 1, appears to be at baseline, hold further nephrotoxic agents/contrast dyes whenever possible

BPH
Assessment plan:
– Continue home Sanctura and tamsulosin therapy

Obesity BMI 34.2
Assessment plan:
– Educated on dietary/exercise regimens to promote weight loss strategies outpatient

-Acute on chronic anemia
Chronic disease anemia

Assessment & Plan:
-(BL Hgb 10.9-13.2)
-Arrives Hgb 9.4, suspect current acute infection contributing to chronic anemia of renal disease
-Hgb 9.4-->8.8, heightened with recent operative intervention and anticipated ABL, continue trending

DVT Prophylaxis: Aspirin 81 mg twice daily

Disposition: Inpatient; patient in acceptance with needing alternative discharge options, leaning towards SNF or swingbed to assist with help after discharge.

Subjective
Chief Complaint: No complaints/concerns

Interval History: Patient sitting upright in bed following surgical procedure. Denies acute pain. No shortness of breath/dyspnea. No chest pain/palpitations. Tolerating a diet.

Medications:
I reviewed the inpatient medications ordered for Robert E Peterson.

Current Inpatient Medications at 2:28 PM (Scheduled, Drip, PRN)			
• amLODIPine	5 mg	Oral	BID
• aspirin	81 mg	Oral	BID
• atorvastatin	40 mg	Oral	Nightly
• cefepime	2 g	IntraVENous	Q8H
• docusate sodium	100 mg	Oral	BID
• insulin glargine	20 Units	SubCutaneous	Nightly
• insulin lispro	1-8 Units	SubCutaneous	TID with meals
• insulin lispro	2-14 Units	SubCutaneous	with meals & nightly
• lisinopriL	5 mg	Oral	Daily
• sodium chloride	10 mL	IntraVENous	2 times per day
• sucralfate	1 g	Oral	4x Daily
• tamsulosin	0.4 mg	Oral	PC Dinner
• tobramycin			
• trospium	20 mg	Oral	BID
• vancomycin			
• vancomycin	1,500 mg	IntraVENous	Q18H
• vancomycin level	1 each	Other	Once
acetaminophen, calcium carbonate, dextrose 50 %, dextrose 50 %, glucagon, melatonin, ondansetron **OR** ondansetron, oxyCODONE, oxyCODONE, polyethylene glycol, Insert peripheral IV **AND** [COMPLETED] Maintain IV access **AND** sodium chloride **AND** sodium chloride, tobramycin, vancomycin			

ROS/Objective:
Complete review of systems is performed and negative except as noted.

Vitals:
Temp: 36.4 °C (97.6 °F)
Heart Rate: 80
Resp: 20
BP: 171/75
Weight change:

Intake/Output last 3 shifts:

Intake/Output Summary (Last 24 hours) at 1/27/2026 1428
Last data filed at 1/27/2026 1225

	Gross per 24 hour
Intake	1420 ml
Output	3115 ml
Net	-1695 ml

Physical examination:
General appearance: Alert, pleasant and cooperative. No evidence of distress.
HEENT: Normacephalic, atraumatic. EOMI.
Neck: Supple. No JVD.
Lungs: Normal respiratory effort. Clear throughout all fields. No wheezing. On RA.
Heart: RRR, S1 & S2 present. No murmurs or rubs.
Abdomen: Soft, non-tender, non-distended; bowel sounds present.
Extremities: Left lower extremity wrapped with Ace wrap and gauze, wound VAC intact, appears functioning. No evidence of underlying drainage. Able to wiggle toes.
Pulses: 2+ and symmetric.
Skin: Skin color, texture, turgor normal. No rashes or lesions.
Neurologic: Alert & Oriented x3, no strength or sensory defecits.
Data:

Recent Labs

	01/27/26 0438	01/26/26 0514	01/25/26 0511
NA	141	138	139
K	4.1	4.4	4.4
CL	109	108	110
CO2	25.0	24.0	23.0
ANIONGAP	11	10	10
CREATININE	1.00	1.00	0.90
BUN	9	11	13
GLU	178*	219*	238*
CALCIUM	9.2	8.8	8.8
PROT	7.1	6.6	6.6
ALBUMIN	2.4*	2.3*	2.1*
ALKPHOS	144*	147*	160*
AST	43*	28	39
ALT	46	50	67
BILITOT	0.4	0.6	0.6

Recent Labs

	01/27/26 0444	01/26/26 2008	01/26/26 1704	01/26/26 1038	01/26/26 0515
CSGLUC	166*	231*	255*	280*	216*

Recent Labs

	01/27/26 0438	01/26/26 0514	01/25/26 0511
WBC	11.1	10.0	8.6
HGB	9.7*	8.8*	8.8*
HCT	30.1*	27.3*	26.9*
RBC	3.74*	3.38*	3.30*
MCV	80	81	82
PLT	612*	540*	560*
LYMPHOPCT	22	16	17
CRP	59.00*	--	97.70*
SEDRATE1	>140*	--	--
HGBA1C	--	6.8*	--

Microbiology Results (last 7 days)

Procedure	Component	Value	Units	Date/Time
Anaerobic culture (NEIA Only) [510944912]				Collected: 01/27/26 1059
Order Status: Completed		Specimen: Swab from Surgical Site		Updated: 01/27/26 1400
	Gram Stain Result	Many polymorphonuclear leukocytes Rare mononuclear cells Few Gram Positive Cocci Testing performed at CHI Health Good Samaritan, 10 E 31st St., Kearney, NE 68847		
Narrative:				
1- left intramedullary canal for aerobic and anaerobic (swab)				
Anaerobic culture (NEIA Only) [510944914]				Collected: 01/27/26 1100
Order Status: Completed		Specimen: Swab from Surgical Site		Updated: 01/27/26 1349
	Gram Stain Result	Many polymorphonuclear leukocytes Rare mononuclear cells No organisms seen. Testing performed at CHI Health Good Samaritan, 10 E 31st St., Kearney, NE 68847		
Narrative:				
2- left intramedullary canal for aerobic and anaerobic (swab) #2				
Blood culture (NEIA Only) X 2 [510436318]				Collected: 01/23/26 1035
Order Status: Completed		Specimen: Blood		Updated: 01/27/26 1200
	Microbiolgy Preliminary Report	No growth at 4 days.		
Narrative:				
Kurin (Yes or No): _ Collection Site: _VENOUS Aerobic: _10ML Anaerobic: _10ML Peds: _ *Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.				
Blood culture (NEIA Only) X 2 [510436319]				Collected: 01/23/26 1048
Order Status: Completed		Specimen: Blood		Updated: 01/27/26 1200
	Microbiolgy Preliminary Report	No growth at 4 days.		
Narrative:				
Kurin (Yes or No): _ Collection Site: _VENOUS Aerobic: _5ML Anaerobic: _5ML Peds: _ *Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.				
Occult blood x 1, stool [510633950]				
Order Status: No result		Specimen: Stool		
Occult blood x 1, stool [510436334]				
Order Status: Canceled		Specimen: Stool		

XR ANKLE 2 VIEWS LEFT
Narrative: XR ANKLE 2 VIEWS LEFT

INDICATION: Trauma.
Impression: FINDINGS/IMPRESSION:

Digital fluoroscopy was provided during ankle fixation.

2 intraoperative fluoroscopic spot image(s) submitted for interpretation.

Fluoroscopic images demonstrate ankle fixation.

0.1 minutes of fluoroscopy time was used.

Please see procedure note for additional details.

I APP Todd L Chandler, APRN, performed history, physical exam, assessment/plan portions of the visit.

I personally reviewed the patient's new clinical lab test results.
I personally reviewed the patient's new radiology test results.
I ordered lab and/or radiology testing during this visit.
I reviewed the patient's current medications.
I personally discussed the patient's plan of care with: Dr(s). Moncrief and bedside nurse.
This documentation includes a review and summation of old medical records.

This note was compiled in part using Dragon voice recognition technology. The note may contain topographical, grammatical, and voice recognition errors. Please contact me to clarify anything confusing in this note.

Electronically signed by Todd L Chandler, APRN on 1/27/2026 at 2:28 PM.

Electronically signed by Todd L Chandler, APRN at 1/27/2026 2:47 PM
Electronically signed by Jordan Moncrief, MD at 1/27/2026 2:57 PM

Revision History

Date/Time	User	Provider Type	Action
1/27/2026 2:57 PM	Jordan Moncrief, MD	Physician	Cosign
1/27/2026 2:47 PM	Todd L Chandler, APRN	Nurse Practitioner	Sign

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Op Note by Duwayne A Carlson, MD at 1/27/2026 12:30 PM (Date of Service Note Date/Time)

Author: Duwayne A Carlson, MD Service: Orthopedic Surgery Author Type: Physician
Filed: 1/27/2026 12:45 PM Status: Signed
Editor: Duwayne A Carlson, MD (Physician)

NEIA GOOD SAMARITAN HOSPITAL
CHI HEALTH GOOD SAMARITAN
10 EAST 31ST STREET
KEARNEY NE 68847-2918
Dept: 308-865-7990

Loc: 308-865-7100

Provider: Duwayne A Carlson, MD

OP NOTE

NAME: Robert E Peterson	**AGE:** 69 y.o.
MR#: 801100772	**DOB:** 1/18/1957
Code Status: Full Code	
Date of Service: 1/27/2026	**Admitting Attending:** Matthew L Ingle, MD

. 69 y/o male s/p hardware removal and debridement of an infected nonunion of an ankle fusion. He was recommended to proceed with an amputation due to his lack of control of his DM type 2, his age, and his being infected with pseudomonas and MRSA. He refused and the infected ankle fusion nail was removed with a debridement. He presents back to the OR for redebridement and antibiotic rod placement.

Procedure Date: 1/27/2026

Surgeon(s): Surgeons and Role:
* Duwayne A Carlson, MD - Primary
** No surgical staff found *

Pre-op Dx: infected nonunion left ankle fusion

Post-op Dx: same

Procedure(s): Procedure(s):
IRRIGATION AND DEBRIDEMENT LEFT HEEL/ANKLE WITH PLACEMENT OF ANTIBIOTIC ROD AND WOUND VACCUUM

Findings: tissues sealed at the base of plantar wound sealed

Operative Procedure:
The patient was brought into the OR suite and placed supine on the OR table. General ET anesthesia was induced. The LLE was sterilely prepped and draped with betadine scrub and paint after the VAC dressing and splint were removed. It should be noted that the plantar wound was sealed at its base. A time out was taken identifying correct patient, side, and procedure. The plantar wound was opened by finger dissection. There was some fluid and this was cultured X 2. A 10.5 and then 11 mm reamer was used by hand to clear any superficial membrane off the inside of the canal. The wound was then irrigated with 9 L NS using pulse lavage. A PMMA antibiotic rod was made using a 28 french chest tube and injecting the PMMA which was mixed 2 packets with 4 gms Vanc and an additional 3.2 gms of tob (the mixture had 1 gm/packet as well). After hardening of the rod, the chest tube was incised and the rod placed in the canal. 2-0 monocryl was used to approximate the soft tissues plantarly. A VAC was applied and sealed. A well padded plaster 3 way splint was applied. Intraoperative fluoro views were obtained showing satisfactory rod placement location. The patient was extubated, transferred to a hospital bed, and then to PACU in stable condition. There were no complications.
EBL: 50 mL
QBL present above.

Specimen(s):

ID	Type	Source	Tests	Collected by	Time	Destination
1 : left intramedullary canal for aerobic and anaerobic	Swab	Surgical Site	ANAEROBIC CULTURE (NEIA ONLY)	Duwayne A Carlson, MD	1/27/2026 1059	
2 : left intramedullary canal for	Swab	Surgical Site	ANAEROBIC CULTURE (NEIA ONLY)	Duwayne A Carlson, MD	1/27/2026 1100	

aerobic and
anaerobic

Specimen present above.

Complications: None

Implants: None

Drains: : None

Disposition: To PACU

Note started: 1/27/2026 12:30 PM
Note written and electronically signed by: Duwayne A Carlson, MD 1/27/2026

Electronically signed by Duwayne A Carlson, MD at 1/27/2026 12:45 PM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Progress Notes by Todd L Chandler, APRN at 1/26/2026 1:17 PM (Date of Service Note Date/Time)

Author: Todd L Chandler, APRN Service: Internal Medicine Author Type: Nurse Practitioner
Filed: 1/26/2026 1:53 PM Status: Attested
Editor: Todd L Chandler, APRN (Nurse Practitioner)
Related Notes: Original Note by Todd L Chandler, APRN (Nurse Practitioner) filed at 1/26/2026 1:44 PM
Cosigner: Matthew L Ingle, MD at 1/26/2026 3:22 PM

Attestation signed by Matthew L Ingle, MD at 1/26/2026 3:22 PM

===Attending Physician Attestation===
I, Dr. Matthew L Ingle, MD, performed the substantive portion of the visit to include medical decision-making and patient LOS based on the portion I completed. This visit was performed as a split shared visit with APP Todd Chandler, APRN.

Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)

Interval History: No acute events overnight. Pain well-controlled and minimal.

Objective/Exam:
General: NAD, alert, pleasant & cooperative
Cardiac: Regular rate and rhythm, no appreciable murmur
Respiratory: Lungs clear to auscultation bilaterally, respirations even and unlabored
Abdomen: Soft, non-tender, non-distended, normoactive bowel sounds
Neurological: Oriented x3, no gross deficits of strength or sensation
Remedies: LLE dressing/vac cdi.

I personally reviewed the patient's lab and imaging results as well as current medications.

Assessment & Plan:
I agree with the care plan outlined by the advanced practice clinician, with additional comments as follows:

Status post washout. Discussed case with orthopedics, unfortunately do not have cultures from washout. Prior cultures from outside facility with staph and Pseudomonas. Per review Pseudomonas was sensitive to antipseudomonal cephalosporins but cefepime specifically was not tested. It was resistant to Zosyn. Staph aureus was a resistant strain but susceptible to vancomycin. Consulting infectious disease. Planning for repeat washout and antibiotic rod placement tomorrow, will attempt culture. Otherwise doing well postoperatively.

Matthew L Ingle, MD
1/26/2026 3:15 PM

CHI Health Good Samaritan Hospitalist Progress Note

Patient Name: Robert E Peterson (1/18/1957)
Date of Admit: 1/23/2026 9:49 AM Length of Stay: 3

Date of Service: 1/26/2026
Hospital Active Problem List; POA = Present on Admission
Principal Problem:
Osteomyelitis of left foot, unspecified type (HCC) (POA: Yes)
Active Problems:
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC) (POA: Not Applicable)
Hypertension (POA: Yes)
HLD (hyperlipidemia) (POA: Yes)
PAD (peripheral artery disease) (POA: Yes)
Stage 3a chronic kidney disease (HCC) (POA: Yes)
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 34.0 to 34.9 in adult (POA: Not Applicable)
BPH (benign prostatic hyperplasia) (POA: Yes)
Diabetic foot ulcer with osteomyelitis (HCC) (POA: Yes)
Chronic disease anemia (POA: Yes)
Acute on chronic anemia (POA: Yes)

Assessment & Plan:
Patient presents to Good Samaritan Hospital emergency department with chief complaint of nonhealing left lower foot ulcer with increased drainage despite attempting to treat outpatient with podiatry and wound therapy, nonadherence to utilization of hard soled shoe with toe-touch weightbearing status. (To note, history of underlying Charcot deformity and subsequent left ankle TTC fusion 4/16/2025. Status post removal of hardware, calcaneal saucerization 8/15/2025 with debridement and left foot wound VAC application 8/20; wound culture growing Pseudomonas aeruginosa, PICC placed utilizing vancomycin, ceftazidime until 9/25/2025). After patient's refusal for amputation, 1/25 I&D with removal of L) ankle hardware by Dr. Carlson with wound vac placement, plans for repeat deep tissue I & D 1/27 with wound culture and implantation of Vancomycin/Daptomcyin rod. Likely remain NWB until healing and at least 4 wks antibiotics. ID consulted, appreciate input.

Diabetic foot ulcer with osteomyelitis (HCC)
Osteomyelitis of left foot, unspecified type (HCC)
Assessment & Plan:
-Non-healing ulcer etiology, suspect diabetes contributing, A1C 7.8, despite outpatient wound therapy and podiatry, non-adherence to TTWB status
-MRI and plain film imaging: subtalar osteomyelitis and gas-forming soft tissue infection. History of prior hardware in the area.
-Venous US neg for DVT
-CRP 202-->97, WBC 14-->10, ESR 140; continue trending
-1/25: I&D with L) ankle hardware removal and wound vac placement by Dr. Carlson
-ID consulted with *history of pseudomonas and MRSA,* continue IV Vanco and Cefepime Day #4; appreciate input
-1/27: Plans for repeat I&D and Vancomycin/Daptomycin impregnated rod, *culture collection pending*
-Multimodal pain therapy regimen
-Strict NWB precautions

Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC)
Assessment & Plan:
-Most recent A1c 6.8 utilizes Lantus 46 units at bedtime and 14 units of Humalog 3 times daily and reports good adherence.
-Blood sugar avg 216-309; avg 11 units with meals
-Continue Lantus 20 units, increase to moderate SSI, and carb count with meals

Hypertension
Assessment & Plan:
-SBP 140-160
-Home antihypertensive regimen: Amlodipine 5 mg twice daily, lisinopril 5 daily, may consider increasing lisinopril with hold parameters

HLD (hyperlipidemia)
Assessment & Plan:
-Continue home statin

PAD (peripheral artery disease)
Assessment & Plan:
-Hold aspirin therapy, plans for potential operative intervention

Stage 3a chronic kidney disease (HCC)
Assessment & Plan:
-(baseline creatinine 1.1–1.5)
– Creatinine 1, appears to be at baseline, hold further nephrotoxic agents/contrast dyes whenever possible

BPH
Assessment plan:
– Continue home Sanctura and tamsulosin therapy

Obesity BMI 34.2
Assessment plan:
– Educated on dietary/exercise regimens to promote weight loss strategies outpatient

-Acute on chronic anemia
Chronic disease anemia
Assessment & Plan:
-(BL Hgb 10.9-13.2)
-Arrives Hgb 9.4, suspect current acute infection contributing to chronic anemia of renal disease
-Hgb 9.4-->8.8, heightened with recent operative intervention and anticipated ABL, continue trending

DVT Prophylaxis: Heparin subcu tonight, hold later doses with plans for operative intervention 1/27

Disposition: Inpatient

Subjective

Chief Complaint: No complaints/concerns

Interval History: Patient sitting upright in recliner, reports no acute pain or discomfort to the operative extremity. Reports sleeping well last night. No lightheadedness/dizziness when attempting to stand and work with therapies. No shortness of breath/dyspnea. Tolerating a diet without nausea/vomiting. Last BM 1/25/2026. Discussed some plans moving forward and coordination with orthopedic surgical services and infectious disease to help guide line antibiotic therapy around culture data in hopes for less resistance especially concerning his medical history of MRSA and Pseudomonas.

Medications:

I reviewed the inpatient medications ordered for Robert E Peterson.

Current Inpatient Medications at 1:19 PM (Scheduled, Drip, PRN)			
• amLODIPine	5 mg	Oral	BID
• atorvastatin	40 mg	Oral	Nightly
• cefepime	2 g	IntraVENous	Q8H
• docusate sodium	100 mg	Oral	BID
• insulin glargine	30 Units	SubCutaneous	Nightly
• insulin lispro	1-8 Units	SubCutaneous	TID with meals
• insulin lispro	2-14 Units	SubCutaneous	with meals & nightly
• lisinopriL	5 mg	Oral	Daily
• sodium chloride	10 mL	IntraVENous	2 times per day
• sucralfate	1 g	Oral	4x Daily
• tamsulosin	0.4 mg	Oral	PC Dinner
• trospium	20 mg	Oral	BID
• vancomycin	1,500 mg	IntraVENous	Q18H
• [START ON 1/27/2026] vancomycin level	1 each	Other	Once

acetaminophen, calcium carbonate, dextrose 50 %, dextrose 50 %, glucagon, melatonin, ondansetron **OR** ondansetron, oxyCODONE, oxyCODONE, polyethylene glycol, Insert peripheral IV **AND** [COMPLETED] Maintain IV access **AND** sodium chloride **AND** sodium chloride

ROS/Objective:

Complete review of systems is performed and negative except as noted.

Vitals:

Temp: 36.4 °C (97.5 °F)
Heart Rate: 95
Resp: 16
BP: 149/66
Weight change:

Intake/Output last 3 shifts:

Intake/Output Summary (Last 24 hours) at 1/26/2026 1319
Last data filed at 1/26/2026 0800

	Gross per 24 hour
Intake	2067 ml
Output	1520 ml
Net	**547 ml**

Physical examination:
General appearance: Alert, pleasant and cooperative. No evidence of distress.
HEENT: Normacephalic, atraumatic. EOMI.
Neck: Supple. No JVD.
Lungs: Normal respiratory effort. Clear throughout all fields. No wheezing. On RA.
Heart: RRR, S1 & S2 present. No murmurs or rubs.
Abdomen: Soft, non-tender, non-distended; bowel sounds present.
Extremities: Left lower extremity wrapped with Ace wrap and gauze, wound VAC intact, appears functioning. No evidence of underlying drainage. Able to wiggle toes.
Pulses: 2+ and symmetric.
Skin: Skin color, texture, turgor normal. No rashes or lesions.
Neurologic: Alert & Oriented x3, no strength or sensory defecits.

Data:

Recent Labs

	01/26/26 0514	01/25/26 0511	01/24/26 0317
NA	138	139	136
K	4.4	4.4	4.2
CL	108	110	106
CO2	24.0	23.0	22.0
ANIONGAP	10	10	12
CREATININE	1.00	0.90	1.00
BUN	11	13	20
GLU	219*	238*	253*
CALCIUM	8.8	8.8	8.9
PROT	6.6	6.6	6.3
ALBUMIN	2.3*	2.1*	2.0*
ALKPHOS	147*	160*	192*
AST	28	39	93*
ALT	50	67	90*
BILITOT	0.6	0.6	0.6

Recent Labs

	01/26/26 1038	01/26/26 0515	01/25/26 2003	01/25/26 1634	01/25/26 1339
CSGLUC	280*	216*	309*	272*	243*

Recent Labs

	01/26/26 0514	01/25/26 0511	01/24/26 0317
WBC	10.0	8.6	11.0
HGB	8.8*	8.8*	8.7*
HCT	27.3*	26.9*	26.4*
RBC	3.38*	3.30*	3.26*
MCV	81	82	81
PLT	540*	560*	549*
LYMPHOPCT	16	17	12
CRP	--	97.70*	--
HGBA1C	6.8*	--	--

Recent Labs

	01/23/26 1342
PHUR	5
SPECGRAV	1.020
GLUCOSEU	NORM
KETONESU	15 mg/dl*
WBCU	0-2
BLOODU	Negative
RBCUA	0-2
NITRITE	Negative
LEST	Negative
BACTERIA	0-10

Microbiology Results (last 7 days)

Procedure	Component	Value	Units	Date/Time
Blood culture (NEIA Only) X 2 [510436319]				Collected: 01/23/26 1048
Order Status: Completed		Specimen: Blood		Updated: 01/26/26 1200
	Microbiolgy Preliminary Report	No growth at 3 days.		

Narrative:
Kurin (Yes or No): _
Collection Site: _VENOUS
Aerobic: _5ML
Anaerobic: _5ML
Peds: _
*Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.

Blood culture (NEIA Only) X 2 [510436318]				Collected: 01/23/26 1035
Order Status: Completed		Specimen: Blood		Updated: 01/26/26 1101
	Microbiolgy Preliminary Report	No growth at 3 days.		

Narrative:
Kurin (Yes or No): _
Collection Site: _VENOUS
Aerobic: _10ML
Anaerobic: _10ML
Peds: _
*Per Nebraska Department of Health and Human Services regulations at 173-NAC (Communicable Diseases); mandated results are reported to the Nebraska Department of Health and Human Services, Division of Public Health, Office of Epidemiology, 301 Centennial Mall South, Lincoln, NE.

Occult blood x 1, stool [510633950]
Order Status: No result Specimen: Stool

Occult blood x 1, stool [510436334]
Order Status: Canceled Specimen: Stool

XR ANKLE 2 VIEWS LEFT

EXAMINATION: INTRAOPERATIVE FLUOROSCOPY

INDICATION: Trauma

TECHNIQUE/FINDINGS: Total 1.8 minutes of intraoperative operative fluoroscopy was used. Images are not for diagnostic purposes.

I APP Todd L Chandler, APRN, performed history, physical exam, assessment/plan portions of the visit.

I personally reviewed the patient's new clinical lab test results.
I personally reviewed the patient's new radiology test results.
I ordered lab and/or radiology testing during this visit.
I reviewed the patient's current medications.
I personally discussed the patient's plan of care with: Dr(s). Ingle, Dr. Majorant, Dr. Carlson and bedside nurse.
This documentation includes a review and summation of old medical records.

This note was compiled in part using Dragon voice recognition technology. The note may contain topographical, grammatical, and voice recognition errors. Please contact me to clarify anything confusing in this note.

Electronically signed by Todd L Chandler, APRN on 1/26/2026 at 1:19 PM.

Electronically signed by Todd L Chandler, APRN at 1/26/2026 1:44 PM
Electronically signed by Todd L Chandler, APRN at 1/26/2026 1:53 PM
Electronically signed by Matthew L Ingle, MD at 1/26/2026 3:22 PM

Revision History

Date/Time	User	Provider Type	Action
1/26/2026 3:22 PM	Matthew L Ingle, MD	Physician	Cosign
1/26/2026 1:53 PM	Todd L Chandler, APRN	Nurse Practitioner	Sign
1/26/2026 1:44 PM	Todd L Chandler, APRN	Nurse Practitioner	Sign

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Progress Notes by Duwayne A Carlson, MD at 1/26/2026 10:34 AM (Date of Service Note Date/Time)

Author: Duwayne A Carlson, MD Service: Orthopedic Surgery Author Type: Physician
Filed: 1/26/2026 10:38 AM Status: Signed
Editor: Duwayne A Carlson, MD (Physician)

ORTHOPEDIC SURGERY PROGRESS NOTE

Date: 01/26/26

Subjective:
Robert E Peterson is overall doing well this morning. No acute distress. Pain is overall well controlled.

Objective:

Vital signs in last 24 hours:
Temp: 36.8 °C (98.3 °F)
Heart Rate: 80

Resp: 16
BP: 167/73
Temp (24hrs), Avg:36.7 °C (98.1 °F), Min:36.3 °C (97.3 °F), Max:36.9 °C (98.5 °F)

Diagnostic Findings
Pertinent Labs:

HEMOGLOBIN

Date	Value	Ref Range	Status
01/26/2026	8.8 (L)	13.5 - 17.5 gm/dl	Final
01/25/2026	8.8 (L)	13.5 - 17.5 gm/dl	Final
01/24/2026	8.7 (L)	13.5 - 17.5 gm/dl	Final

WBC

Date	Value	Ref Range	Status
01/26/2026	10.0	4.0 - 12.0 k/ul	Final
01/25/2026	8.6	4.0 - 12.0 k/ul	Final
01/24/2026	11.0	4.0 - 12.0 k/ul	Final

Platelet Count

Date	Value	Ref Range	Status
01/26/2026	540 (H)	140 - 440 k/ul	Final
01/25/2026	560 (H)	140 - 440 k/ul	Final
01/24/2026	549 (H)	140 - 440 k/ul	Final

Results from last 7 days

Lab	Units	01/26/26 0514
CALCIUM	mg/dl	8.8
BUN	mg/dl	11
CREAT	mg/dl	1.00

Lab Results

Component	Value	Date
INR	1.6 (H)	01/23/2026
INR	0.9	11/19/2024
INR	1.1	05/28/2024

Objective Examination:

Dressing and splint are clean and dry
Active range of motion of remaining digits, neurovascularly unchanged.

Assessment:
69 y.o. male 1 Day Post-Op s/p hardware removal and I&D

Plan: repeat I&D tomorrow with placement of antibiotic rod and VAC.
Strict NWB
DVT ppx - ASA 81 mg BID
PT/OT
Pain control
Other cares per hospitalist
Discharge planning - likely IV ABX postoperatively for 4 weeks followed by PO

Duwayne A Carlson, MD
@TODAY@

10:35 AM

Electronically signed by Duwayne A Carlson, MD at 1/25/2026 10:38 AM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Discharge Plan by Denise Deann Davis at 1/26/2026 9:30 AM (Date of Service Note Date/Time)

Author: Denise Deann Davis Service: Case Management Author Type: Social Worker
Filed: 1/26/2026 1:15 PM Status: Signed
Editor: Denise Deann Davis (Social Worker)

CHI HEALTH
Care Coordination Progress Note (Discharge Review)

Name: Robert E Peterson **MRN:** 801100772
DOB: 1/18/1957 **Age:** 69 y.o.
Address: 711 E 36th St
Kearney NE 68847
Telephone: 402-770-8238 (home)
402-770-8238 (mobile)
PCP: Andrew Allen Arends

Payor: VETERANS ADMINISTRATION / Plan: VA CCN / Product Type: *No Product type* /

Discharge Review

Anticipated Discharge Date: unknown

Patient/Surrogates/Designated Caregiver Discharge Dispositions Goal: Home with Home Health Care and Acute Rehab Facility/IRF

Anticipated Discharge Plan: TBD

Discharge Barriers/Clinical Progression (Medical,SDOH, and Discharge Disposition Barriers): wash out of wound 1/27

Efforts to address barriers to discharge (referrals, care conference, medicaid, etc): will need follow up on discharge needs

Have escalations been made:
If yes please detail here:

Actions/Follow up: patient

Patient/Surrogates/Designated Caregiver Update Patient was updated on the discharge plan.
When: 1/24
Method of Update: In Person

PASRR Status: N/A at this point

Multidisciplinary Rounds Statement

This patient will be reviewed daily in Multidisciplinary Rounds MDR's to discuss discharge needs, barriers, progression towards goals of care. Action items will be assigned in MDR's and documented by the assigned department. Needs for discharge will be updated based on chart reviews and MDR discussion. Care Coordination will continue to monitor patient progress and assess for on-going discharge needs during acute hospitalization.

Electronically Signed by
Denise Deann Davis

Electronically signed by Denise Deann Davis at 1/26/2026 1:15 PM

Patient Name	MRN	DOB	Age
Peterson, Robert E	801100772	1/18/1957	69 y.o.

Op Note by Duwayne A Carlson, MD at 1/25/2026 1:41 PM (Date of Service Note Date/Time)

Author: Duwayne A Carlson, MD Service: Orthopedic Surgery Author Type: Physician
Filed: 1/25/2026 2:01 PM Status: Signed
Editor: Duwayne A Carlson, MD (Physician)

NEIA GOOD SAMARITAN HOSPITAL
CHI HEALTH GOOD SAMARITAN
10 EAST 31ST STREET
KEARNEY NE 68847-2918
Dept: 308-865-7990
Loc: 308-865-7100

Provider: Duwayne A Carlson, MD

OP NOTE

NAME: Robert E Peterson	**AGE:** 69 y.o.
MR#: 801100772	**DOB:** 1/18/1957
Code Status: Full Code	
Date of Service: 1/25/2026	**Admitting Attending:** Matthew L Ingle, MD

. 69 y/o male s/p ankle fusion in Lincoln, NE in 4/2025. He had an additional surgery about a month after his index procedure, but doesn't know what was done. He was admitted Friday with increasing drainage from the left foot open wound plantarly. He has a reported HgbA1-c of near 8, his albumin is 2.1, and total lymphocyte count is 1600. I recommended an amputation as the likelihood of his healing the infection and the ankle fusion (which radiographically is not healed) is quite low. We again talked about an amputation yesterday and he refuses. He presents for a hardware removal. He understands the most likely complication is that of needing an amputation.

Procedure Date: 1/25/2026

Surgeon(s): Surgeons and Role:
* Duwayne A Carlson, MD - Primary
** No surgical staff found *

Pre-op Dx: Infected nonunion left ankle fusion

Post-op Dx: Infected nonunion left ankle fusion

Procedure(s): Procedure(s):

REMOVAL HARDWARE ANKLE, difficult
IRRIGATION AND DEBRIDEMENT, EXTREMITY

Findings: less purulence than expected

Operative Procedure: The patient was brought into the OR suite and placed supine on the table. Gen ET anesthesia was induced and the LLE was sterilely prepped and draped in the usual fashion. A time out was taken identifying correct patient, side, and procedure. The overlying dead skin over the plantar foot was sharply removed and the nail was easily palpable. Under fluoro guidance the proximal and distal locking screws were removed and the nail came out without difficulty. The medial lag screws were difficult to find and remove. The incision was made and was found to be fairly posteriorly placed. The posterior tib tendon was retracted posteriorly. Using fluoro and a k-wire the screws were found, but the proximal one was covered in approximately 5 mm of bone. The distal one was under that posterior tib tendon. The bone was removed and the screws removed with significant fluoro use to find them. The wounds were then irrigated with 9 L normal saline under high flow, low pressure technique. The medial and lateral incisions were closed with 3-0 monocryl in the sub Q layer and 3-0 nylon in the skin. The plantar wound was covered with a VAC dressing and a seal obtained. A well padded 3 way plaster splint was placed. The patient was awakened in the OR, extubated, and transferred to PACU in stable condition. There were no complications.

EBL: 50 mL

Specimen(s): * No specimens in log *

Complications: None

Implants: None

Drains: : None

Disposition: To PACU

Note started: 1/25/2026 1:41 PM
Note written and electronically signed by: Duwayne A Carlson, MD 1/25/2026

Electronically signed by Duwayne A Carlson, MD at 1/25/2026 2:01 PM