Medical Update for Theodore Brueggemann DOB: 05/14/1942

Date Order Created: 08/06/2025

Order ID: 1183/112

Agency Assigned Id: 117

Certification Period: 08/08/2025 to 10/06/2025

Delta Health Home Health 041101
70 Stafford Land Suite C
Delta, CO 81416-2282
PHONE 970-874-2463 FAX

Orders:
Physician Face-to-Face Date: 08/07/2025
Clinical Condition Requiring Home Care per Certifying Physician: right trimalleolar fracture
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
1 - SOC - SN Notes: Start of Care Effective Date: 8/8/2025 for skilled nursing 2w2, 1w2 and 3 PRNs for complications related to acute changes, Hypertension, medications, labs or falls. Nursing to monitor for efficacy and side effects of medication changes. Nursing to educate patient/caregiver on disease processes, precautions, treatment, prevention and signs/symptoms to report to RN/MD. Nursing to teach on all medications including doses, frequency, precautions, interactions, side effects and management of medications. PROVIDERS THAT MAY WRITE ORDERS: On Call Coverage Providers for DH Adult Primary Care VORB Amber/K Stark NP/S Wilson RN 8/7/25 @ 1110
PT Eval Notes: Effective Date: Week of 8/11/25 for a P.T. 1x evaluation then frequency/duration & treatment/modalities per PT For: 1.) Therapeutic exercise 2.) Transfer training 3.) Home program 4.) Gait training 5.) Muscle re-education. PROVIDERS THAT MAY WRITE ORDERS: On Call Coverage Providers for DH Adult Primary Care VORB Amber/K Stark NP/S Wilson RN 8/7/25 @ 1110
OT Eval Notes: Effective date: Week of 8/11/25 for O.T. 1x evaluation then frequency/duration & treatment/modalities per OT For 1) Therapeutic exercise 2) ADL re-training 3) Cognitive training 4) Home Safety Evaluation 5) HHA Evaluation & Supervision of HHAs. PROVIDERS THAT MAY WRITE ORDERS: On Call Coverage Providers for DH Adult Primary Care VORB Amber/K Stark NP/S Wilson RN 8/7/25 @ 1110

KELSEY STARK
1450 Burgess Lane

1450 Burgess Lane , CO 81416
Tele:9708747668 FAX: 19708740708

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Wilson, Shelby Date 09/03/2025