Home Health Certification and Plan of Care

Order ID: 1163/252

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
968206894	09/09/2025	From: 09/09/2025 To: 11/07/2025	415	497754

6. Patient's Name and Address

Michael Halliday
5917 Kara Place,
BURKE, VA 22015-
571-428-9564

7. Provider's Name, Address and Telephone Number

Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 09/22/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	09/09/25

13. ICD	Other Pertinent Diagnoses	Date
L89.616	Pressure-induced deep tissue damage of right heel	09/09/25
L89.153	Pressure ulcer of sacral region stage 3	09/09/25
E11.9	Type 2 diabetes mellitus without complications	09/09/25
I10.	Essential (primary) hypertension	09/09/25
E78.5	Hyperlipidemia unspecified	09/09/25
D64.9	Anemia unspecified	09/09/25
F32.A	Depression unspecified	09/09/25
G70.00	Myasthenia gravis without (acute) exacerbation	09/09/25
F43.23	Adjustment disorder with mixed anxiety and depressed mood	09/09/25
G57.83	Other specified mononeuropathies of bilateral lower limbs	09/09/25
D84.821	Immunodeficiency due to drugs	09/09/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/09/25
Z79.4	Long term (current) use of insulin	09/09/25
Z79.891	Long term (current) use of opiate analgesic	09/09/25
Z86.16	Personal history of COVID-19	09/09/25
Z87.440	Personal history of urinary (tract) infections	09/09/25
Z91.81	History of falling	09/09/25

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

Acetaminophen - Acetaminophen 500 MG Oral Tablet ,Tkae 1 tablet by mouth three times a day three times a day for PAIN DO NOT EXCEED 3000 MG/DAY
Azathioprine - Azathioprine Sodium 50 MG Oral Tablet, take 1 tablet by mouth in the evening for IMMUNOSUPPRESSANT FOR AUTOIMMUNE DISEASE MASTHENIA GRAVIS PER PATIENT, HE HAS HX MASTHENIA GRAVIS
Bupropion Hydrobromide - Bupropion Hydrobromide 150 MG Oral Tablet ,take 2 tablet by mouth in the morning for DEPRESSION
Folic Acid - Folic Acid take 1 mg atblet ,take 1 tablet by mouth in the morning for FOLVITE DEFICIENCY
Gabapentin - Gabapentin 300 MG Oral Capsule ,take 1 capsule by mouth every 8 hours for NEUROPATHY Entered
Ibuprofen - Ibuprofen 400 MG Oral Tablet,take 1 tablet by mouth every 8 hours as needed for PAIN
Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 mi inhale inhalant twice a day orally two times a day for CONGESTION/BROMCHOSPASMS
Lidocaine Patch 4% (Lidocaine topical as necessary Apply to RIGHT FLANK topically in the moming for PAIN REMOVE AND DISCARD PATCH WITHIN 12 HRS and remove per schedule
Lidocaine - Lidocaine Patch 4% topical in the morning Apply to right ankle topically in the morning for Pain Management Apply for 12 Hours in a 24 Hour period. Max dose = 3 patches. External use only, and remove per schedule
Lisinopril - Lisinopril 40 MG Oral Tablet, take 0.5 tablet by mouth in the morning for HTN
Loperamide Hydrochloride - Loperamide Hydrochloride 2 MG Oral Tablet ,take1 tablet by mouth every 6 hours as needed for DIARRHEA DO NOT EXCEED 8 MG/DAY
Methocarbamol - Methocarbamol 500 MG Oral Tablet ,take 1 tablet by mouth every 6 hours for MUSCLES SPASMS
Metoprolol Tartrate - Metoprolol Tartrate 25 MG Oral Tablet ,take 0.5 tablet by mouth every 12 hours for HTN
Nicotine Polacrilex - Nicotine Polacrilex 4 MG Throat Lozenge ,Give 1 lozenge by mouth every 4 hours as needed for nicotine dependance for 30 Days
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 MG Oral Tablet, take 1 tablet by mouth every 6 hours as needed for PAIN SCALE 1-10
Senna - Senna 8.6-50 MG Oral Tablet ,take 1 tablet by mouth twice a day for BOWEL REGIMEN HOLD FOR LOOSE STOOLS
Spironolactone - Spironolactone 50 MG Oral Tablet, take 1 tablet by mouth in the morning for HTN
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule ,take2 capsule by mouth once a day for URINARY RETENTION

14. DME and Supplies:

wheelchair, diabetic supplies, bath bench, walker, cane, grab bars

15. Safety Measures:

medication safety, infectious material management, walker precautions, fall precautions, diabetic precautions, ambulates with device, ambulates with assistance, wheelchair precautions, standard precautions, bathroom safety, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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 RN on 09/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abdul Wahab
6365 Rolling Mill Pl
Springfield , VA 22152
PHONE: 7035696686 FAX: 17034515245 NPI: 1043230980

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 : 08/29/2025

27. Attending Physician's Signature and Date Signed **09/17/2025** 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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Homebound status:
Due to diagnosis of Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing, 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 a 76-year-old Caucasian male who resides in a condominium with his wife and daughter, who share durable power of attorney (DPOA). He is alert and oriented to person, place, and time, and has signed consent for treatment. The patient has elected to remain Full Code. On examination, his skin was warm and dry with pink mucous membranes. Several bruises were observed on the torso, arms, and legs. Non-pitting edema was noted in both lower extremities, with palpable pedal and popliteal pulses. Lungs were clear on auscultation, and the abdomen was soft, non-tender, with positive bowel sounds. The patient was recently discharged from the hospital following a fall resulting in five right-sided rib fractures and hemopneumothorax. During his hospitalization, he also received IV antibiotics for a urinary tract infection. He has a past medical history significant for type 2 diabetes mellitus with long-term insulin use, hypertension, prior cerebrovascular accident, myasthenia gravis, benign prostatic hyperplasia, anemia, depression, anxiety, bilateral lower extremity mononeuropathies, long-term opioid use, and history of recurrent falls. He previously underwent toe amputation of the right foot due to gangrene. On assessment, he reported 7/10 pain localized to the right heel, which worsens with direct palpation; his spouse applied a Lidocaine patch for relief. A blister on the right heel was observed and documented, with a photo uploaded to the chart. He also reported soreness at the superior intergluteal cleft and the right heel, which he attributed to prolonged bedrest and positioning during hospitalization. The patient presents with decreased strength, endurance, balance, standing tolerance, gait stability, and overall functional mobility. He requires use of assistive devices including a wheelchair, rollator, or rolling walker depending on the location within the home. Due to the confined upstairs layout, he uses a single-arm cane in those areas and alternates between a rolling walker and rollator in other living spaces. His wife has been limiting his time spent downstairs since discharge to reduce fall risk. At present, he requires physical assistance for transfers and close supervision during ambulation. He can perform basic ADLs such as bathing, grooming, dressing, toileting, and hygiene independently but supervision is recommended for safety. He requires some assistance with meal preparation and medication management, although he is able to feed himself and take medications if they are set up for him. Education was provided to the patient and his caregiver regarding safe home setup, fall prevention strategies, pressure injury prevention, proper use of assistive devices, and safe mechanics during transfers, stair negotiation, and ambulation. A home exercise program (HEP) was initiated, focusing on seated and standing lower extremity strengthening, transfers, and mobility training. Both patient and caregiver verbalized understanding and agreement with the plan of care. The patient will benefit from skilled physical therapy services to improve strength, endurance, balance, gait stability, standing tolerance, and functional mobility in order to maximize independence and reduce fall risk. Continued skilled nursing monitoring is recommended for wound prevention and pain management. Close follow-up with the primary care provider is advised for ongoing management of comorbidities, pain, and monitoring of heel integrity.
 Date of Order 09/09/2025 Orders Physician Face-to-Face Date: 08/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing 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: soc PT Eval Notes: OT Eval Notes: Physician Wahab, Abdul

SN Careplans

SN WK1: 2 (09/09/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25) ,WK8: 1 (10/26/25-11/01/25)

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, blood pressure systolic ortho-1 < 90 > 170, blood pressure diastolic ortho-1 < 60 > 90, blood pressure systolic ortho-2 < 90 > 170, blood pressure diastolic ortho-2 < 60 > 90

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, Home Safety, M1400 - Dyspnea, dependent edema, weak pulses in feet, abnormal blood pressure, M1033 - Exhaustion, urine retention, frequent urination, increased urine output, muscle weakness, limited strength, muscle spasms, limited endurance, Pain Effect on Sleep, balance deficit, involuntary movement of extremity, Pain Interference with ADLs, Pain Interference with Therapy activities, bruising/discoloration, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Sacrum - 70% Granulation, 30% Slough, #2 - 7 - Unstageable due to suspected deep tissue injury in evolution. - Posterior Right Heel -

PROCEDURES: cough/deep breathing exercises: Several Times A day, incentive spirometer: Several Times A Day, physician-ordered wound care: To Right heel wound- Cleanse with wound cleanser, pat dry. Apply Skin prep. Daily. To Sacral wound- Cleanse with wound cleanser, pat dry, apply medihoney, cover with bordered gauze. Change daily. Train wife to do Sacral Wound Care, glucose testing via monitor: BS testing 3 times A Day Before Meals, coordinate/arrange for adequate patient supervision: Wife and Daughter will monitor, coordinate/arrange repair of inadequate lighting,

SN Goals

PATIENT-STATED GOAL: Patient would like ti walk without falling

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 take the patient's blood pressure
* record the reading
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety

Signature of Physician:

Date

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

Date
09/09/2025

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coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, * 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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 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

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient living environment has adequate lighting

patient's living environment is clean/uncluttered

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (09/09/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 2 (09/28/25-10/04/25) ,WK5: 2 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25)

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

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , home exercise program: Seated therex BLE, 2x10, daily: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, home exercise program: Seated therex BLE, 2x10, daily: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, home exercise program: Seated therex BLE, 2x10, daily: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, home exercise program: Seated therex BLE, 2x10, daily: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, home exercise program: Seated therex BLE, 2x10, daily: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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

PT Goals

PATIENT-STATED GOAL: To be able to walk around home and between rooms and up/down stairs of home with Rollator or RW without falling;To be able to walk around home and between rooms with Rollator or RW and up/down stairs of home without falling

GOALS
Toilet Transfer - 06. Independent

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

Medication Review

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 - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist:	Date
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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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (09/09/25-09/13/25) ,WK2: 1 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: 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, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 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

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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