Wound clinic note

Synthetic Clinical Document - For Educational Use Only

Patient ID	P019	**Document ID**	P019-D06
Date	2026-08-30	**Type**	Wound clinic note
Author	Specialist	**Recipient**	-

Logan Hospital High Risk Foot Clinic

Multidisciplinary wound clinic

Date of review: 30 August 2026

Patient: Maria Santos

Age: 63 years

Sex: Female

Reason for review

Foot ulcer and wound culture review.

Relevant history

Ms Santos has type 2 diabetes, chronic kidney disease stage 3, peripheral neuropathy and heart failure. She lives with her adult son and receives regular podiatry. She has a documented penicillin allergy with angioedema.

On 27 August 2026 she was reviewed by her GP with an infected diabetic foot ulcer. Findings at that time included reduced protective sensation, redness extending beyond the ulcer edge and a capillary glucose of 14.2 mmol/L. Empagliflozin was temporarily withheld because of the acute diabetic foot infection.

She was subsequently assessed in the Emergency Department at Logan Hospital on the same day. Foot X-ray showed no bone destruction and inflammatory markers were moderately elevated. A wound culture was collected. The ED conclusion was soft-tissue infection without radiographic evidence of osteomyelitis. She was discharged on oral clindamycin 450 mg three times daily for a 10-day course, with empagliflozin to remain withheld, and was advised to keep pressure off the affected foot and to return if she developed fever, spreading redness or increasing pain.

Findings at this review

Redness has reduced.

Wound culture final result: susceptible to the current antibiotic.

No exposed bone.

Assessment

Improving diabetic foot soft-tissue infection. The cultured organism is susceptible to the current antibiotic. There is no evidence of exposed bone at review. The plan is to continue the current antibiotic and the specialist wound plan.

Medication

No medication changes were made at this review.

Clindamycin 450 mg three times daily - continue as prescribed.

Empagliflozin - remains withheld.

Plan

Continue clindamycin and the specialist wound plan.

Community nurse to continue dressings and wound measurements.

High-risk foot clinic follow-up arranged for 20 September 2026.

GP to provide diabetes and renal monitoring while empagliflozin is withheld, due by 15 September 2026.