

PROXIMAL HOME HEALTHCARE

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Fax

To: Ketha, Sumana MD

From: Osas Erhabor RN/BSN

Fax: (972) 675-7310

Pages: 5

Re:

Date: September 28, 2016

please sign and fax back ASAP!
thanks
Osas RN

HOME HEALTH CERTIFICATION AND PLAN OF CARE				
1. Patient's HI Claim No. 453302820A	2. Start Of Care Date 09/01/2016	3. Certification Period From: 09/01/2016 To: 10/30/2016	4. Medical Record No. PHCC030	5. Provider No. 747805
6. Patient's Name and Address WALKER, WILKIE D. 7835 MILITARY PRKWY APT 217 Dallas, TX 75227 (214) 809-0417		7. Provider's Name, Address and Telephone Number Proximal Home Healthcare Inc 8330 LYNDON B JOHNSON FRWY Suite 365 Dallas, TX 75243 Phone: (214) 253-2558 Fax: (214) 432-5497 Email: proximal.health@att.net		
8. Date of Birth 06/10/1925		9. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET DAILY PO N AMLODIPINE BESYLATE 2.5MG DAILY ORAL N				
11. ICD- 10-CM I10	Principal Diagnosis Essential (primary) hypertension			Date 07/26/2016
12. ICD- 10-CM	Surgical Procedure			Date
13. ICD- 10-CM M19.90	Other Pertinent Diagnoses Unspecified osteoarthritis, unspecified site			Date E
14. DME and Supplies Cane, Exam Gloves, Probe Covers		15. Safety Measures: Fall Precautions, Keep Pathway Clear, Standard Precautions/Infection		
16. Nutritional Req. Regular. Heart Healthy. Low Cholesterol. Low Fat.		17. Allergies: NKA (Food/Drugs/Latex/Environment)		
18.A. Functional Limitations 1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea With Minimal Exertion 3 <input type="checkbox"/> Contracture 7 <input type="checkbox"/> Ambulation B <input type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech		18.B. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Weight Bearing A <input type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BRP 7 <input type="checkbox"/> Independent At Home B <input type="checkbox"/> Walker 3 <input checked="" type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Bed/Chair 9 <input checked="" type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify) 5 <input checked="" type="checkbox"/> Exercises Prescribed		
19. Mental Status: 1 <input checked="" type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated 2 <input type="checkbox"/> Comatose 4 <input checked="" type="checkbox"/> Depressed 6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other				
20. Prognosis: 1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded 3 <input checked="" type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Excellent				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) SN Frequency: 2w2,1w7. SN to Assess all body systems, with emphasis on Cardiovascular, Pain, Neuro/Sensory Psychosocial GI/Digestive Urinary. SN to notify MD of: Temperature greater than (>) 100 or less than (<) 95.9F. Pulse greater than (>) 100 or less than (<) 60. Respirations greater than (>) 26 or less than (<) 12. Systolic BP greater than (>) 160 or less than (<) 90. Diastolic BP greater than (>) 90 or less than (<) 60. Homebound Status: Exhibits considerable & taxing effort to leave home; Requires the assistance of another to get up and move safely; Severe Dyspnea; Unable to safely leave home unassisted; Unsafe to leave home due to cognitive or psychiatric impairments. Cardiovascular System: SN to instruct the Patient/Caregiver on measures to recognize cardiac dysfunction and relieve complications. SN to instruct patient on measures to detect and alleviate edema. SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911. SN to assess patient for diet compliance. SN to instruct on low Na+ diet, Low Cholesterol.				
22. Goals/Rehabilitation Potential/Discharge Plans Goals: Patient will not be hospitalized during the cert period, Patient's vital signs will remain within established parameters during the episode. Cardiovascular System Goal: Patient will have no hospitalizations during the cert period. Patient's blood pressure and all vital signs will remain within established parameters during the episode. The Patient/Caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 by EOE. Patient will maintain Heart Healthy diet compliance during the episode. Patient will maintain low Na+ diet, Low Cholesterol, and Low				
23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically Signed by: Osasogie Erhabor RN 09/01/2016			25. Date HHA Received Signed POT	
24. Physician's Name and Address Ketha, Sumana MD 2925 Skyway Cir N Irving TX 75038 Phone: (972) 639-5838 Fax: (972) 675-7310 NPI: 1962447805		26. Physician Certification Statement I certify that this patient is confined to his/her home and needs intermittent skilled nursing care. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
27. Attending Physician's Signature and Date Signed  Electronically signed by Ketha, Sumana M.D. on 09/30/2016		28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		

Department of Health and Human Services
Centers for Medicare Medicaid ServicesForm Approved
OMB No. 0938-0357

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No. 453302820A	2. Start Of Care Date 09/01/2016	3. Certification Period From: 09/01/2016 To: 10/30/2016	4. Medical Record No. PHCC030	5. Provider No. 747805
6. Patient's Name: WALKER, WILKIE D.		7. Providers Name Proximal Home Healthcare Inc		
10. Medications CYANOCOBALAMIN 1000 MCG ORAL TABLET DAILY N DONEPEZIL HYDROCHLORIDE 5MG DAILY ORAL N VITAMIN B-12 1000 MCG ORAL TABLET DAILY N CLONIDINE 0.2 MG ORAL TABLET PRN FOR SBP>160 BID N TYLENOL 500 MG ORAL TABLET Q6HRS PRN FOR PAIN N DOCUSATE SODIUM 100 MG ORAL CAPSULE PRN FOR CONSTIPATION N LEVOBUNOLOL HYDROCHLORIDE, OPHTHALMIC 0.5% BOTH EYES EYE ONE GTT BID N TRAVATAN 0.004% OPHTHALMIC SOLUTION 2.5ML BOTH EYE ONE GTT BID N LISINOPRIL 20 MG ORAL TABLET DAILY N				
13. Other Diagnoses N40.0 Enlarged prostate without lower urinary tract symptoms (E) G30.9 Alzheimer's disease, unspecified (E) K59.00 Constipation, unspecified (E) R39.81 Functional urinary incontinence (E)				
15. Safety Measures Control, Use of Assistive Devices, Instructed on safe utilities management, Instructed on mobility safety				
16. Nutritional Requirements Low Sodium.				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) and Low Fat diet SN to instruct on daily/weekly weights and recordings. SN to perform weekly weights. SN to assess patient's weight log every visit. Osteoarthritis Pain: SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and hot/cold packs. SN to report to physician if patient experiences pain level greater than 5, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities. SN to instruct patient on measures to detect and alleviate edema. SN to assess patient for diet compliance. SN to assess/instruct on pain management, proper body mechanics and safety measures. SN to assess for patient adherence to appropriate activity levels. SN to assess patient's compliance with home exercise program. SAFETY: SN to instruct the Patient/Caregiver to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip. SN to instruct the Patient/Caregiver to contact agency to report any fall with or without minor injury and to call 911 for fall resulting in serious injury or causing severe pain or immobility. MEDICATION MANagements: SN to assess patient filling medication box to determine if patient is preparing correctly. SN to assess caregiver filling medication box to determine if caregiver is preparing correctly. SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each medication. SN to assess if the Patient/Caregiver can verbalize an understanding of the indication for each medication. SN to hold HHC services if patient transferred to inpatient facility and resume services when discharged from inpatient facility Discharged summary will be available upon request.				
22. Goals/Rehabilitation Potential/Discharge Plans Fat diet compliance during the episode. PAIN: Patient will verbalize understanding of proper use of pain medication by the end of the episode. PT/CG will verbalize knowledge of pain medication regimen and pain relief measures by the end of the episode. The Patient/Caregiver will verbalize and demonstrate edema-relieving measures by the episode. Patient will maintain Heart healthy diet compliance SAFETY: The patient will be free from falls during the episode. The patient will be free from injury during the episode. Patient				
27a. Signature of Physician:  Electronically signed by Ketha, Sumana M.D. on			27b. Date: 09/30/2016	
23. Optional Name / Signature of Nurse / Therapist Electronically Signed by: Osasogie Erhabor RN			Date 9/1/2016	

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will maintain optimal joint function, increased mobility and independence in ADL's by the end of the episode. Patient will have increased mobility, self care, endurance, ROM and decreased pain by the end of the episode.


Rehab Potential: Fair for stated goals. Discharge Plan: Patient to be discharged to the care of Physician. Discharge when caregiver willing and able to manage all aspects of patient's care.

S. Ketha Electronically signed by Ketha, Sumana M.D. on

09/30/2016

Electronically Signed by: Osasogie Erhabor RN

9/1/2016

Proximal Home Healthcare Inc 8330 Lyndon B Johnson Frwy Suite 365 Dallas, TX 75243 Phone: (214) 253-2558 Fax: (214) 432-5497		PHYSICIAN ORDER	
Patient: Walker, Wilkie D 7835 Military Prkwy Apt 217 Dallas, Tx 75227 (214) 809-0417 HIC: 453302820A MRN: PHCC030 DOB: 6/10/1925		Physician: Ketha, Sumana MD 2925 Skyway Cir N Irving, Tx 75038 Phone: (972) 639-5838 Fax: (972) 675-7310 NPI: 1962447805	
Order Date: 9/1/2016 Order #: 34507998 Episode Associated: 9/1/2016—10/30/2016 Allergies: NKA (Food/Drugs/Latex/Environment) Summary: Admission Order			
<p>Evaluate for home health care services.</p> <p>Admit to Proximal Home Health Inc</p> <p>Start care to include skilled assessment and observation of all pertinent systems, teaching client/care-giver on disease process, medications, diet and home safety.</p> <p>SN to monitor client status and medication, and report pertinent abnormal findings to physician</p>			
[x] Order read back and verified.			
Clinician Signature: Electronically Signed by: Osasogie Erhabor RN		Date: 9/1/2016	
Physician Signature:  Electronically signed by Ketha, Sumana M.D. on		Date: 09/30/2016	