Anytown Veterinary Clinic
Sally Jones, DVM
123 Random Rd.
Anytown, IN 12345

Patient Signalment and Client Information

David Smith
9876 Some St.
Anytown, IN 12345   219-555-5555

"Cooper"
Breed: Aussie X   Color: Red
Age: 9 yr   Sex: MN

History, Presenting Chief Complaint

3/12/12, 9:00 am - Owner states pet has been chewing at front right paw over past week. Owner has noticed occasional limping when pet gets up first thing in the morning, but pet warms out of it quickly; lameness does not last all day. Wound on dorsal aspect of carpus from licking.

Past, Birth, and Referral History

No prior history of injury to that paw.
No history of allergies/reactions

Current Health Status, History

E/D/U/D[1] normally. Pet is current on Rab/DHLPP vac.
Current Rx: Revolution monthly – last applied 3/1/12.
Owner administers vitamin supplement daily.

Patient Assessment

PE: T=101.2 $^\circ$F P=36 bpm R=22 bpm; Pet is B/A/R[2]
mm: pink/moist   CRT= <1 sec
Weight 19.2 kg   *ML*

DVM Diagnosis

−   Wound on dorsal aspect of right carpus; hair loss, mild inflammation

−   Pain elicited on flexion/extension of right carpus
DxI : 2 view right carpus

−   DP right carpus shows significant joint space narrowing and osteophyte formation
Dx: Osteoarthritis, lick granuloma secondary to pain
Tx: Clip, clean and debride wound

TGH[3]: Rx: Rimadyl 50 mg tab PO SID #30.
          Rx: BNP Topical Oint. 7.5 oz Apply to affected area   BID x 10 days
                          Dr. J.

Interventions

Hair clipped from around wound with #40 blade, gently scrubbed with Chlorhexidine Scrub and rinsed with normal saline. Light bandage - telfa pad with BNP ointment and vetwrap applied.

−   Owner instructed to remove bandage once home.

Discharge Planning
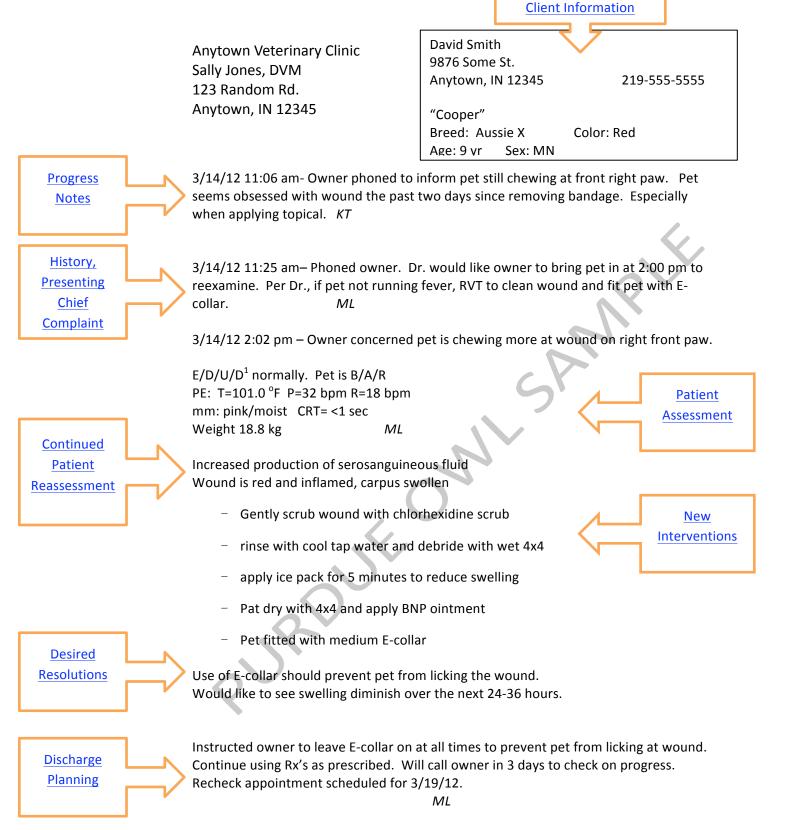
Reviewed medications with owner - informed to watch for vomiting, GI upset with Rimadyl. Recheck appointment scheduled for 3/19/12.
                    ML

[1]E/D/U/D = Eating, Drinking, Urination, Defecation
[2]B/A/R = Bright, Alert, Responsive
[3]TGH = To Go Home

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Progress Notes

3/14/12 11:06 am- Owner phoned to inform pet still chewing at front right paw.   Pet seems obsessed with wound the past two days since removing bandage. Especially when applying topical.   *KT*

History, Presenting Chief Complaint

3/14/12 11:25 am– Phoned owner. Dr. would like owner to bring pet in at 2:00 pm to reexamine. Per Dr., if pet not running fever, RVT to clean wound and fit pet with E-collar.   *ML*

3/14/12 2:02 pm – Owner concerned pet is chewing more at wound on right front paw.

E/D/U/D^1 normally. Pet is B/A/R
PE: T=101.0 ^{o}F P=32 bpm R=18 bpm
mm: pink/moist   CRT= <1 sec
Weight 18.8 kg   *ML*

Patient Assessment

Continued Patient Reassessment

Increased production of serosanguineous fluid
Wound is red and inflamed, carpus swollen

- Gently scrub wound with chlorhexidine scrub

- rinse with cool tap water and debride with wet 4x4

- apply ice pack for 5 minutes to reduce swelling

- Pat dry with 4x4 and apply BNP ointment

- Pet fitted with medium E-collar

New Interventions

Desired Resolutions

Use of E-collar should prevent pet from licking the wound.
Would like to see swelling diminish over the next 24-36 hours.

Discharge Planning

Instructed owner to leave E-collar on at all times to prevent pet from licking at wound. Continue using Rx's as prescribed. Will call owner in 3 days to check on progress. Recheck appointment scheduled for 3/19/12.
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