

Medical Update for Joyce Irwin DOB: 02/23/1951

Date Order Created: 09/17/2025

Order ID: 1184/186

Agency Assigned Id: 1380

Certification Period: 08/14/2025 to 10/12/2025

Devotion Home Health Care, LLC 037804
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Orders:

Authorization changes of PT skill Total Visits: 10 and Visit Freq: 10
Authorization changes of SN skill Total Visits: 30 and Visit Freq: 0
Authorization PRN Visits: 2

08/19/2025 Problems : GG0130B1 - Oral Hygiene

GG0130F1 - Upper Body Dressing

GG0130G1 - Lower Body Dressing

GG0130H1 - Don/Doff Footwear

GG0130E1 - Shower/Bathe Self

GG0170F1 - Toilet Transfer

GG0130C1 - Toileting Hygiene

GG0170A1 - Roll left & Right

GG0170B1 - Sit to Lying

GG0170C1 - Lying to sitting/bed

GG0170R1 - Wheel 50 ft w 2 Turns

GG0170S1 - Wheel 150 feet

GG0130A1 - Eating

#1 - Puncture - Anterior Left Hip - New wound left hip

#2 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Anterior Left Hip - left hip (inferior to #1 wound being treated) Stage 1 PU

08/19/2025 patient_goal: The patient would like to be able to transfer from bed to WC., Target Date: 10/12/2025,

08/19/2025 procedure: strengthening exercises, Notes: , wheelchair training, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , transfers training, Notes: , Wound care orders: LEFT HIP, STAGE 3, PRESSURE ULCER cleanse with wound cleanser, pat dry with 4x4 gauze, cover wound bed with medihoney, then foam bordered dressing Frequency: 3 times per week and prn when soiled Note: Pt needs to offload and keep pressure off the site, Notes: , Wound care orders: LEFT HIP, STAGE 1, PRESSURE ULCER apply triad paste Frequency: daily and prn Note: Pt needs to offload and keep pressure off the site , Notes: ,

08/19/2025 teach: therapeutic exercises, Target Date: 10/12/2025, therapeutic modalities, Target Date: 10/12/2025, wheelchair training, Target Date: 10/12/2025, balance training, Target Date: 10/12/2025, equipment training, Target Date: 10/12/2025, bed mobility training, Target Date: 10/12/2025, work simplification/energy conservation, Target Date: 10/12/2025, transfer training, Target Date: 10/12/2025,

08/19/2025 goal: patient/caregiver recalls

- * how to promote optimized mobility with strength
- * balance
- * dexterity
- * range-of-motion therapeutic exercises
- * promotion of peripheral circulation

* fluid and diet intake to promote healing

* prevent constipation

* recalls related medication(s) purpose, schedule, Target Date: 10/12/2025, Oral Hygiene - 03.

Partial/moderate assistance, Target Date: 10/12/2025: DISCONTINUED, Upper Body Dressing - 03.

Partial/moderate assistance, Target Date: 10/12/2025, Lower Body Dressing - 03. Partial/moderate

assistance, Target Date: 10/12/2025, Shower/Bathe Self - 02. Substantial/maximal assistance, Target

Date: 10/12/2025, Toileting Hygiene - 03. Partial/moderate assistance, Target Date: 10/12/2025,

Don/Doff Footwear - 03. Partial/moderate assistance, Target Date: 10/12/2025, Eating - 06.

Independent, Target Date: 10/12/2025: DISCONTINUED, Roll left & Right - 06. Independent, Target

Date: 10/12/2025, Sit to Lying - 06. Independent, Target Date: 10/12/2025, Lying to sitting/bed - 06.

Independent, Target Date: 10/12/2025, Toilet Transfer - 04. Supervision or touching assistance, Target

Date: 10/12/2025, Wheel 50 ft w 2 Turns - 01. Dependent, Target Date: 10/12/2025: DISCONTINUED,

Wheel 150 feet - 01. Dependent, Target Date: 10/12/2025: DISCONTINUED,

08/19/2025 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date:

10/12/2025,

JOEL COHEN

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Physician Signature_____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 12/15/2025