New River Family 1300 St. Mary's Street Suite 502 Raleigh,NC NC 27605P: 919-833-8998 F: 919-772-2727

Account Number: Sdd123 Patient Name: Paula Abdul
Policy Number: 12345789A DOB: 05/30/2001
Age: 23

Provider: Karen A Williams,RN

DOS: May 13, 2024

AI-Based Plan Of Care

1. Vital Signs

- Preliminary Assessment:

- \cdot Patient's weight is 234 pounds and height is 56 inches. Blood pressure readings are 133/114 mmHg (systolic/diastolic).
- Proposed Intervention:
- · Monitor blood pressure regularly. Consider discussing hypertensive management if blood pressure remains elevated.

2. Demographics

- Preliminary Assessment:
- · Patient is a male, Black or African American, divorced, and living with a paid caregiver.
- Proposed Intervention:
- · Ensure patient has adequate support and resources provided by the caregiver.

3. Immunization History

- Preliminary Assessment:
- · No immunization history provided.
- Proposed Intervention:
- · Discuss and update immunization record. Recommend appropriate vaccines.

4. Medical History

- Preliminary Assessment:
- · No detailed medical history provided.
- Proposed Intervention:
- · Complete a full medical history during the next visit.

5. Sexual Health Screening

- Preliminary Assessment:
- · No responses provided.
- Proposed Intervention:
- · Encourage discussion about sexual health and any necessary screenings.

6. Family History

- Preliminary Assessment:
- · Family history includes alcohol abuse and autoimmune disorder.
- Proposed Intervention:
- \cdot Monitor and explore potential hereditary risk factors in future visits.

7. Fall Risk Screening

- Preliminary Assessment:
- · No information on fall risk screening.
- Proposed Intervention:

Policy Number: 12345789A 07/19/2024

· Conduct fall risk assessment and implement safety measures at home.

8. Hearing Screening

- Preliminary Assessment:

- · No hearing difficulties reported.
- Proposed Intervention:
- · Regularly monitor hearing status, especially if any changes occur.

9. Social Support Screening

- Preliminary Assessment:

 \cdot Health or emotions limit socializing all the time. Sometimes there is social and emotional support. Never speaks with family and friends.

- Proposed Intervention:

· Address emotional and social isolation. Provide resources or referrals to support groups or counseling.

10. Depression Screening (PHQ)

- Preliminary Assessment:

· PHQ2 Score: 3, PHQ9 Score: 3. Significant signs of depression affecting daily functioning.

- Proposed Intervention:

· Consider referral to mental health specialist. Evaluate treatment options including therapy and medication.

11. Pain Screening

- Preliminary Assessment:

· No recent pain assessment provided.

- Proposed Intervention:

· Conduct a pain assessment and manage any identified pain appropriately.

12. Tobacco, Alcohol, and Substance Use Screening

- Preliminary Assessment:

· No responses provided.

- Proposed Intervention:

· Discuss tobacco, alcohol, and substance use. Provide resources and support for cessation if needed.

13. Cognitive Screening

- Preliminary Assessment:

· No completed cognitive screening responses provided.

- Proposed Intervention:

 \cdot Perform a cognitive assessment to evaluate cognitive function.

14. Vision Screening

- Preliminary Assessment:

· Vision screening information not provided.

- Proposed Intervention:

· Schedule an eye exam to assess vision and address any visual impairments.

15. Advance Directives Screening

- Preliminary Assessment:

· Patient would like to discuss living will.

- Proposed Intervention:

· Schedule a discussion about advance directives and living will.

16. Chronic Care Management (CCM) Screening

- Preliminary Assessment:

· Patient is interested in Chronic Care Management.

- Proposed Intervention:

Policy Number: 12345789A 07/19/2024

· Enroll patient in the Chronic Care Management program and provide care coordination services.				
Policy Number: 12	2345789A 07/19/2024			

nber: 12345/89A 0//19/202