HomeCentris Healthcare LLC 217058
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/16/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/22026	**PATIENT NAME:** Adrian Baty	**DOB:** 12/08/1981
AGENCY ASSIGNED ID: 29680	**ADDRESS:** 11913 Tarragon Road Apt E, REISTERSTOWN, MD 21136-	
CERTIFICATION PERIOD: 08/27/2026 to 10/25/2026	**PHONE:** 443-244-3718	
PHYSICIAN FACE-TO-FACE DATE: 08/20/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: The patient is a 44-year-old male admitted to home health services following amputation of the right great toe. Past medical history is significant for end-stage renal disease (ESRD) secondary to diabetic/hypertensive nephropathy, status post deceased-donor kidney transplant (DDKT) in November 2024, STEMI, peritonitis while on peritoneal dialysis (PD), type 2 diabetes mellitus (T2DM), hypertension, peripheral arterial disease (PAD), depression, and hyperparathyroidism. The patient has a dialysis fistula in place that is no longer being used following kidney transplantation. Upon arrival to the home, the patient was alert and oriented and ambulating independently with a limp and some imbalance, using furniture for support as needed. Vital signs were within acceptable parameters: temperature 97.2F, pulse 87 bpm, oxygen saturation 97% on room air; height 5'9" and weight 174 lbs. Most recent blood glucose was 122 mg/dL this morning. The patient reports intermittent pain at the right great toe amputation site, described as shooting and throbbing and rated 7/10. He reports limiting his use of oxycodone in an effort to wean off the medication and reports experiencing dizziness with oxycodone doses. The patient was educated regarding use of Tylenol between oxycodone doses and encouraged to take two 500 mg tablets every 6 hours as needed, as he had been taking only one tablet at a time. The patient reports having his surgical dressing changed prior to discharge and has an upcoming appointment for dressing change in the office; he would like home health dressing changes performed on Tuesdays and Fridays. He was encouraged to request written dressing-care instructions and obtain dressing supplies from the office so the home health case manager can perform dressing

changes and order additional supplies as needed. On assessment, lungs were clear to auscultation bilaterally, bowel sounds were active, peripheral pulses were palpable, and the right great toe amputation dressing was clean, dry, and intact. The patient reports intermittent epistaxis since receiving heparin during hospitalization, which has been decreasing and is primarily noted when he blows his nose. He denies shortness of breath or chest pain. Last bowel movement was this morning. The patient also reports increased sleeping and decreased appetite but denies suicidal thoughts. Allergies include PCN and niacin. Skilled home health nursing is indicated for continued assessment of the surgical amputation site, wound and dressing management, monitoring for complications and signs of infection, medication and pain management, diabetes monitoring, safety assessment related to dizziness and impaired balance, and ongoing patient education and reinforcement to support healing and prevent complications. Date of Order 08/27/2026 Orders Physician Face-to-Face Date: 08/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Amputation of the right great toe 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 Physician Chung, Sharon

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: After undergoing Amputation of the right great toe, 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.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of SN skill Total Visits: 3 and Visit Freq: WK4: 1 (09/13/26-09/19/26),WK5: 2 (09/20/26-09/26/26)
2	09/16/2026 Problems : frequent urination (GU)
3	09/16/2026 procedure: glucose testing via monitor, Notes: ,
4	09/16/2026 teach: low cholesterol dietary guidelines, Target Date: 10/25/2026, diabetic medication management, blood sugar testing, diabetic foot care, exercise and diabetic diet, Target Date: 10/25/2026,
5	patient is adequately supervised, Target Date: 10/25/2026 (unable to achieve)

6	caregiver performs medical/rehabilitation treatments with adequate competence, Target Date: 10/25/2026 (unable to achieve)

PHYSICIAN INFORMATION

PHYSICIAN NAME: Sharon Chung

ADDRESS: 7670 Quarterfield Rd, Glen Bernie, MD 21061

PHONE: 410-508-7650	**FAX:** 1-410-508-7701

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by Messick, RN, Charles*
Date: _____	Date: *09/16/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.