

Sample 485

HOME HEALTH CARE CERTIFICATION AND PLAN OF CARE

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|--|--|--|---|---|---|--|----------------------------------|-----------------|--|
| 1. Patient H1 Claim No. | | 2. Start of Care Date 02/20/2016 | | 3. Certification Period From: 02/20/2016 Through: 04/19/2016 | | 4. Medical Record No. | | 5. Provider No. | |
| 6. Patient's Name and Address | | | | | 7. Provider's Name, Address and Telephone Number | | | | |
| 8. Date of Birth | | | 9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F | | | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged Dilaudid 2 milligrams By Mouth Q 4 - 6 hr PRN Lovenox 40 milligrams Subcutaneous daily metoprolol 25 milligrams By Mouth daily Norvasc 5 milligrams By Mouth daily potassium chloride 20 milliequivalent(s) By Mouth daily Xanax 0.5 milligrams By Mouth daily PRN | | | |
| 11. ICD Code Z47.1 | | Principal Diagnosis (O) Aftercare following joint | | Date 2/20/2016 | | | | | |
| 12. ICD Code | | Surgical Procedure | | Date | | | | | |
| 13. ICD Code R26.9 Z96.651 | | Other Pertinent Diagnoses (O) Unspecified abnormalities of gait and mobility (O) Presence of right artificial knee joint | | Date 02/20/2016 02/20/2016 | | | | | |
| 14. DME and Supplies Gloves - Non-Sterile, Cane, Walker, 4x4 tape | | | | | 15. Safety Measures Ambulation Precautions, Bath Tub Safety Bars, Bleeding Precautions, Keep Pathways Clear, Standard | | | | |
| 16. Nutritional Req. 2 gm Na Diet | | | | | 17. Allergies: Bactrim : unknown ; Latex : unknown ; | | | | |
| 18.A. Functional Limitations Endurance; Ambulation | | | | | 18.B. Activities Permitted Up As Tolerated; Cane; Walker | | | | |
| 19. Mental Status: Oriented | | | | | | | | | |
| 20. Prognosis: Good | | | | | | | | | |
| 21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) Skilled Nursing 1 wk 1 wk ; 3 wk 1 wk ; 2 wk 1 wk ; 1 wk 1 wk ; Beginning during week of 02/20/2016 Skilled Nursing to Assess and Evaluate and treat per MD protocol. PT/INR per protocol with results to 312.926.7956. Wound care per MD protocol. . A copy of this discharge summary will be available to the physician upon request by contacting 02/19/2016 through 02/22/2016 SN: Assess patient and caregiver's current knowledge of Hypertension disease process including risk factors, prognosis, symptoms, treatment, and complications. SN: Assess current pain management regimen including: effectiveness, relief measures, and side effects. SN: Teach importance and how to assess pressure areas daily. SN: Assess pain including: pain level, frequency, location, quality, precipitating factors, and side effects. SN: Teach measures to prevent/minimize skin breakdown. SN: Teach s/s of infection. SN: Assess for signs/symptoms of dehydration, causative and contributing factors. SN: Teach importance of adequate fluid intake. SN: Assess risk factors for skin breakdown/healing/infection. SN: Assess for musculoskeletal deficits that may increase potential of falling. SN: Teach/reinforce anticoagulant therapy, s/s bleeding tendencies to report. SN: Teach pain management and comfort measures. SN: Assess respiratory status including rate, pattern, secretions, and lung sounds. | | | | | | | | | |
| 22. Goals/Rehabilitation Potential/Discharge Plans PT: Patient will increase strength as evidenced by improvement in the following functional abilities/activities: ability to alternate LE's up / down stairs; Target Date: 3/12/2016 PT: Patient will be a safe community ambulator as evidenced by gait velocity/walking speed >= 1.0m/second; Target Date: 3/12/2016 PT: Patient will improve range of motion as evidenced by stated improvement in the following functional activities (specify): ability to ride recumbent bike; Target Date: 3/12/2016 | | | | | | | | | |
| 23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically signed by RN 02/20/2016 | | | | | | | 25. Date HHA Received Signed POT | | |
| 24. Physician's Name and Address MD must sign | | | | | 26. I certify that this patient is confined to 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. | | | | |
| 27. Attending Physician's Signature and Date Signed | | | | | 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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ADDENDUM TO:

PLAN OF CARE

MEDICAL UPDATE

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|-------------------------|-------------------------------------|--|-----------------------|-----------------|
| 1. Patient H1 Claim No. | 2. Start of Care Date 02/20/2016 | 3. Certification Period From:02/20/2016 Through04/19/2016 | 4. Medical Record No. | 5. Provider No. |
|-------------------------|-------------------------------------|--|-----------------------|-----------------|

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|-------------------|--------------------|
| 6. Patient's Name | 7. Provider's Name |
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Certification Period

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|-------------|---|
| 8. Item No. | <p>11. Principal Diagnosis Code: Z47.1 (O) Aftercare following joint replacement surgery Onset Date: 2/20/2016</p> <p>13. Other Diagnosis Code: M17.11 (O) Unilateral primary osteoarthritis` right knee Onset Date: 02/20/2016</p> <p>Other Diagnosis Code: Z79.01 (O) Long term (current) use of anticoagulants Onset Date: 02/20/2016</p> <p>Other Diagnosis Code: I10 (O) Essential (primary) hypertension Onset Date: 02/20/2016</p> <p>15. Precautions, Transfer Precautions penicillin G sodium : unknown</p> <p>21. SN: Assess for signs/symptoms of bleeding. SN: Teach patient/caregiver regarding medications and medication management. SN: Teach regarding medications and medication administration to include diuretics, antihypertensive agents, antilipemic medications, potassium replacement, and vasodilators. SN: Pressure relief devices:. SN: Monitor vital signs including: blood pressure, and apical and radial pulses. SN: Teach disease process and complications of skin breakdown. SN: pt adm lovenox 40 mg qd. SN: Teach patient/caregiver regarding anticoagulation medications, including: dosages, actions/side effects, possible interactions. SN: Assess for history of falls and/or injury. SN: Teach management of moisture; keep skin clean and dry. SN: Assess skin integrity and overall condition of skin. SN: Assess compliance with Hypertension treatment regimen. SN: Instruct patient/caregiver on safety awareness and safety measures. SN: Assess for s/s of infection. SN: Assess for skin excoriation, breakdown, friction, shearing, or pressure areas. SN: Assess performance of procedure/care. SN: Teach regarding Hypertension disease process including risk factors, prognosis, symptoms, treatment, and complications. SN: Teach s/s of infection and actions to take. SN: Assess patient's risk for falls. SN: Assess incision. SN: Instruct patient/caregiver on home environmental safety to include: safety interventions, environmental modifications, and emergency plan.</p> <p>Physical Therapy 3 wk 3 wk ; </p> <p style="padding-left: 20px;">Beginning during week of 02/22/2016</p> <p>Physical Therapy to Assess and Evaluate and treat per MD protocol. 02/19/2016 through 02/22/2016</p> <p>PT: Muscle strengthening exercises. PT: Establish/upgrade home exercise program for strengthening. PT: Gait training. PT: Therapeutic exercise - impaired ROM. PT: Establish/Upgrade home maintenance program. PT: Assess gait. </p> <p>PT: Assess/Re-Assess Joint Range of Motion. PT: Assess/reassess muscle strength: lower extremities.</p> <p>r knee drsg change daily per pt req 4x4 tape Start Date: 02/20/2016</p> <p>rn notify md temp greater 100.5 less 96 resp greater 24 less12 pulse greater 100 less 60 bp greater</p> |
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| 9. Signature of Physician | 10. Date |
| 11. Optional Name / Signature of Nurse / Therapist And Verbal SOC Date Electronically signed by _____ 02/20/2016 | 12. Date 3/2/2016 |

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| 6. Patient's Name | | | 7. Provider's Name | |
| 8. Item No. | | | | |
| 21. | 160/80 less 90/60 Start Date: 02/20/2016 | | | |
| 22. | SN: Patient/caregiver will verbalize understanding of pain management regimen; Target Date: 3/25/2016 SN: Pt. can demonstrate techniques to promote wound healing; Target Date: 4/15/2016 SN: Patient /caregiver will be compliant with removal of safety hazards from patient's residence reducing the risk of falls/injury; Target Date: 3/25/2016 SN: Skin integrity will be maintained and problems managed as disease process will allow; Target Date: 3/18/2016 SN: Pt. can demonstrate techniques to promote healing of incision; Target Date: 3/25/2016 SN: Patient /caregiver will verbalize understanding of falls/injury prevention and home safety measures; Target Date: 3/25/2016 SN: Patient/caregiver will verbalize understanding /demonstrate compliance w/anticoagulation therapy; Target Date: 3/25/2016 SN: Patient/caregiver will verbalize understanding of s/s of bleeding and what to report to RN/MD; Target Date: 3/25/2016 SN: Pt/CG can describe /demonstrate measures to improve/maintain skin integrity; Target Date: 3/25/2016 SN: Patient/caregiver will verbalize understanding of anticoagulant precautions and side effects; Target Date: 3/25/2016 SN: Patient will demonstrate understanding of appropriate use of meds for pain management; Target Date: 3/25/2016 Rehab Potential: Good Discharge Plans: Return to independent level of care | | | |
| 9. Signature of Physician | | | 10. Date | |
| 11. Optional Name / Signature of Nurse / Therapist And Verbal SOC Date Electronically signed by RN 02/20/2016 | | | 12. Date 3/2/2016 | |