



-Updated March 24, 2017

PHARMACY ADMISSION FORM**PERSONAL INFORMATION**

First Name: _____ Middle Initial: _____ Surname: _____

Date of Birth: _____ ☐ Male ☐ Female Personal Healthcare #: _____

Address _____ Postal Code: _____

Resident Phone Number: _____ Cellphone Number: _____

Drug insurance Type: _____ ID #: _____ Group #: _____

Diagnosis: _____ Allergies: _____

Previous Pharmacy: _____

Family Doctor: _____ Phone: _____ Fax: _____

Specialist: _____ Phone: _____ Fax: _____

Do you pay your own bills? ☐ Yes ☐ NoIf NO, please indicate: _____
Name Relationship Phone: home/businessEmergency Contact: _____
Name Relationship Phone: home/business

Are you on a medication assistance program through the community?

If Yes ☐ Homecare ☐ Other (specify): _____Independent – do you take your own medications? ☐ Yes ☐ No

If independent client (no medication assistance), please check the type of packaging you prefer:

☐ Blister ☐ Tear-able ☐ Dosette ☐ Reg Vials ☐ Child Proof ☐ 3 Months' Supply

Comments:

HEALTH COVERAGE

Type of Plan	Card Number	Single/Family
Alberta Blue Cross		
2 nd Blue Cross Plan		
Social Services		
Other: DVA/AISH, etc.		

Please fax the completed form and consent form to Pharmacare || FAX: 780-444-9305 | TOLL FREE FAX: 1-855-944-9305

Pharmacare Fulfillment Centre 17969-106 Ave
Edmonton, AB T5S 2H1

Toll Free Ph#: 1-855-944-3257

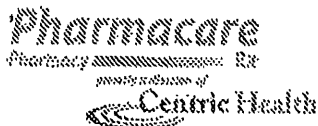
Toll Free Fax#: 1-855-944-9305

Centric Health

Caren

Pharmacare





-Updated March 24, 2017

PHARMACARE SERVICES CONSENT FORM

Name of Client: _____ ☐ M ☐ F D/O/B: _____

Phone: _____ Name of Site/Program/Clinic: _____

Please read the following terms and conditions:

- For the remainder of the consent, the word "I" or "my" will be used and will be interchangeable with "Substitute Decision Maker" and his/her consent where a substitute decision maker is in place.
- I agree to utilize the services of Pharmacare Pharmacy for medications and related products and consent to their Clinical Pharmacist consultative services.
- Clinical Pharmacist services include but are not limited to: Annual Care Plans (Standard Medication Management Assessment, Comprehensive Annual Care Plan) and Follow-ups, Therapeutic Drug Substitution and/or Dose Adjustment for Organ Function, Renewal of Prescription, Injection Services, Prescribing at Initial Access, Managing Ongoing Therapy, Emergency Prescribing, Trial Prescriptions and Refusal to Fill a Prescription due to Overdose Risk, Abuse or Fraudulent Purposes as per the Alberta College of Pharmacists Standards of Practice.
- I understand the pharmacist will conduct an assessment for the purposes of completing an annual pharmacy care plan and/or medication assessment, in accordance with the requirements set out in the Alberta Health Compensation Plan for Pharmacy Services.
- Annual care plans require the pharmacist to conduct medication reviews one-on-one. If I am not available I consent to have a licensed health care professional act as a witness at that time. I will be able to follow up with the pharmacist if I have questions regarding their findings.
- I understand that copies of annual care plans and medication assessments will be provided to me, as well as placed in the patient care file/chart as appropriate and will be available to me at any time by contacting the pharmacy.
- I understand that all medications and related products will be obtained by the preferred pharmacy and if other medications are purchased elsewhere they will not be repackaged as per Alberta College of Pharmacists Regulations.
- I understand that a Pharmacare prescribing pharmacist may prescribe and/or dose Tamiflu, in alignment with site policy and at no additional cost, for prophylaxis or treatment in the event of a declared public health influenza A outbreak.
- I agree to pay all charges incurred that are not paid for by a third party payor, including Blue Cross, within the 30 day term.
- I understand that medications are by law not refundable or returnable under any circumstance and as such cannot be returned for credit.
- I understand that certain home health care products cannot be returned for refund due to health and safety standards.
- I understand that the pharmacist is actively involved in the care of the resident and will access, request or disclose health information for the purpose of providing care to the resident.
- I understand that (where applicable) the pharmacist may round with physicians or other prescribers in my room and is actively involved in the multidisciplinary team of healthcare professionals.
- I consent to the release of personal and medical information to any third party payor, government agency providing benefits, or other person(s)/entity liable for my treatment charges.
- I consent to a similar release of information, as shall be necessary, to initiate and continue pharmacy care or laboratory care.
- I consent to have my picture on the blister pack for easy identification purposes, where dispill blister packs are used, eMAR software or other medication packaging and administration tools for easy identification purposes.

Declaration & Consent of Client and/or Substitute Decision Maker (As Applicable): When a CACP / SMMA is prepared by the clinical pharmacist, I will review and discuss the CACP / SMMA with the clinical pharmacist who prepared it. I understand and accept that the goals and potential risks of the medication therapy outlined at the time the CACP / SMMA is completed and will be reviewed with me. I will be provided or can request a copy of the CACP / SMMA.

Date: _____

Client Name: _____

Client Signature: _____

Substitute Decision Maker (if applicable): _____

Substitute Decision Maker Signature: _____

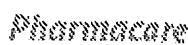
Cellular Ph#: _____

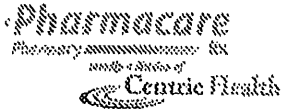
Work Ph#: _____

Email: _____

Please fax the completed form to Pharmacare Pharmacy || FAX: 780-444-9305 || TOLL FREE FAX: 1-855-944-9305

Pharmacare Fulfillment Centre || #100 - 17969 106 Ave || Edmonton, AB T5S 2H1 || Ph: 780-444-3257 || Toll Free Phone Ph: 1-855-944-3257





Updated March 24, 2017

PHARMACARE FINANCIAL GROUP: CLIENT BILLING INFORMATION FORM

Internal Use Only

Resident Name: _____ Community: _____

Billing information: Please enter the information for person who is responsible to make payments for your account; if it is yourself, please put "SELF" for name.

Name: _____ Relationship to Client: _____

Daytime Phone: _____ Home Phone: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Fax: _____

Method of Payment

Our terms are net 21 days and if any special term is required, you will have to arrange them with our Accounts Specialists. For your convenience, we offer the following payment options:

1. Pre-authorized debit payment
2. Pre-authorized credit card payment
3. Cheque/Cash net 21 days
4. Payment by telephone please call 780-444-3257 ext.3 or call our toll free: 1-855-944-3257 ext.3

☐ Pre-authorized Bank Account Debit (copy of void cheque required)

Bank Account #: _____

Branch #: _____ (up to 5 digits) Institution: _____ (3

digits) ☐ Pre-authorized Credit Card (Visa, MasterCard, and American Express)

Credit Card #: _____

Expiry (MM/YY): _____ Security #: _____ (3 digits on back or 4 digits on front for AMEX)

Name on Credit Card: _____

I/we authorize my/our financial institution to debit my/our account on (or after) the withdrawal date of each invoice for all amount owing to Pharmacare Financial Group. This authorization is valid for either the bank account or the credit card account specified above, or any other account which I/we may designate in the future in lieu of the account specified above. I/we understand that in the event that a payment is returned by the bank for any reason, that I/we will be responsible for NSF and/or \$25 administration charges.*

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized agreement. I/we may cancel this agreement at any time by providing written notice to the address below by contacting Pharmacare Financial Group at 780-444-3257 or call our toll free number 1-855-944-3257 (ext. 3) at least (15) fifteen days before the next scheduled withdrawal date. (the withdrawal date is currently on (or after) the 29th of every month)*

Client Signature: _____ Date: _____

Please fax with a void cheque to Pharmacare Financial Group: Fax: 780-784-2844 Toll Free Fax 1-855-944-6364
Mail: PO Box 25503, Edmonton, AB T5T 7E7 || Email: billings@mypharmacare.ca



Affix patient label within this box

Goals of Care Designation (GCD) Order

Date (yyyy-Mon-dd)	Time (hh:mm)
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Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check	►	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> M1	<input type="checkbox"/> M2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
Initials	►	_____	_____	_____	_____	_____	_____	_____

Check ☒ here ☐ if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

Patient's location of care where this GCD Order was ordered *(Home; or clinic or facility name)*

Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

- ☐ This GCD has been ordered after relevant conversation with the patient.
- ☐ This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*
- ☐ This is an interim GCD Order prior to conversation with patient or ADM.

History/Current Status of GCD Order

Indicate one of the following

- ☐ This is the first GCD Order I am aware of for this patient.
- ☐ This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order)*.
- ☐ This GCD Order is unchanged from the most recent prior GCD.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date (yyyy-Mon-dd)

Goals of Care Designations – Guide for Clinicians

<p>R: Medical Care and Interventions, Including Resuscitation if required followed by Intensive Care Unit admission.</p> <p>Focus of Care and interventions are for cure or control of the Patient's condition. The Patient would desire and is expected to benefit from attempted resuscitation and ICU care if required.</p> <p>R1: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care.</p> <ul style="list-style-type: none"> • Resuscitation: is undertaken for acute deterioration, and may include intubation and chest compression • Life Support Interventions: are usually undertaken • Life Sustaining Measures: are used when appropriate • Major Surgery: is considered when appropriate. • Transfer: is considered for diagnosis and treatment, if required <p>R2: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation, intubation and ICU care, but excluding chest compression</p> <ul style="list-style-type: none"> • Resuscitation: is undertaken for acute deterioration, but chest compression should not be performed • Life Support Interventions: may be offered without chest compression • Life Sustaining Measures: are used when appropriate • Major Surgery: is considered when appropriate • Transfer: is considered for diagnosis and treatment, if required <p>R3: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care, but excluding intubation and chest compression</p> <ul style="list-style-type: none"> • Resuscitation: is undertaken for acute deterioration but intubation and chest compression should not be performed • Life Support Interventions: may be offered without intubation and without chest compression • Life Sustaining Measures: are used when appropriate • Major Surgery: is considered when appropriate • Transfer: is considered for diagnosis and treatment, if required 	<p>M: Medical Care and Interventions, Excluding Resuscitation.</p> <p>Focus of Care and interventions are for cure or control of the Patient's condition. The Patient either chooses to not receive or would not be expected to benefit from attempted resuscitation followed by life-sustaining care in an ICU. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term symptom-directed care.</p> <p>M1: All clinically appropriate medical and surgical interventions directed at cure and control of condition(s) are considered, excluding the option of attempted life-saving resuscitation followed by ICU care. See above, regarding Pediatrics and ICU.</p> <ul style="list-style-type: none"> • Resuscitation: is not undertaken for cardio respiratory arrest. • Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient. • Life Sustaining Measures: are used when appropriate. • Transfer: to another location of care is considered if that location provides more appropriate circumstances for diagnosis and treatment • Major Surgery: is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented. <p>M2: All clinically appropriate interventions that can be offered in the current non-hospital location of care are considered. If a patient does not respond to available treatments in this location of care, discussion should ensue to change the focus to comfort care. Life-saving resuscitation is not undertaken except in unusual circumstances (see below in Major Surgery). See above, regarding Pediatrics and ICU.</p> <ul style="list-style-type: none"> • Resuscitation: is not undertaken for cardio respiratory arrest. • Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient. • Life Sustaining Measures: are used when appropriate. • Transfer: is not usually undertaken, but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can be best undertaken at that other location. • Major Surgery: can be considered, in order to prevent suffering from an unexpected trauma or illness. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and noted as special circumstances on the GCD Order Form and Tracking Record. 	<p>C: Medical Care and Interventions, Focused on Comfort.</p> <p>Focus of Care and interventions are for the active palliative treatment of the Patient who has a terminal illness, and support for those close to them. This includes medical care for symptom control and psychosocial and spiritual support in advance of death. Care can be provided in any location best suited for these aims, including an ICU, a Hospice or any location that is the most appropriate for symptom-based care for this particular Patient.</p> <p>C1: All care is directed at maximal symptom control and maintenance of function without cure or control of an underlying condition that is expected to cause eventual death. Treatment of intercurrent illnesses can be contemplated only after careful discussion with the Patient about specific short-term goals.</p> <ul style="list-style-type: none"> • Resuscitation: is not undertaken. • Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient. • Life Sustaining Measures: are used only for goal directed symptom management. • Major Surgery: is not usually undertaken, but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function, but this would be a rare circumstance. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented. • Transfer: to any appropriate location of care can be considered at any time, to better understand or control symptoms. <p>C2: All care is directed at preparation for imminent death [usually within hours or days] with maximal efforts directed at symptom control.</p> <ul style="list-style-type: none"> • Resuscitation: is not undertaken. • Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient. • Life Sustaining Measures: should be discontinued unless required for symptom management. • Major Surgery: is not appropriate. • Transfer: is usually not undertaken but may be considered if required. <p>C3: All care is directed at preparation for imminent death [usually within hours or days] with maximal efforts directed at symptom control.</p> <p>Note that specific interventions can be acceptable acts within multiple Goals of Care Designations. It is the goal or intention of the intervention that determines consistency with a Designation.</p> <p>Life Support Interventions mean interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, defibrillation, other resuscitative measures, and physiological support.</p> <p>Life Sustaining Measures mean therapies that sustain life without supporting unstable physiology. Such therapies can be used in multiple clinical circumstances. When viewed as life sustaining measures, they are offered in either a) the late stages of an illness in order to provide comfort or prolong life, or b) to maintain certain bodily functions during the treatment of intercurrent illnesses. Examples include enteral tube feeding and parenteral hydration.</p> <p>Resuscitation means the initial effort undertaken to reverse and stabilize an acute deterioration in a Patient's vital signs. This may include chest compressions for pulselessness, mechanical ventilation, defibrillation, cardioversion, pacing, and intensive medications. Patients who have opted to not have chest compressions and/or mechanical ventilation may still be considered for other resuscitative measures (see Designation R3).</p> <p>In the above descriptions, when indicating "discussions with the Patient", it is to be assumed that this means a capable Patient, a Mature Minor, or a designated Alternate Decision Maker (ADM). If a patient is incapable and there is no designated ADM, appropriate people within the patient's close circle can be consulted.</p>
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RESIDENT RECORD - ACCOUNTING

MOVE-IN DATE: _____

SUITE #: _____

LAST NAME (A): _____

FIRST NAME: _____

LAST NAME (B): _____

FIRST NAME: _____

MONTHLY RENTAL FEE: \$ _____

PAP SUBMITTED ☐

2ND OCCUPANT FEE: \$ _____

TOTAL MONTHLY RENT: \$ _____

DAL ☐

EDAL ☐

SUPPORTIVE ☐

MONTHLY STATEMENT TO BE SENT TO RESIDENT ☐

OTHER ☐ PRINT NAME AND ADDRESS

BELOW:

18th 19 ~~OPTIONAL SERVICE~~

ADDITIONAL SERVICES

DATE: _____

START ☐

STOP ☐

LAUNDRY

\$ _____

Rent (see above): \$ _____

PARKING

\$ _____

CABLE

\$ _____

OTHER _____

\$ _____

OTHER _____

\$ _____

TOTAL ADDITIONAL SERVICES

\$ _____

TOTAL MONTHLY CHARGES:

\$ _____

FIRST MONTH CALCULATION:

of days in current month _____ (A) # of days renting this month _____ (B)

Total Monthly Charges \$ _____ X (B) _____ / (A) _____ = \$ _____

COMMENTS:

SIGNED BY: _____

BUSINESS OFFICE COORDINATOR

EXECUTIVE DIRECTOR

#70 HCA TASK SHEET

RUTHERFORD HEIGHTS RETIREMENT RESIDENCE

TASK SHEET 1st and 2nd FLOOR DAYS

Staff:

Date: _____

Assign Task: _____

Phone: **5709**

Please deliver snacks to diabetic client and/ or client needing snacks in the afternoon.

OSUITE #	NAME	BATH	LAUNDRY	OTHER	Med assist				NOTES
	D2/E2				0800	1200	1700	2000	
111	ROBERT Seal	D – WED E – MON	Cue oral care ISOTEAR eye gtt on both eye at 0800 1200 1700 and 2100 Change PAD/ Incontinent product before lunch, before supper, and before bedtime		✓ Eye gtt	✓ Eye gtt	✓ Eye gtt	✓ Eye gtt	Cue/supervise oral care. PROVIDE PERI CARE/ CHANGE UNDERWEAR OR PULL UPS DAILY. Make sure eye glasses are clean.
112	ELEANOR Klarenbach	D- Mon D- Thu	AM AND HS CARE Meal portering ASSIST WITH SHOWER and HIDE DIRTY CLOTHES		✓ Combigan to right eye 1 drop Eye GTTS			✓ Lumigan 1 drop to both eyes Combigan to 1 drop right eye	Inform LPN if resident is on the last week of meds. LPN to inform the daughter MAKE SURE CLIENT BRUSH HER TEETH AND WEARING CLEAN CLOTHES. Toilet before lunch and before supper. Check pads.
123	Jean Higgins	E-Wed E-Sat	Am and Hs care, Meal escort		✓ Diclo cream to left elbow	✓	✓	✓ Diclo to right hip and leg Eye gtt Drysol under breast	ADMINISTER Levocarb ON TIME. 0800,1200,1700,2100
124	Clara Wyman		Medication Assist		✓			✓	

126	Mary Marguerite BASKETT	E -Sun	AM and HS care	✓ Creams Inhaler		✓	✓ Creams Inhaler	Apply tubigrip in the morning.
128	AL Baker	D-Sat	PLEASE USE GENTLE APPROACH -Am and HS care cueing. -Change clothes daily or every 2 nd day. -Engage client in REC activities daily. -Take client to church service every THUR and SUN	✓	✓	✓ 1900	✓	
131	Larry Brocke	D- Fri	AM and HS care TOILET BEFORE LUNCH AND SUPPER. 1 person assist with transfers.	✓	✓	✓	✓	Gtube feeding. Meds should be administered through tube feed. CAN have nectar thick 125ml per all 3 meals.
203	KRUPER, NEIL.		MED ASSIST ONLY AM ASSIST WITH AM CARE ONLY	✓	✓		✓	
206	NAYOWSKI, Helen	E- Thu	MED ASSIST ONLY	✓	✓	✓	✓	
210	WILLIAM Matwichuk	IND	MED ASSIST ONLY	✓ & Vaseline to back	✓	✓	✓	
212	ANNA Kuc	E-Tue	AM- grooming, dressing, oral care, assist client with KNEE BRACE; Assistance with PGS stockings Toilet at 1130hrs and 1610hrs. HS Care- remove KNEE BRACE; Porter to meals, activities and exercises.	Medication to be administered by FAMILY				Please assist client with safe transfers as needed. 4 wheel Walker and wheelchair; Toilet on Request; Wears incontinent brief/pad.
213	ALICE Sokol	D- MON D- THU	1 Person assist AM Care- assist client with washing, grooming, oral care. Meal escort, take client down for exercise and activities. Toilet at 1100,1400, and 1700hrs, bedtime. HS Care assist. PUT HEARING AID ON. Don stockings in am and remove at HS. Put on stockings in am and off at HS. PORTER TO EXERCISES and MEALS. ** check resident every 2 hours for incontinence (using pull ups)	✓ & Diclo to right hip	✓	✓	✓ Diclo to right hip	Alendronate 70 mg @ 0730 every FRIDAY 1 person assist with mobility and ambulation. HAS COMPANION BUT COMPANION DOES NOT PROVIDE CARE

214	PANG Choi	D-Tue D-Fri Bet 0900-0930	AM and HS care, meal escort Encourage client to attend daily exercise and other activities. Client is a smoker, make sure that he does not smoke in the room. Toilet between meals SPEAKS CANTONESE ONLY.	✓			✓	Remind to use walker. 1 person assist with shower. Shampoo hair once a week. Please apply toe splints daily and remove at HS.
215	Anne Andrews	E-Sat E-Wed	Med assist and shower only	✓			✓	
227		D-Sun						
229	Mary Lucy Ursulak		Cue for meals and activities. Crush meds.	✓ & 0755	✓		✓	Medication assistance only Apply stockings in AM. Remove at HS.
230	Julie Bettcher		AM AND HS CARE Independent with showers	✓	✓	✓	✓	Breakfast Tray between 9-9:15 am
234	Raymond GLEN							Monitor catheter
234	Kathleen GLEN	D - TUE D - FRI	AM and HS care	✓	✓	✓	✓	Remove ankle support at night
332	MARION Morgan	D- Tue D-Sat	AM care- do peri care at AM and HS PGS donn at AM, doff at HS	✓ Advair & Cream	✓ & Cream	✓	✓ Advair & Cream	TOILET AFTER BREAKFAST, LUNCH, AND SUPPER.
433	Margaret MILLAR	D- SUN	MED ASSIST and SHOWER ONLY	✓		✓	✓ & Remove nitro patch	

**** NIGHTS to provide care and medication in the morning*****

232	ORTHLOFF Margaret	D-Wed D-Sat Laundry Service	Am and HS care assist	✓			✓	Porter to and from meals. Companion is only for social. Please get the resident ready for bed by 2000hrs.
225	Kathleen Powell		AM and HS care PORTER TO MEALS	✓	✓		✓	Assist client when needed. PLEASE ASSIST CLIENT WITH SHOWERS AS NEEDED.

BATH SCHEDULE

	SUN	MON	TUE	WED	THUR	FRI	SAT
D	MILLAR Mrs.KRUPER	SOKOL KLARENBACH Mr.MORGAN	MRS. GLEN CHOI Mrs. MORGAN	SEAL Mrs. KRUPER ORTHLOFF	SOKOL KLARENBACH Mr.MORGAN	MRS. GLEN CHOI BROCKE	BAKER Mrs. MORGAN ORTHLOFF
E	WESTERMAN BASKETT	SEAL	KUC	HIGGINS ANDREWS	WESTERMAN NAYOWSKI	ROBINSON	HIGGINS ANDREWS

Updated: May 18,2018 @ 1207hrs

~~20~~

RUTHERFORD HEIGHTS RETIREMENT RESIDENCE **HEMOCARE/DDAL**

LPN TASK SHEET

- *Check Treatment binders for wound cares, weights, and blood sugars.
- * Check requisitions for appointment dates, MMSE due, calendar, and doctor's orders list.

NAME	0800	1200	1700	2100	NOTE
109 Alice Goshko	Narcotic (LPN Nights to give 0800 dose), 1200 and 2100				
110 EDITH Harel (DDAL)	Insulin QID (see Dr's order)				
122 Hermine Westermann	BP once a month.				
123 JEAN Higgins	NARCOTICS at 0800,1200 and 2100				
126 Mary Baskett	Monitor weights MWF.				
127 HELEN Schewchuk (DDAL)	Narcotics at 0800, 1200 and 2100hrs				
129 Dorothea Kidd (DDAL)	Insulin 0800hrs and 2100hrs. LPN				
130 MARY Stephens	METHOTREXATE injection weekly every Monday (LPN 8-4 to give same)				
131 Larry Brocke	Tube feed TID. 1 and ½ tetra pack. Flush with 80cc of H2O before and after feeds.				
202 Doreen McCagerty	BP monthly				
204 EWALD Steinbach (DDAL)	Blood Sugar Insulin (LPN Nights to give)	Blood Sugar Insulin	Blood Sugar Insulin	Blood Sugar Insulin	

206 Helen Nayowski	2100 medication Warfarin BP check once a month.	
207 Robert Grieve	Blood glucose check once a week.	
213 ALICE Sokol	NARCOTICS at 0800, 1200, 1700 and 2100hrs Blood glucose 0800hrs and 2100hrs. Insulin AM.	
223 Ronald Worthington	Monthly BP.	
224 Evelyn Scott	Monthly BP.	
226 John Morgan	BP monthly	
226 MARION Morgan	Colchicine 0.6mg at 0800hrs	
227 Adolf Bruneski	Narcotic 0800, 1700, & 2100hrs.	
229 Mary Ursulak	Vagifem at 2100hrs.	
232 Margaret Ortloff	Weekly weights BP monthly	
301 Gerda Kowand	Weekly weights	
302 Elfriede Ford	BP once a week then once a month.	
304 Delta Davidson	Butrans patch qThursday at 0800hrs.	
306 DORA Kischiushi (DDAL)	NARCOTICS at 0800, 1200, 1700 and 2100	
314 Ben Baich	Weights weekly. Call physician if there is a weight gain.	
317 SID Parker	Coumadin at 1700, please call Dr's office every Tuesday to obtain written order for Coumadin dose.	
319 PHYLLIS McDonald	Insulin at AM and HS (see Dr's order)	
322 HOPE Fedor (DDAL)	NARCOTICS 2100hrs	
331 Kathleen Ellefson	BP monthly	

332 Wai Liu (DDAL)	Narcotic 0800hrs and 2100hrs				
407 Leticia Coffin	Narcotics 0800hrs, 1200hrs, and 2100hrs.				
410 Thelma Campbel	Butrans patch every Wednesday at 0800hrs.				
412 Josephine Hawley	Vitals Monthly				
411 WARREN Smith	Insulin at 0800hrs and 2100 hrs.				
413 Katherine Klimiuk	Weekly weights				
435 PAT Hunter	Suboxone at 0800,1400 and 2100hrs Monthly BP				
420PENNY Gray (DDAL)	-INSULIN QID -NARCOTICS at 0800, 1200 and 2100hrs				
425 VICTOR Gersdoff (DDAL)	Blood Sugar Insulin at 0800 (LPN Nights)	Blood Sugar Insulin @1200	Blood Sugar Insulin @1700	Blood Sugar Insulin Finasteride @ 2100	Narcotic at 2100hrs.

LPN's

ALL medication via injection for homecare client (except insulin), initial dose should be given by ordering doctor, send/ fax order to CASE MANAGER , case manager then will give 2nd dose, Confirm with Ed, Paul or Haidee if authorization was received before giving the next dose.

Daily Coumadin @ 2100h Independent/homecare residents Suite 203 Thelma Kruper Suite 210 Bill Matwichuk Suite 206 Helen Nayowski	Finasteride 425 Victor Gersdorff at 2100
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DDAL Coumadin @2100	Vitamin B 12 <u>Suite 127</u> Helen Schewchuk SC every 7 th of the month every 3 months. <u>Suite 129</u> Dorothea Kidd, every 20 th of the month <u>Suite 314</u> Ben Baich- once a month (see Dr's order)
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Updated: May 23, 2018 @ 1604hrs