

Order Number: 33296373

Printed: 1/6/2026 12:30 PM
Eastern Time Zone

AMEDISYS HOME HEALTH LEBANON, TN 0507
100 PHYSICIANS WAY SUITE 240
LEBANON, TN 37090-8108
Phone: (615) 453-2532
Fax: (615) 547-7480

PHYSICIAN:

KEITH WINFREE, NP
9019 OVERLOOK BLVD STE C1B
BRENTWOOD, TN 37027-

Phone: (615)274-9767

Fax: (833)450-4801

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 10/3/2025 Time: 12:24 PM

CLIENT:

PURNELL, AARON
1706 WREN WAY
LEBANON, TN 37087-

SSN:

DOB: 1/1/1991

CERT: 9/18/2025 to 11/16/2025

Order Read Back to Physician/Agent of Physician?:

ABN Delivered to Patient?:

Medicare No.:

MR#: J5600420211601

NA

Y

Order Date: 10/3/2025 3:26 PMOrder Type: PLAN OF CARE UPDATE

Order Description:

RN TO OBSERVE, ASSESS, EVALUATE, AND DEVELOP AN INDIVIDUALIZED PLAN OF CARE.

AGENCY MAY ACCEPT ORDERS FROM CONSULTING PHYSICIANS, OTHER PHYSICIANS INVOLVED IN PATIENT'S CARE, AND PHYSICIANS ON CALL.

RN TO OBSERVE AND ASSESS, LPN/LVN TO OBSERVE FOR RISK FOR FALLS AND INSTRUCT IN FALL PREVENTION, HOME SAFETY, MEDICATION MANAGEMENT, INFECTION PREVENTION, AND NUTRITION MANAGEMENT.
RN/LPN/LVN NURSE MAY PERFORM O2 SATURATION LEVEL ON ADMISSION AND PRN FOR SHORTNESS OF BREATH FOR RN TO ASSESS/LPN TO OBSERVE PATIENT, WITH NOTIFICATION TO THE PHYSICIAN IF SATURATION IS <90% IN THE ABSENCE OF MORE SPECIFIC PARAMETERS FROM THE PHYSICIAN.

AGENCY MAY PERFORM A RESUMPTION OF CARE VISIT FOLLOWING ANY HOSPITAL ADMISSION.

RN/LPN/LVN TO MONITOR CO-MORBID CONDITIONS AS LISTED ON THE PLAN OF CARE AND ANY NEW CONDITIONS THAT PRESENT THEMSELVES DURING THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS.
CARDIOVASCULAR SYSTEM;

RN TO ASSESS/TEACH, LPN/LVN TO OBSERVE/TEACH RELATED TO ALTERED CARDIOVASCULAR STATUS TO MINIMIZE COMPLICATIONS AND REDUCE HOSPITALIZATION.
HYPERTENSION MANAGEMENT;

RN TO ASSESS AND TEACH, LPN/LVN TO OBSERVE AND TEACH WARNING SIGNS AND SYMPTOMS TO AVOID HOSPITALIZATION.
SKIN INTEGRITY

RN TO ASSESS AND TEACH, LPN/LVN TO OBSERVE AND TEACH INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS.

PROVIDE SKILLED TEACHING OF GENERAL WOUND AND SKIN CARE AND PREVENTION RELATED TO POTENTIAL FOR OR ACTUAL ALTERED SKIN INTEGRITY.
RESPIRATORY SYSTEM MANAGEMENT;

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

WANDA ELLER, RN

DATE: 10/03/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

CHRISTY LANKFORD, RN

DATE: 10/06/2025

PHYSICIAN SIGNATURE:

DATE:

Order Number: 33296373

Printed: 1/6/2026 12:30 PM
Eastern Time Zone

AMEDISYS HOME HEALTH LEBANON, TN 0507
100 PHYSICIANS WAY SUITE 240
LEBANON, TN 37090-8108
Phone: (615) 453-2532
Fax: (615) 547-7480

PHYSICIAN: KEITH WINFREE, NP

CLIENT: PURNELL, AARON

RN TO ASSESS AND TEACH, LPN/LVN TO OBSERVE AND TEACH RELATED TO ALTERED RESPIRATORY STATUS TO MINIMIZE COMPLICATIONS AND REDUCE HOSPITALIZATION.
OXYGEN THERAPY;

RN/LPN/LVN TO INSTRUCT ON OXYGEN MANAGEMENT INCLUDING: ADMINISTRATION AT 2L/MIN VIA NASAL CANNULA CONTINUOUS WHILE SLEEPING/PRN FOR SHORTNESS OF BREATH, CARE OF EQUIPMENT AND SAFETY.
GENITOURINARY MANAGEMENT;

RN TO ASSESS AND TEACH, LPN/LVN TO OBSERVE AND TEACH RELATED TO ALTERED GENITOURINARY STATUS TO MINIMIZE COMPLICATIONS AND REDUCE HOSPITALIZATION.
PAIN MANAGEMENT;

RN TO ASSESS AND TEACH, LVN/LPN TO OBSERVE AND TEACH AND PROVIDE EDUCATION ON PAIN MANAGEMENT TECHNIQUES.

RN/LPN/LVN TO PERFORM/TEACH PATIENT/CAREGIVER WOUND CARE PRESSURE INJURY TO STAGE 2 PRESSURE UCLER 1ST KNUCKLE PINKY FINGER LEFT HAND:

IRRIGATE/CLEANSE WITH WOUND CLEANSER/SALINE AND GAUZE.

PAT DRY.

APPLY CALCIUM ALGINATE SILVER

MAY APPLY SKIN BARRIER TO PERIWOUND PRN TO PREVENT MACERATION AND PROTECT PERIWOUND.

COVER WITH BORDERED FOAM DRESSING.

CHANGE DRESSING 2 X WEEK. CAREGIVER MAY PERFORM WOUND CARE IF NEEDED ON NON-VISIT DAYS.

Goals:

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NEEDS. PATIENT WILL DEMONSTRATE OXYGEN SATURATION WITHIN NORMAL LIMITS OR PATIENT'S OPTIMAL LEVEL AS ESTABLISHED BY THE PHYSICIAN THROUGHOUT CARE. CHANGES TO CO-MORBID CONDITIONS AND ANY NEW CONDITIONS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN.

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEASURES TO MANAGE ALTERED CARDIOVASCULAR STATUS BY EOE.

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO ADHERE TO SELF-MANAGEMENT OF HTN TO MINIMIZE COMPLICATIONS AND AVOID HOSPITALIZATION BY END OF EPISODE.

CHANGES IN SKIN INTEGRITY STATUS WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION. PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE ADEQUATE KNOWLEDGE OF INTEGUMENTARY STATUS AND APPROPRIATE MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY BY EOE.

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEASURES TO MANAGE ALTERED RESPIRATORY STATUS BY END OF EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF CARE AND MANAGEMENT OF OXYGEN THERAPY BY END OF EPISODE

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEASURES TO MANAGE ALTERED GENITOURINARY STATUS BY END OF EPISODE.

PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE UNDERSTANDING OF PAIN CONTROL MEASURES BY EOE.

PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE ABILITY TO PERFORM WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY END OF EPISODE.

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

WANDA ELLER, RN

DATE: 10/03/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

CHRISTY LANKFORD, RN

DATE: 10/06/2025

PHYSICIAN SIGNATURE:

DATE:

Order Number: **33296373**Printed: 1/6/2026 12:30 PM
Eastern Time Zone

AMEDISYS HOME HEALTH LEBANON, TN 0507
100 PHYSICIANS WAY SUITE 240
LEBANON, TN 37090-8108
Phone: (615) 453-2532
Fax: (615) 547-7480

PHYSICIAN: KEITH WINFREE, NP

CLIENT: PURNELL, AARON

Service Changes:**Calendar Frequency:**

SN EFFECTIVE 10/05/2025 2WK6

Supplies:

Type	Supply
ADD	DRESSING ALGINATE AND GELLING FIBER
ADD	DRESSING ANTIMICROBIAL AND SILVER
ADD	DRESSING FOAM
ADD	DRESSING GAUZE
ADD	WOUND CLEANSER

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

WANDA ELLER, RN

DATE: 10/03/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

CHRISTY LANKFORD, RN

DATE: 10/06/2025

PHYSICIAN SIGNATURE:

DATE:

Order Number: **33283164**Printed: 1/6/2026 12:30 PM
Eastern Time Zone

AMEDISYS HOME HEALTH LEBANON, TN 0507
100 PHYSICIANS WAY SUITE 240
LEBANON, TN 37090-8108
Phone: (615) 453-2532
Fax: (615) 547-7480

PHYSICIAN:

KEITH WINFREE, NP
9019 OVERLOOK BLVD STE C1B
BRENTWOOD, TN 37027-

Phone: (615)274-9767

Fax: (833)450-4801

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 10/3/2025 Time: 12:02 PM

CLIENT:

PURNELL, AARON
1706 WREN WAY
LEBANON, TN 37087-

SSN:

Medicare No.:

DOB: 1/1/1991

MR#: J5600420211601

CERT: 9/18/2025 to 11/16/2025

Order Read Back to Physician/Agent of Physician?:

Y

ABN Delivered to Patient?:

NA

Order Date: 10/3/2025 1:01 PMOrder Type: PHYSICIAN ORDER

Order Description:

PRN SKILLED NURSE VISIT TO EVALUATE WOUND KNUCKLE PINKY FINGER LEFT HAND.

Service Changes:

Calendar Frequency:

SN EFFECTIVE 09/28/2025 2WK1,1WK2

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

WANDA ELLER, RN

DATE: 10/03/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

CHRISTY LANKFORD, RN

DATE: 10/03/2025

PHYSICIAN SIGNATURE:

DATE: