ANTHEM HOSPICE PROVIDERS, INC.
1016 East Cooley Drive, Unit E, Colton, CA 92324
Phone: (909) 367-2578 Office Hours: 9:00 AM to 5:00 PM (Mon-Fri)
Fax: (909) 367-2579 Email: anthemhospice@yahoo.com
24-hour Patient Care Line (951) 505-2853

Initial Interdisciplinary Comprehensive Plan of Care

_____
DATE

PATIENT NAME: John (A. First Name) Doe (B. Middle Name) McDough (C. Last Name) Jr (D. Suffix) **MR#** 20190001

SOC DATE: _____ BENEFIT PERIOD: _____ From: _____ To: _____

A. Admit to Anthem Hospice

B. Principal Terminal Admitting Diagnosis: Advanced Alzheimer's Dementia
Co-morbidities: A. Renal Failure B. Hypertension
C. _____ D. _____

C. Code Status: ☑ DNR ☐ Full code

D. Medication Allergy: ☐ None ☑ Allergic to Metformin
Food Allergy: ☐ None ☑ Allergic to Shrimps

E. Location of care: ☐ Pvt home ☑ ALF/Brd&Care ☐ NH ☐ Others _____

F. Level of Care: ☑ Routine ☐ Respite In-patient ☐ Continuous ☐ General In-patient

G. Activity: ☐ Bed Rest ☐ Bed to chair ☑ Up as tolerated

H. Diet: ☑ Regular ☐ As Tolerated ☐ Mechanical Soft / Pureed ☐ Diabetic ☐ No added salt
☐ Thickened fluids to nectar consistency ☐ Other restrictions_____

I. Oxygen supplement: ☑ None ☐ ____ LPM via nasal cannula ◯ continuous ◯ PRN for shortness of breath

J. Medications: Please see Medication Sheet ☐ FSBS: _____

K. Interdisciplinary frequency of visits:

1. Skilled nursing	2 / Week : Monday and Thursday	☐ Declined
2. CHHA	3 / Week : MWF	☐ Declined
3. Bereavement	1 / Month	☐ Declined
4. Psychosocial Srv	1 / Month	☐ Declined
5. Volunteer Srv	2 / Month	☐ Declined

☐ Refer to wound care specialist
Wound Care Order

L. DME

Provider : _____

Device	N/A	Needs	Has	Ordered	Refused
Hospital Bed 1/2 Rails	☐	☐	☐	☐	☐
Hospital Bed Full Rails	☐	☐	☐	☐	☐
APP mattress	☐	☐	☑	☐	☐
Commode / urinal	☐	☐	☑	☐	☐
Over-bed table	☐	☐	☐	☑	☐
Wheelchair	☐	☐	☐	☐	☑

Device	N/A	Needs	Has	Ordered	Refused
Shower Chair	☐	☑	☐	☐	☐
Walker	☐	☐	☑	☐	☐
Geri-chair	☐	☐	☐	☐	☐
Hoyer Lift	☐	☐	☐	☐	☐
O2 Equipment	☐	☐	☐	☐	☐
Others _____	☐	☐	☐	☐	☐

M. SUPPLIES

	Needs	N/A		Needs	N/A
Incontinent Supplies	☑	☐	Ostomy care supplies	☑	☐
4 x 4 Gauze	☐	☐	Calmoseptine	☑	☐
Foley catheter	☐	☐	Oral hygiene supplies	☑	☐
Sharps container	☐	☐	Wound care supplies	☐	☐
GT supplies	☐	☐			
Others:					

Jhane Done, RN _____
Name Signature

Jon Do, MD _____
Name Signature