Griffith, Sarah	Nursing	Signed	Care Management	05/01/17 1259

Care Management
Initial Discharge assessment Needs

Discharge Assessment	
Patient assessment: Chart and in person interview with patient	
Screening Type: No discharge planning needs identified	
Patient Mental Status: Alert and oriented	**Decision Maker:** Him/Her self
Residence Prior to admission: Home	**Patient Lives with:** Other (add Comment) (patient cares for brother)
Home Description: 1 Story	**Home Entry Steps:** 1
Bedroom Location: 1st floor	**Bathroom Location:** Same Floor as Bedroom
Durable Medical Equipment	
DME Previously used: No	**Previous DME Type:**
Prior DME Provider:	
DME Needs at Discharge: No	**DME Type:**
DME Provider:	
Home Care Services	
Current or Prior Home care Services:	
Anticipated Home Care Services Needed: No	
Anticipated Home Care Provider:	
ECF/IP Rehab Placement	
Past ECF/Inpatient Rehabilitation Placements: No	
Prior Alternate Site Provider:	
Plan For This Visit	
Patient to return to prior residential situation at discharge: Yes	
Prescription Coverage: Commercial Insurance	
Anticipated DC Plan: No Needs Identified	**Day of discharge transportation plan:** Auto by other person

Spoke with patient at bedside. Lives with brother and is his caretaker. No DME, HC or SAR in the past.

Plans to return home at discharge.

Signed: Sarah Griffith ***Pager/Phone***: 6409 ***Date/Time 5/1/2017, 12:59 PM***

Robinson, Victoria	Nursing	Addendum	Care Management	05/09/17 1159

Plan of care is unclear at this point in time. However, in the event that patient requires home TPN the following information is required for the insurance company to preauthorize and cover this: a progress note must state that patient is not a candidate for enteral feeding due to bowel obstruction and requires complete bowel rest. Additionally, length of TPN treatment will be for a minimum of two weeks. Lastly, a physician's name must be noted so that he/she will be responsible for making any necessary adjustments to the formula. To be discussed with Dr. Lloyd and Family Practice. Tori, RN CM x 6418

Revision History

Robinson, Victoria	**Nursing**	**Signed**	**Care Management**	**05/09/17 1423**

CM spoke with Dr. Lloyd and his POC is for patient to remain here, on TPN, until his bowel function returns. Tori RN CM x 6418

Robinson, Victoria	Nursing	Signed	Care Management	05/11/17 1103

CM met with patient at bedside to discuss plan of care. Patient was very sleepy and CM had difficulty having detailed conversation with her. CM did explain that PT is possibly considering recommending SAR after discharge and the reasons why. Patient did not have much response. SW has been consulted. CM will be contacting family to discuss. Continuing to follow patient's clinical course. Tori, RN CM x 6418

Beattie, Leanna C	Social Worker	Signed	Social Work	05/11/17 1603

SW consulted for discharge planning. Chart reviewed. PT/OT recommending SAR vs Home with 24/7 assist. Pt with HAP Midwest insurance which requires prior authorization for SAR. Limited selection of accepting facilities for SAR. Pt/family to be provided with HAP Midwest accepting facilities upon assessment. Pt lethargic at this time. Message has been left for family. Will continue to follow and update as case progresses. Leanna Beattie, LMSW ex 6907