HMI POT WORKSHEET

Please Print Clearly

Disciplines Ordered: ◊ **SN** ◊ **PCA/HHA**

Patient's ID#: ______________ Case Manager: ______________
Patient's Name (First, MI): ______________ (Last): ______________ Phone: ______________
Address: ______________

Primary Insurance: ______________ Insurance Number: ______________
Social Security Number: ______________ Date Of Birth: ______________
Married Status: □ Married □ Single □ Divorced/Widowed Sex: □ Male □ Female

Start of Care: ___/___/_____ Race: ______________ Age: ______________
Date of Admission: ___/___/____ Date of Verbal Orders: ___/___/______
Attending (Primary Doctor): ______________ Phone#: ______________
Address: ______________
Hospital/Institution: ______________ Admit Date: __________ Discharge Date: _______

DIAGNOSES *(In order of priority care).* The primary diagnosis is the problem/condition which requires the most frequent visits?

ICD - 9 Code	Onset/Exacerbation Date	Description
1.		
2.		
3.		
4.		
5.		

Surgical Procedures (Relative to care being given)

ICD - 9 Code	Onset/Exacerbation Date	Description
1.		
2.		
3.		

MEDICATIONS

MEDICATIONS: SEE MEDICATION PROFILE

SUPPLIES

MEDICAL SUPPLIES (Check those which apply)

□ Wound supplies　□ Bed pads　□ Incontinent supplies
□ Catheter/supplies　□ Feeding tube/supplies　□ Other (specify) _________

DURABLE MEDICAL EQUIPMENT (Check those which apply)
□ Oxygen/Respiratory Equipment　□ Wheelchair　□ Hospital Bed
□ Other (specify): ______________________________

SAFETY MEASURES (Choose one or two)

□ Use of assistant device when ambulating
□ Clear pathways of all obstructions (rugs, cords, ect.)
□ Support during transfer and lifting
□ No smoking or open flames in vicinity of oxygen
□ Keep hard candy on patient at all time's
□ Wash hands before and after wound care procedure
□ Seizure precautions
□ Coumadin precautions
□ Client cannot be left unattended
□ Keep side rails up at all times
□ Other (specify): _____________

NUTRITIONAL REQUIREMENTS

(Selection must be appropriate to client's diagnosis and restricts MUST BE QUANTIFIED)

□ Regular　□ Low Salt　□ Mechanical soft　□ No Salt
□ Diabetic __________ calories　□ Fluid Restriction ___________ centimeter/day
□ Weight reducing ___________ calories　□ Food supplements ______________________
□ Nasal Gastric/Gastric-tube feeding of _____________ at ___________ centimeter/hour
□ Water _____________ centimeter after/between feedings

ALLERGIES

□ No Know Allergies　□ Other: ______________________________

FUNCTIONAL LIMITATIONS (Choose all that apply)

□ Amputation　□ Dyspnea　□ Obesity　□ Hemiplegia _______ Side
□ Bowel/Bladder　□ Unsteady Gait　□ Easily Fatigued　□ Paresis _______ Extremity
□ Contracture　□ Paralysis　□ Endurance　□ Severe Pain (site) _______
□ Vertigo　□ Hearing　□ Ambulation　□ Casted _______ Extremity
□ Speech　□ SOB on Exertion　□ Legally Blind　□ Numbness _____ Extremity
□ Mental Confusion　□ Weakness in LE　□ Draining Wounds　□ Sling ________ Extremity
□ Poor Peripheral Circulation　□ Surgical Incision/DRSG　□ Bed/Wheelchair Bound

ACTIVITIES PERMITTED

□ Complete bed rest □ Bed rest/BRP □ Up as tolerated
□ Transfer Bed/Chair □ Exercise Prescribed □ Partial weight bearing
□ Independent at home □ Crutches □ Cane
□ Wheelchair □ Walker □ No Restrictions
□ Other (specify) ____________________

MENTAL STATUS (Choose all that apply)

□ Oriented □ Comatose □ Forgetful □ Depressed
□ Disoriented □ Lethargic □ Agitated □ Other: ____

PROGNOSIS

□ Poor □ Guarded □ Fair □ Good □ Excellent

CARE PLAN: Frequency and Duration of Visits (Only 4 Variations allowed)

Discipline	Frequency	Duration	Effective Date
________	________	________	________ (SOC Date)
________	________	________	________ (Sunday's Date)
________	________	________	________ (Sunday's Date)
________	________	________	________ (Sunday's Date)

CARE PLANS

Check the appropriate information relative to patient assessment and teaching/training actives.

SN PLANS: Frequency and Duration: ____________________

1. □ A/E vital signs; □ C/P status: □ neuro status; □ peripheral circulation; □ GI/GU status.
□ Report to MD: Temperature > ____________
Pulse > ____________ < ____________
Respiration > ____________ < ____________
Blood Pressure > ____________ < ____________
Blood Sugar > _____/_____ < _____/_____
□ S/S hypo/hyperglycemia; □ SOB; □ wheezing; □ rhonchi; □ rales; □ stridor;
□ Plural effusion; □ persistent cough; □ chest pain; □ persistent peripheral edema;
□ distended neck/leg veins; □ syncopal episodes; □ dizziness; □ increased weakness;
□ S/S of wound infection; □ jaundice; □ dysphagia; □ absence of bowel sounds;
□ Diarrhea; □ constipation; □ abdominal distension; □ seizure activity; □ increased pain;
□ bleeding from body orifices; □ s/s of UTI or urinary difficulty; □ nausea; □ vomiting;
□ S/S of respiratory infection; □ s/s of hypo/hypertension; □ weight loss > 2 lbs per week.
□ Establish home medication program. Instruct ____________ in medication dosage, side effects, action.

□ Instruct ____________ on s/s of disease progression, complications, pain, and/or symptom management.

2. □ Restorative Nursing – Instruct ___________ on safety measures in the home.
□ A/E patient's ability to perform ADLs, □ A/E nutrition, Hydration, and report abnormalities to MD.
□ Instruct _____________ in _______________ diet, □ fluid restrictions of __________ per day.

3. □ Teach Diabetic Care – Instruct ______________ on diabetic regime including diet, skin and foot care, □ chemstrips, □ preparation and administration of insulin, □ proper disposal of needles and syringes, □ s/s of hypo/hyperglycemia and interventions to take in event either occurs, □ and location and rotation of injection sites.

4. □ Management and Evaluation of Patient Care Plan - Case management and coordination of disciplines involved in patient's care. □ A/E patient and develop a plan of treatment. □ Coordinate and integrate all phases of patient's care among patient, caregiver(s), MD and all disciplines involved in patient's care. □ Determine and provide or refer patient to all available resources for promotion of the patient's well-being.

5. □ Supervise □ HHA □ PCA

HHA/PCA PLANS: Frequency and Duration: ___________________________

1. □ Give/assist with tub bath/shower

2. □ Give/assist with bed bath partial/complete

3. **Personal Care:**

□ Foot Care	□ Shampoo Hair	□ Hair Care
□ Skin Care	□ Nail Care	□ Assist with toileting
□ Shave Face	□ Bedpan/urinal	□ Mouth Care
□ Commode/BSC	□ Other ____________________	

4. **Catheter Care:**
□ Cleanse catheter site with soap and water and pat day. □ Remove and re-apply condom catheter each visit. Observe for edema and excoriation and notify office if observed. □ Empty drainage bag. Record intake/output.

5. □ Assist with ambulation with assistant device _______________________________.

6. □ Exercise: ROM/Home exercise program.

7. □ Prepare meal/diet □ Breakfast, □ Lunch, □ Dinner, □ Snack

8. □ Grocery shopping

9. □ Washing clothes

10. □ **Housekeeping:**
□ Wash dishes, □ Laundry □ Change bed linen □ Clean bed/bath area

11. □ Bowel and bladder training: Place on bedpan/commode ½ hour to 1 hour after each meal. □ Weight patient each visit. □ Take and record vital signs each visit.

12. □ **Observe for:**
□ falls □ respiratory difficulty □ chest pain □ bleeding from wound/body orifices □ lethargy □ s/s of wound infection. Notify office if identified.

13. □ The patient is unable to provide own transportation to the physician's office or to access other medical services due to medical problems. It is therefore medically necessary that transportation be arranged.

GOALS

SN GOALS:

1. □ Patient will be maintain in a safe and comfortable environment with PCA services.
2. □ Patient/Caregiver(s) will be knowledgeable and competent in all aspects of :
   □ dietary regime □ medication regime □ wound care performance and management □ disease process □ diabetic regime □ use of glucometer □ insulin preparation and administration □ coumadin/O2/seizure precautions □ Foley/superpubic/condom catheter care and management □ NG □ G-Tube care and management □ and s/s of ____________ in ____________ weeks.
3. □ Patient will achieve maximum level of functioning in ________________ weeks.
4. □ Caregiver(s) will demonstrate competency in patient care in ____________ weeks.
5. □ Other ____.

HHA/PCA GOALS: (Choose One or Two)

1. □ Patient will receive personal care to maintain hygiene each visit.
2. □ Personal care will be provided by HHA/PCA each visit until other care is secured.
3. □ HHA/PCA will provide personal care and ADL services each visit until patient/family is able to provide.
4. □ HHA/PCA will reinforce regimen suggested by nurse/therapist each visit.
5. □ HA/PCA will assist patient/family in learning ADLs within __________ weeks.
6. □ HHA/PCA promote patient's return to independence within ___________ weeks.

REHABILITATION POTENTIAL

(Choose only one based on patient problem, condition and/or teaching and training activities)

1. □ Fair □ Good: for achieving goals as stated.
2. □ Fair □ Good: for stabilization of vital signs, cardiovascular, pulmonary, neuro, GI and GU condition.
3. □ Fair □ Good: for ____________ to be able to learn/perform wound care and management, colostomy care and management, glucose evaluations via finger stick and use of ___________ glucometer, preparation and administration of insulin/IV antibiotics /other (specify) ____.

DISCHARGE PLANS

1. □ Patient will be discharge to care of self/caregiver(s)/MD when:
   □ Patient is no longer homebound or needs skilled care.
   □ Goals are met.
   □ Patient is referred to outpatient services.
   □ Patient/family members are able to provide care.
   □ Other (specify) ____.