

Cert: 06/18/2006 08/16/2006 Patient Name: ARORA, PETER MISYS64  Diagnosis(es): ** 281.0 PERNICIOUS ANEMIA, ** 331.0 ALZHEIMER'S DISEASE, ** 714.0 RHEUMATOID ARTHRITIS, ** V60.4 NO FAMILY ABLE TO CARE	Physician: SERRANDON, LESLEY Phone: (940) 347-9425 Address: CLINICS OF NORTH TEXAS 4327 BARROW RD City, State, Zip: WICHITA FALLS, TX 76301 Date sent to physician: 04/03/2008
	Report ranges: B/P: R: HR: Temp:  _____ _____

SN   
  HHaide   
  PT   
  OT   
  SLP   
  MSW

Summary of condition / Progress toward goals:

DATE: 06/18/2006 SN FREQ: qow9

1. Observation and assessment of the patient's unstable condition of neurological, musculoskeletal and hematological systems.
2. Administer Vitamin B12 injection every month. Instruct patient/C/G on all aspects of Vitamin B12 therapy. Next date due week of 7/3/06 and week of 8/1/06.
3. Assess VS and assess all systems q visit. Report VS that are outside acceptable parameters associated with clinical signs and symptoms.
4. Instruct patient on disease processes as related to pertinent diagnoses, related complications, appropriate response and procedure for obtaining emergent care assistance. Instruct on safety measures.
5. Instruct patient/C/G on medication regimen including prescription and pertinent nonprescription medications. Instruct on any new or changed medications.
6. Assess pain and response to pain management. Instruct on interventions for pain relief.
7. Hold home health services for transfer to inpatient facility.
8. May accept orders from on-call physi

Signatures	Signatures	Signatures
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Signature: _____		Date: _____