

SUMMARY STATEMENT

Ray is an alert and oriented nonagenarian living alone in senior housing (Shady Glen) with daily support from a private caregiver. He is a retired engineer. His wife died in January 2017. He has three sons, one of whom lives locally, who are involved as needed. Ray is vigilant in self-monitoring and reporting changes in weight, blood pressure and breathing with the goal of avoiding ED visits. Prognosis is good.

Raymond Parker
Shady Glen – Rm 414
14 Elm Way
Lebanon, NH, 03576
603 XXX-XXXX
DOB: 10/23/1927
SSI: XXX-XX-XXXX



ACTIVE PROBLEM LIST

Congestive Heart Failure (H)
Echo Feb 2017 LVEF 19%
s/p TAVR 2011
BPH (M)
HTN (M)
DJD (M) Back, Knees, s/p THR 2005
ASCVD (M)
CABG x 1 vessel 2011
GERD (M)
Glaucoma (L)

MEDICATIONS

Aspirin 81 mg daily
Atorvastatin 40 mg daily
Cholecalciferol 1000 IU daily
Furosemide 20 mg daily
Latanoprost 0.005% 1 drop L eye nightly
Metolazone 2.5 mg Mon/Thurs
Pantoprazole 20 mg daily
Potassium Chloride 10 mEq Mon/Thur
Tamsulosin 0.4 mg daily
Timolol 0.5% - 1 drop L eye nightly
Tolterodine 4 mg daily

Acetaminophen 1000 mg tid prn pain
Nitro 0.4 mg SL prn chest pain

SOCIAL HISTORY

Born in rural Wisconsin. Masters of Engineering at U of Wisconsin, Madison. Mechanical Engineer, retired 2010. Married 57 yrs to Gloria, widowed in 2017 (dementia). 3 sons David (Lebanon, NH) Bruce (Boston MA) and Gary (Atlanta, GA). No religious affiliation. Former smoker (20 pk/yr) quit 1975. One martini daily.

MEDICAL TEAM

PCP: Daniel Stadler, MD - 603 650 XXXX
Barbara Maloney ARNP – 603 650 XXXX
Care Coordinator: Catherine Amarante, RN
603 650 XXXX Pager # 6588
CCM LNA: Marlene Breer
Cardiologist: Jon Wahrenberger, MD
Ophthalmologist: Brian Schertzer, MD

HOME SETTING

2 Bedroom apartment with kitchen in Private Senior Housing: Shady Glen Senior Care Facility. Elevator/No stairs

SUPPORT SYSTEM

- Private caregivers: Barbara Sweet agency, 4 hours daily Su-Sa
- Family involvement: Three sons involved as needed, visit occasionally – local son is David who is primary contact 603 XXX-XXX-XXXX
- Informal supports: Mr and Mrs P, friends within Shady Glen, apt 403, XXX-XXX-XXXX
- Home Health: Aging At Home (VNA/VNH)
 - Case Manager: Greg Coyle, RN
- Lifeline: Calls directed to Shady Glen Facility staff
- CCM

FUNCTIONAL SUMMARY

- Mobility: Independent, uses cane prn
- Transfers: Independent
- Toileting: Independent
- Personal Hygiene - largely independent, showers with caregiver present
- Meals: Caregiver prepares some, majority of meals in dining room at Shady Glen
- Shopping - Self with help from caregiver
- Housecleaning - Caregiver
- Finances - Manages with some help from his sons
- Transportation: Drives short distances, Caregiver drives sometimes.

ADVANCE DIRECTIVES

SUMMARY OF WISHES/VALUES: Ray values his ability to live and think independently more than anything. He is not frightened of dying but is very frightened of significant debility or dementia. He wants interventions including hospitalizations taken which are low intensity and have high likelihood of restoring him to current status (living alone, cognitively intact). Does not want heroic measures such as resuscitation, intubation, ICU stay, dialysis, major surgeries, feeding tube.

Resuscitation Status: DNR

DPOA-HC:

Name: Bruce Parker (son)
Phone: XXX- XXX-XXXX
Alternate Name: David Parker (son)
Alternate Phone: XXX-XXX-XXXX
Activated: No.

POLST/COLST: Limited Interventions

Hospitalizations: Hospitalize:Limited Interventions – no heroics

EQUIPMENT AT HOME

Cane
Electric Home BP Cuff
Scale
Pulse Oximeter
Reading Glasses
Hospital bed (Keene)

MEDICATION MANAGEMENT

Primary Pharmacy: Price Chopper,
West Lebanon
Secondary Pharmacy: None
Medications managed by self
Pill Planner: No

EMERGENCY PLAN

Pt or caregiver calls home based practice Hotline (603.790.0009) .
Lifeline goes to Shady Glen staff who know to call hotline.
Call Son David with significant changes or concerns.
Enrolled in AGING AT HOME
May have urgent home visit assessment with VNH nurse;
Call: 888.300.8853 Case Mgr: Greg Coyle, RN

DIET

Low salt

EXERCISE

Walks around the house and to/from dining room twice daily (with cane).

SCHEDULING

Flexible – Call patient directly