Home Health Certification and Plan of Care

Order ID: 1150/11695

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
031046702	08/26/2025	From: 08/26/2025 To: 10/24/2025	16803	217058

6. Patient's Name and Address

Scott Chang
4903 Harrogate Rd,
ELLICOTT CITY, MD 21043-
443-878-6726

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 10/10/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/26/25

13. ICD	Other Pertinent Diagnoses	Date
C16.9	Malignant neoplasm of stomach unspecified	08/26/25
C78.7	Secondary malig neoplasm of liver and intrahepatic bile duct	08/26/25
D63.0	Anemia in neoplastic disease	08/26/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/26/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/26/25
N18.32	Chronic kidney disease stage 3b	08/26/25
T83.511D	I/I react d/t indwelling urethral catheter subs	08/26/25
N39.0	Urinary tract infection site not specified	08/26/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	08/26/25
I48.92	Unspecified atrial flutter	08/26/25
D47.2	Monoclonal gammopathy	08/26/25
I44.1	Atrioventricular block second degree	08/26/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/26/25
R33.8	Other retention of urine	08/26/25
M10.9	Gout unspecified	08/26/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/26/25
E78.2	Mixed hyperlipidemia	08/26/25
Z90.3	Acquired absence of stomach [part of]	08/26/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours for Pain managemen
Allopurinol - Allopurinol 100 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for MGUS
Artificial Tears Ophthalmic Solution 0.5-0.6 % (Polyvinyl Alcohol-Povidone (Ophth)) Instill 2 drop , both eyes (Eye drops) both eyes twice a day Instill 2 drop in both eyes two times a day for Dry Eyes
ATORVASTATIN CALCIUM F/C 10MG TABLET 10MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Calcium With Vitamin D - Calcium Acetate 500-125 MG-UNIT , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplementation
Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML (Dextromethorphan-Guaifenesin) 10-100 MG/5ML , Give 5 ml (Oral Syrup) by mouth every 4 hours Give 5 ml by mouth every 4 hours as needed for Cough for 10 Days
Finasteride - Finasteride 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for BPH BROKEN OR CRUSHED TABLET SHOULD NOT BE HANDLED BY WOMEN OF CHILD BEARING AGE
Lidocaine - Lidocaine Patch 4 %, Apply to abdomen topical once a day Apply to abdomen topically one time a day for Pain and remove per schedule
Losartan Potassium - Losartan Potassium 100 MG , Give 1 Tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Melatonin - Melatonin 3 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth every 24 hours as needed for Insomnia
Sennosides - Senna 8.6 MG , Give 2 tablet by mouth at bedtime Give 2 tablet by mouth at bedtime for bowel regimen
Sucralfate - Sucralfate 1 GM , Give 1 tablet by mouth twice a day Give 1 tablet by mouth before meals and at bedtime for GERD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for BPH
Glipizide - Glipizide 2.5 mg by mouth

14. DME and Supplies:

urinary/catheter supplies, bath bench, walker, cane

15. Safety Measures:

walker precautions, bathroom safety, ambulates with device, standard precautions, infectious material management, fall precautions, diabetic precautions, bleeding precautions

16. Nutrition:

regular, soft

17. Allergies:

amlodipine

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Zaw Tun
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: FAX: NPI: 1346587060

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 08/22/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

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.

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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Scott Chang 4903 Harrogate Rd, ELLICOTT CITY, MD 21043- 443-878-6726	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: After undergoing Microwave Ablation Of A Liver Neoplasm, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is an 86-year-old male with a complex past medical history significant for hypertension, hyperlipidemia, type 2 diabetes mellitus, chronic kidney disease stage 3B, hepatocellular carcinoma status post microwave ablation of a liver neoplasm, gastroesophageal reflux disease, benign prostatic hyperplasia, gout, history of hepatitis B, monoclonal gammopathy, and a history of gastric carcinoma with prior distal gastrectomy. He was admitted to BWMC on 07/25/2025 for evaluation of epigastric pain and melena, where he was diagnosed with an upper gastrointestinal bleed and acute blood loss anemia. An EGD performed on 07/29 revealed a 2.0 cm mass in the pre-pyloric area, partially obstructing the gastric outlet pyloric channel; biopsy was obtained. MRI of the abdomen and pelvis confirmed concentric gastric pylorus thickening with mild gastric dilation. During hospitalization, the patient developed new-onset atrial flutter with intermittent episodes of asymptomatic bradycardia. A Foley catheter was placed for urinary retention, and hematuria was noted. The patient currently presents as alert and oriented 4, denying chest pain, nausea, vomiting, diarrhea, or constipation. He reports mild abdominal pain, rated 3/10, and no shortness of breath with exertion. Vital signs are stable. Examination reveals +1 bilateral lower extremity edema. Blood was observed in the urinary catheter, and no provider orders are currently in place for Foley catheter care or removal. Communication with urology was attempted, but an appointment could not be scheduled due to the patient's last visit being over five years ago. Subsequently, an appointment with his primary care provider was secured for 4:00 PM today to facilitate referral to urology. Transportation was arranged by taxi. The patient resides with his spouse in a multi-level home, with his bedroom located on the second floor; his daughter also assists as caregiver. He is hard of hearing and has a remote history of bronchitis. Since his surgery, the patient ambulates with a rolling walker and demonstrates generalized weakness, requiring minimal assistance for supine-to-sit transfers. He performs basic activities of daily living with contact guard to supervision, manages toileting on the same floor, and completes sponge bathing. Sit-to-stand transfers are performed with supervision and increased time. He currently negotiates stairs under supervision, and his Timed Up and Go (TUG) was 35 seconds, consistent with high fall risk. He expresses a strong desire to regain independence in both basic and instrumental ADLs, resume driving, and achieve full recovery. Patient and spouse received education regarding prescribed medications, potential side effects, infection prevention, and Foley catheter care, with both verbalizing understanding. Seated home exercise program, including therapeutic exercises, sit-to-stands, and indoor ambulation, was provided and demonstrated with appropriate return demonstration. Skilled therapy services remain indicated to address mobility deficits, strengthen functional independence, reduce fall risk, and promote safe return to prior level of function.
 Date of Order 08/26/2025 Orders Physician Face-to-Face Date: 08/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Microwave Ablation Of A Liver Neoplasm 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: PT Eval Notes: OT Eval Notes: Physician Tun, Zaw

SN Careplans

SN WK1: 2 (08/26/25-08/30/25) ,WK2: 2 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training

SN Goals

PATIENT-STATED GOAL: I want to walk without falling

GOALS
patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to help resolve infection including hygiene

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/26/2025

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Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, swelling in the arms/legs, dependent edema, abnormal BS < 70/140 > mg/dL, abdominal pain, constipation, increased urine output, blood in urine, urine retention, M1610 - Urinary Catheter, difficulty sleeping, B0200 - Hearing Deficit, B1000 - Vision Deficit, tooth pain/decay/sensitivity

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient's living environment is clean/uncluttered

patient is adequately supervised

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/26/2025

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PT WK1: 1 (08/26/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25) ,WK8: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review-Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review-Patient/caregiver, related purpose and schedule of medications.

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

OT Careplans

OT WK1: 1 (08/26/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25) ,WK8: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication review : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Medication review , Balance training , Improve bed mobility

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to drive again and go back to PLOF

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Medication review

Balance training

Improve bed mobility

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/26/2025