ED clinical note

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Author	Hospital Ed	**Recipient**	-

Date: 27 August 2026

Patient: Maria Santos

Age: 63 years

Sex: Female

Usual GP: Dr Andrew King, Kingston Road Medical Centre

Presentation

Referred for same-day Emergency Department assessment of an infected diabetic foot ulcer.

History of presenting illness

Community Podiatry reviewed the patient this morning during a routine foot review for a known plantar callus. A new 1.5 cm ulcer was identified, with surrounding redness and a small amount of purulent discharge. The podiatry impression was a possible infected diabetic foot ulcer requiring same-day medical review.

The patient was reviewed by her GP later this morning. Reduced protective sensation was documented, with redness extending beyond the ulcer edge, and a capillary glucose of 14.2 mmol/L. The GP conclusion was that ED assessment was required for imaging, cultures and consideration of parenteral treatment.

Background

Type 2 diabetes, chronic kidney disease stage 3, peripheral neuropathy and heart failure. Allergy: penicillin - angioedema. Lives with her adult son and receives regular podiatry.

Examination

As documented by the referring clinicians: 1.5 cm ulcer with surrounding redness and a small amount of purulent discharge; redness extending beyond the ulcer edge; reduced protective sensation.

Investigations

- Foot X-ray: final report - no bone destruction.
- Inflammatory markers: moderately elevated.
- Wound culture: collected, result pending.
- Capillary glucose 14.2 mmol/L (documented by GP prior to ED attendance).

Assessment

Soft-tissue infection without radiographic evidence of osteomyelitis.

Medications

Regular medications:

- Bisoprolol 2.5 mg once daily
- Furosemide 40 mg once daily
- Insulin glargine 24 units nightly
- Empagliflozin - withheld today on GP advice in the setting of acute diabetic foot infection; remains on hold.

No medication changes were made in the Emergency Department at this presentation.

Pending

Wound culture result pending.