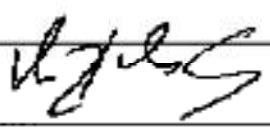
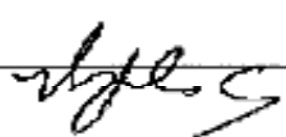


| Integrus Home Health Care, LLC 2735 Villa Creek Parkway, Ste 142 Dallas, TX 75234 Phone: (972) 249-4218 Fax: (972) 453-6991 | | Patient Name: Atsip, Jeremy MRN: HHHC-127 Episode/Period: 10/23/2014 - 12/11/2014 Physician: Kritha, Sumana MD Physician Fax: (888) 811-3851 DOB: 10/19/1983 DNR: No | | 60-Day Summary/Care Conference | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------|--------|----|------|----|------|------|--------|----|------|--------|-----|----|----|------|-----|---|--|---------|-----|----|----|------|-----|---|--|
| Homebound Status <input type="checkbox"/> N/A <input type="checkbox"/> Requires assistance of another to get up & moving safely <input type="checkbox"/> Severe Dyspnea <input type="checkbox"/> Unable to safely leave home unassisted <input type="checkbox"/> Unable to leave home due to medical restriction(s) <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Condition <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Unstable <input type="checkbox"/> Declined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service(s) Provided <input type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vital Sign Ranges <table border="1"> <thead> <tr> <th></th> <th>BP/s</th> <th>HR</th> <th>Resp</th> <th>Temp</th> <th>Weight</th> <th>BS</th> <th>Pain</th> </tr> </thead> <tbody> <tr> <td>Lowest</td> <td>107</td> <td>66</td> <td>18</td> <td>96.3</td> <td>259</td> <td>3</td> <td></td> </tr> <tr> <td>Highest</td> <td>142</td> <td>86</td> <td>22</td> <td>98.8</td> <td>264</td> <td>5</td> <td></td> </tr> </tbody> </table> | | | | | | | BP/s | HR | Resp | Temp | Weight | BS | Pain | Lowest | 107 | 66 | 18 | 96.3 | 259 | 3 | | Highest | 142 | 86 | 22 | 98.8 | 264 | 5 | |
| | BP/s | HR | Resp | Temp | Weight | BS | Pain | | | | | | | | | | | | | | | | | | | | | | |
| Lowest | 107 | 66 | 18 | 96.3 | 259 | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| Highest | 142 | 86 | 22 | 98.8 | 264 | 5 | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of Care Provided SN visits with head to toe assessments, vital sign and weight measurement, cared for Mr. Atsip. SN also assessed knowledge and supported knowledge level with needed education (caregiver/patient) regarding Extrapyramidal symptoms, Sedation, Hypertension, Long-term use of medications, Anxiety, Depression, and Safety precautions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient's Current Condition Inpatient psychiatric facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goals Free of hospitalization A decrease (stabilization) in depression, anxiety, and psychosis Free of adverse reactions to medications Stabilized and/or decrease in EPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommended Services <input type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Signature: _____ Date: 12/12/14 | | Signature: _____ Date: 12/12/14 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: _____ Date: 12/12/2014 | | Electronically Signed By: Monica Todd RN Date: 12/12/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--------------------------------|--|
| Integris Home Health Care, LLC 2735 Vito Creek Parkway, Ste 142 Dallas, TX 75234 Phone (972) 488-6901 Fax (972) 488-6901 | | Patient Name/Category, Jostory Episode/Period: 10/23/2014 - 12/21/2014 Physician Phone: (972) 247-3162 Physician Fax: (988) 841-9651 | | MRNC IHHC-127 Physician: Kothu, Sumana Mid DNR: No DOB: 10/19/1983 | | 60-Day Summary/Case Conference | |
| e Summary Sent to Physician Sent By Monica Todd RN Date Sent 12/12/2014 | | | | | | | |
| Signatures:  Signatures: Date: 12/12/14 Date: | | | | | | | |
| Electronically Signed by: Monica Todd RN Date: 12/12/2014 | | | | | | | |