# Home Health Certification and Plan of Care

**Order ID: 1150/21391**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 7GK7CE6JC68 | 08/13/2026 | From: 08/13/2026 To: 10/11/2026 | 28720 | 217058 |

**6. Patient's Name and Address**

Charlene Tyree
309 Maple Tree Dr Building F #IL,
GLEN BURNIE, MD 21060-
227-215-1432

**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** 05/12/1966 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| T83.511A | I/I react d/t indwelling urethral catheter init | 08/13/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| N39.0 | Urinary tract infection site not specified | 08/13/26 |
| N31.8 | Other neuromuscular dysfunction of bladder | 08/13/26 |
| R33.9 | Retention of urine unspecified | 08/13/26 |
| F31.9 | Bipolar disorder unspecified | 08/13/26 |
| R13.10 | Dysphagia unspecified | 08/13/26 |
| M62.50 | Muscle wasting and atrophy NEC unsp site | 08/13/26 |
| L98.8 | Oth disrd of the skin and subcutaneous tissue | 08/13/26 |
| L24.A2 | Irritant cntct derm d/t fecal urinry or dual incontinence | 08/13/26 |
| G40.909 | Epilepsy unsp not intractable without status epilepticus | 08/13/26 |
| D64.9 | Anemia unspecified | 08/13/26 |
| F43.23 | Adjustment disorder with mixed anxiety and depressed mood | 08/13/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 08/13/26 |
| E53.8 | Deficiency of other specified B group vitamins | 08/13/26 |
| Z74.01 | Bed confinement status | 08/13/26 |
| Z79.899 | Other long term (current) drug therapy | 08/13/26 |
| Z79.891 | Long term (current) use of opiate analgesic | 08/13/26 |
| Z91.81 | History of falling | 08/13/26 |

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

BACTRIM 400-80 mg/tablet / Give 0.5 tablet by mouth every Mon, Wed, Fri for recurrent UTI ppx
Benztropine Mesylate - Benztropine Mesylate 1 mg/tablet / Give 2 tablet by mouth two times a day for EPS Prophylaxis
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth every other day for ANEMIA with meals
GUAIFENESIN Liquid 100 MG/5ML / Give 10 milliliter by mouth every 8 hours as needed for Cough
Melatonin - Melatonin 3 MG / 1 Tablet by mouth once a day for insomnia
Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG / 1 Tablet by mouth twice a day for Hypotension Hold if SBP greater than 130
Miralax - Polyethylene Glycol 3350 Powder 17GM/SCOOP / Give 1 scoop by mouth as necessary every 24 hours for constipation
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth at bedtime for constipation
Solifenacin Succinate - Solifenacin Succinate 5 MG / 1 Tablet by mouth once a day for overactive bladder/bladder spasms
GAS-X Chewable 80 MG / 1 Tablet by mouth two times a day for Gas
BUSPIRONE HCL 5 mg 5 MG / 1 Tablet by mouth two times a day for Anxiety
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 MG / 1 Tablet by mouth as necessary every 4 hours for 6-10/10 pain hold for sedation, decreased respirations, altered mental status, or changes in patient condition
Wellbutrin Xl - Bupropion Hydrochloride 150 mg Extended Release 24 Hour 150 MG / 1 Tablet by mouth once a day for Depression
Tylenol - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth as necessary every 6 hours for pain 1/10-5/10
BACLOFEN 10 mg 10 MG / 1 Tablet by mouth once a day in the afternoon for muscle spasms 80 mg max in 24 hours from all sources including PRN Baclofen
FLEET ENEMA 7-19 GM/118ML / Insert 1 dose rectal as needed for Constipation if no result from Dulcolax within 2 hours. If no results from Fleet enema, call MD/advanced practice provider (APP) for further orders.
DULCOLAX Suppository 10 MG / Insert 1 suppository rectal as needed for Constipation
Ozempic (2 MG/DOSE) Subcutaneous Solution Pen-injector 8 MG/3ML / Inject 2 mg subcutaneous once a day every Fri for obesity
BIOFREEZE Professional External Gel 5 % / Apply to bilateral toes/feet topical twice a day for pain

**14. DME and Supplies:**

hospital bed, wheelchair, wound care supplies, Trapeeze

**15. Safety Measures:**

bedrails up while in bed, fall precautions, transfer with assist, supervision at all times, wheelchair precautions, standard precautions, cardiac precautions

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

peroxide solution skin prep

**18.A. Functional Limitations**

Bowel/Bladder Incontinence, Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Wheelchair

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

**22.B.Discharge Plans**

SN: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT; another facility/provider will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Infection and inflammatory reaction due to an indwelling urethral catheter during an initial encounter, 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 57-year-old female recently discharged from a long-term skilled nursing facility following an approximately six-month stay and is now residing in her own home. Past medical history is significant for Bipolar I disorder, depression, dysphagia, chronic muscle wasting, urinary retention with chronic Foley catheter, epilepsy, anemia, GERD, and neuromuscular dysfunction of the bladder. The patient was hospitalized on 06/27/2026 following recurrent falls and reports that prior to hospitalization she had frequent falls, including an episode in which she remained on the floor for approximately one week. She also reports a history of malnutrition, tremors, and vomiting. The patient has been nonambulatory and primarily bedbound for approximately 3-4 years and is dependent for basic activities of daily living and all transfers, requiring a Hoyer lift. She demonstrates good bilateral upper-extremity strength but significant bilateral lower-extremity weakness with inability to move the lower extremities or safely sit at the edge of the bed. She has impaired bed mobility, decreased balance and functional mobility, bilateral upper- and lower-extremity pain, and an increased risk for falls and further functional decline. During the skilled nursing visit, the patient was received in her bedroom with her sister and caregiver present. She was alert and oriented 3, in good spirits, and denied current signs or symptoms of depression. The patient resides alone, with her sister temporarily providing additional assistance until she returns to Detroit. She also receives assistance from a paid caregiver through the state. Her sons provide some support; however, the extent of available assistance after her sister leaves remains uncertain. Admission paperwork was completed and

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 08/13/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

**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 : 05/16/2026

**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.

# Home Health Certification and Plan of Care

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| Charlene Tyree<br>309 Maple Tree Dr Building F #IL,<br>GLEN BURNIE, MD 21060-<br>227-215-1432 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

signed, and the patient verbalized agreement with the plan of care. Skin assessment revealed erythematous/hyperpigmented areas to the bilateral inner thighs and groin folds with extensive dry, thick scaling and flaking. Guardian Healthcare Wound Care physician Dr. Abby evaluated the patient during the visit and will continue weekly wound/skin assessments. New treatment orders were received for Greer's Goo to the inner thighs and buttocks three times daily and as needed, with backup treatment orders for Desitin, hydrocortisone cream, and nystatin powder and/or cream three times daily and as needed. Skilled nursing will continue to monitor skin integrity, response to treatment, and potential complications. The skilled nursing plan of care includes visits 2w6 for wound and skin assessment and monitoring, medication management and education, nutritional education, Foley catheter monitoring, and disease-process teaching. A verbal order was received from PCP Dr. Edna for a Medical Social Worker evaluation, and PT/OT evaluations were ordered. Skilled PT is indicated due to significant weakness, impaired balance and mobility, inability to safely transfer, history of falls, and increased risk for further functional decline and loss of independence. Skilled OT is indicated to address impaired bed mobility, inability to sit at the edge of the bed, dependence with ADLs, and functional limitations, with goals of improving upper-extremity strength, mobility, bed mobility, and participation in ADLs. The planned PT frequency is 2w1 followed by 1w8 beginning 08/17/2026. The patient and family were instructed regarding skin care, medication/treatment compliance, nutritional needs, Foley monitoring, fall and safety precautions, and the importance of following the established plan of care. The patient's sister will follow up with the PCP regarding a urology referral and obtaining a pressure-relieving air mattress. Continued interdisciplinary home health services are recommended to support safe care at home, prevent skin breakdown and complications, improve functional ability, and reduce the risk of rehospitalization. <br> Date of Order 08/13/2026 Orders Physician Face-to-Face Date: 05/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Infection and inflammatory reaction due to an indwelling urethral catheter during an initial encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Baffoe-Bonnie, Edna

## SN Careplans

SN WK1: 1 (08/13/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26)

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: 1. Non-agency caregiver(s) currently 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, 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; 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/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
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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal blood pressure, urine retention, M1610 - Urinary Catheter, limited strength, muscle spasms, limited range of motion, muscle weakness, poor muscle tone, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, #2 - Other - Anterior Left Thigh - , #1 - Other - Anterior Right Thigh - , skin breakdown r/t incontinence, swell/redness surround, skin, rough/scaly/cracked skin, new incidence of rash, #3 - 3 - Full thickness

## SN Goals

PATIENT-STATED GOAL: To be able to pivot and go to the bathroom and to get this rash healed

GOALS
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
* 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 is adequately supervised

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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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swelling/redness surround. skin, rough/scaly/cracked skin, new incidence of rash, #3 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Right Buttock -

PROCEDURES: physician-ordered wound care: #3 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Right Buttock -, physician-ordered wound care: #2 - Other - Anterior Left Thigh -, physician-ordered wound care: #1 - Other - Anterior Right Thigh -, Bowel Incontinence: Use moisture barrier creams to provide thorough skin care with each incontinent episode, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Cleanse Left Inner thigh with Normal saline, pat dry apply xeroform, cover with ABD and wrap with Kerlix daily Cleanse right posterior thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Caregiver to perform wound care in absence of Nurse, physician-ordered wound care: Cleanse Left Inner thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Cleanse right posterior thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Caregiver to perform wound care in absence of Nurse, physician-ordered wound care: Cleanse Left Inner thigh with Normal saline, pat dry apply xeroform, cover with ABD and wrap with Kerlix daily Cleanse right posterior thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Caregiver to perform wound care in absence of Nurse, physician-ordered wound care: Cleanse Left Inner thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Cleanse right posterior thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily Caregiver to perform wound care in absence of Nurse, physician-ordered wound care: Cleanse Left Inner thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily and PRN Cleanse right posterior thigh with Normal saline, pat dry apply calcium alginate zinc oxide paste to peri wound and cover with ABD pad and wrap with Kerlix daily and PRN Caregiver to perform wound care in absence of Nurse, wound vacuum, monitor intake & output, catheter change, care & irrigation: Indwelling Foley Catheter to straight drainage 22Fr 10cc balloon for Neurogenic bladder, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, monitor dialysis schedule

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, * 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, * 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, * 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK2: 2 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, hip abduction, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze., static standing balance exercises: With walker, transfers training, assist with fall prevention: Teach falls risk reduction strategies

TEACH PATIENT/CAREGIVER: Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

## PT Goals

PATIENT-STATED GOAL: I would like to be able to stand and pivot

GOALS
Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

## OT Careplans

OT WK1: 1 (08/13/26-08/15/26) ,WK3: 1 (08/23/26-08/29/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26)

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: exes for shoulder, elbow, wrist and deep breaths, equipment training, work simplification/energy conservation, transfers training

## OT Goals

PATIENT-STATED GOAL: Being able to stand by herald;Being able to stand by herself

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

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/13/2026

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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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

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

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

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

Eating - 06. Independent

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

| Signature of Physician: | Date |
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| | PAGE 4 of 4 |
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