

UW Medicine

NORTHWEST HOSPITAL
& MEDICAL CENTER

April 19, 2018

From: Paul Luu, M.D.
Northwest Hospital Wound Care Center
1560 No 115th Street, Suite 201
Seattle, WA 98133

To Bainbridge Municipal Court

Re: **Hoffman, Jeanne Leonie**
DOB: 04/19/1918

To whom it may concern:

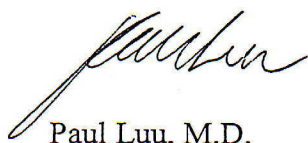
I have been treated Mrs. Hoffman at the wound care center for over one year. She has multiple wounds over the left lower extremity. These wounds need to have dressing change at least every other day.

I was informed that she was evicted from her apartment due to various reasons. She is currently living in a tent with her son who is the primary care giver for her and her wounds.

I strongly believe that it would be best that she should be living in an apartment independently with her son as a primary care giver. Her son will continue to care for the leg wounds. I concern that living in a tent will cause the leg wounds to deteriorate or to be infected. This can lead to leg amputation.

Please feel free to contact me for any questions.

Sincerely yours.



Paul Luu, M.D.

Wound Care & Hyperbaric Center

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/19/18
Enc:1825804184
LUU, PAUL
RES:33221540

Provider Orders / Patient Instructions

Patient Instructions:

Please follow these instructions about how to care for your wound.

If you have any questions, please call the Wound Care Center® at (206) 668-1244.

If you experience any of the following, please call the Wound Care Center®:

- Increase in pain
- Temperature over 101 degrees Fahrenheit
- Increase in drainage from your wound
- Drainage with a foul odor
- Bleeding
- Increase in swelling
- Need for compression bandage changes (slippage, breakthrough drainage)

Appt. Thurs
4/26/18 9AM

Our business hours are *Monday-Friday; 8:00AM - 4:30PM*. Please contact your Primary Care Provider or proceed to the nearest emergency room if you experience any of the above after our business hours.

Please note your next appointment at the bottom of this sheet - if you are unable to keep kindly give 24 hour notice. Thank you.

Consultation: Nutrition Vascular Orthotist/Pedorthotist Infectious Disease Plastic Surgery Other: _____

Cleanse Wound(s) with: Normal Saline Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		<input type="checkbox"/> Alginate <input type="checkbox"/> Absorbative Silver <input type="checkbox"/> Collagen <input type="checkbox"/> Collagenase <input type="checkbox"/> Cellulose Collagen <input type="checkbox"/> Film <input type="checkbox"/> Foam <input type="checkbox"/> Hydrating Silver <input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Hydrogel <input type="checkbox"/> Iodine Dressing <input type="checkbox"/> Iodosorb/flex <input type="checkbox"/> Multidex <input type="checkbox"/> Silver Cellulose Collagen <input type="checkbox"/> Tubigrip <input type="checkbox"/> Other: _____ Antibiotic(s): _____	<input type="checkbox"/> Daily <input type="checkbox"/> 2 Times Per Week <input type="checkbox"/> Every Other Day <input type="checkbox"/> 3 Times Per Week <input type="checkbox"/> Do Not Change Dressing <input type="checkbox"/> Other: _____
1-4	Heel Post cast Dancee	mid money vascelene gauze gauze wrap gauze	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> 2 Times Per Week <input checked="" type="checkbox"/> Every Other Day <input type="checkbox"/> 3 Times Per Week <input type="checkbox"/> Do Not Change Dressing <input type="checkbox"/> Other: _____
	1st Dancee medico	compression	<input type="checkbox"/> Daily <input type="checkbox"/> 2 Times Per Week <input checked="" type="checkbox"/> Every Other Day <input type="checkbox"/> 3 Times Per Week <input type="checkbox"/> Do Not Change Dressing <input type="checkbox"/> Other: _____

Apply Negative Pressure Wound Therapy (NPWT) to: _____ using White Foam Black Foam Silver Foam Other: _____
with setting of _____ mmHg Continuous Intermittent _____ minutes on _____ minutes off. Change dressing 2 Times Per Week 3 Times Per Week

Apply Multilayer Wrap: Right Left Standard Reduced Type: _____ Apply Unna's Boot Other: _____
 Compression Stockings: Right Left 20-30 mmHg 30-40 mmHg _____ mmHg Apply in morning and remove at bedtime.

Leg Elevation: Elevate legs to the level of the heart or above for 30 minutes 4 times per day.
 Compression Pump Type: _____ Right Left Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: Total Contact Cast Right Left Lower Extremity Air Cast Right Left Lower Extremity
 Multipodus Splint Right Left Lower Extremity Darco Shoe Right Left

Assistive Devices: Total Non-Weight Bearing to: _____ Wheelchair Walker Cane Crutches Wedge Shoe

Pressure Reduction: Wheelchair Cushion Mattress Overlay Specialty Bed Other: _____

General: Stop / decrease smoking Multi-vitamin Exercise Follow Nutritious Diet Other: _____

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 1 Week(s) with Dr. Luu On (Day) Thursday (Date) 4/26/18 at (Time) 9:00 AM

Nurse Visit in: _____ days for a: Dressing Change NPWT Change Compression Wrap Change Total Contact Cast Change

Provider Signature: _____ Date: APR 19 2018 Time: 9:25

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ Discharge

Nurse Signature: _____ Date: APR 19 2018 Time: 9:25

I have received and understand the above instructions.

Patient Signature: _____ Date: APR 19 2018 Time: 9:25

PAP Form-08 • Rev 10/12 • Update 04.17
Healogica Forms: C307F, Physician Orders (cc) • Rev (9/2012)
To Order Call Pic-A-Poc @ (631) 981-2094

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UW Medicine
HALL HEALTH CENTER

An affiliation of UW Neighborhood Clinics.

April 19, 2018

To: Bainbridge Muncipal Court

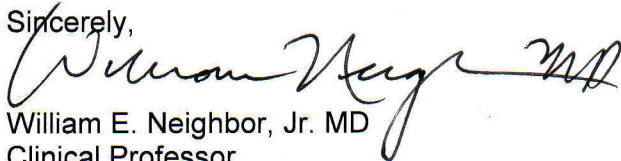
RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

To whom it may concern:

I am the primary care provider for Jeanne Hoffman whom I have seen for over 20 years at the University of Washington Medical Center. Jeanne, who is now 93 years of age, has multiple medical issues including slow to heal ulcers of her left lower leg, pain from osteoarthritis, marked hearing impairment, and vein issues in her lower extremities. These require office visits every one to two months. She has received excellent support from her son Louis who has lived with her providing emotional support and care at home as a devoted son.

I understand Jeanne was evicted from her apartment for various reasons. I agree with Dr. Luu that it would be optimal Jeanne live in an apartment independently with her son Louis as primary care giver. Jeanne is a fiercely independent individual who has lived all of her life on Bainbridge Island. I do not think that she would do well without her son for support or in a senior care environment at this time.

Sincerely,



William E. Neighbor, Jr. MD
Clinical Professor
Department of Family Medicine
Hall Health Center

UW Medicine

HALL HEALTH CENTER

An affiliation of UW Neighborhood Clinics.

April 4, 2018

Levon Gibson
Department of Social and Health Services
4710 Auto Center Blvd W18-7
Bremerton WA 98312

Fax 360-475-6655

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Mr Levon Gibson:

In response to your request for medical information on the above individual dated 4.4.2018

1. Date of last appointment: 2.28.2018

2. Current list of diagnoses and medications:

History recurrent DVTS of lower extremity
Peripheral vascular disease with ulceration of left lower leg
Generalized oseoarthritis
Hypertension
Long term anticoagulation
Type 2 diabetes diet controlled
Imbalance
Hearing impairment requiring hearing aids

Medications:

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	60 tablet	2
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3

HALL HEALTH PRIMARY CARE CENTER

4060 Ne Stevens Way, Box 354410 Seattle, WA 98195-4410 206-685-1011 Fax 206-616-4683

• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

No facility-administered medications prior to visit.

3. Does the above individual have a functional, mental, or physical inability to care for herself? Yes, physical. Due to her arthritis and hearing impairment, she has difficulty caring for herself. In the past she has been assisted by her son Louis Hoffman.

4. Has the above individual been compliant with medical treatments and medications? Yes, but this has required the assistance of her son in remember to take medications.

5. Do you have any concerns regarding the above individual's ability to care for herself? Yes. Bathing and dressing are difficult because of arthritis and balance issues.

6. Do you have any concerns about the care being provided to the vulnerable adult by any individual. No. Her son Louis Hoffman has gotten along with her well and has been very supportive.

7. Has the above individual had any cognitive screening, ger-psych evaluation or competency evaluation. None recently.

8. Does the patient have any limitations in their ability to make decision and understand the impact consequences of those decisions. No. Mrs. Hoffman is very bright with minimal cognitive impairment based on extensive conversations with her in the office.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients