Medical Update for Brent Brewer DOB: 12/10/1951

Date Order Created: 12/16/2025

Order ID: 1150/14791

Agency Assigned Id: 18080

Certification Period: 10/18/2025 to 12/16/2025

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:
12/15/2025 procedure: infusion therapy, Notes: IV-primaxin q12 hours fax to John Hopkins infectious disease at 410-367-3321. pharmacy: nations (delivering meds 10/17/25 evening). Skilled nurse to change IV site/Hickman catheter dressing weekly using aseptic technique.: , Labs, Notes: 12/12/25 Labs CBC with Diff once a week, CMP once a week
,

12/15/2025 goal: 1 - Step (curb) - 06. Independent, Target Date: 12/16/2025,

12/16/2025 Medications: Primaxin - Cilastatin Sodium: Imipenem 1000 Milligram intravenous every 12 hours every 12 hours for infection
Nss - Normal Saline 10 Milliliters intravenous twice a day 10 Milliliters by Intracathter route. 10 ML brfore and 10 ML after each drug administration per SAS directions or blood draw. Flush daily per lumen not in use to maintain the patency of your VAD and as needed for Patency checks, Dressing change per protocol.
Amilodipine - Amlodipine Besylate 5 milligram by mouth once a day
Heparin Lock Flush - Heparin Sodium 30 units (3 Milliliters) intravenous once a day Use a 10 Unit/Milliliter syringe 3ML(30 Units) by intracathter route with SASH method or daily per lumen when not in use to maintain the patency of your VAD

Benjamin Fakheri
10751 Falls Rd

10751 Falls Rd, MD 21093
Tele:4108473535 FAX: 14103672236

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 12/16/2025