

## New Sunrise Adhc

### Reassessment Report

Doe, Jane (U) DOB: / / Sched: 0 xP/Wk Status: Discharged Ph: ( ) - MCO:

Title	Problem	Intervention	Frequency	Objective
Medical/Nursing Altered CV status	HYBRID HTN: Altered CV status aeb: BP ranged from: 115/62-134/80mmHg during the past six months. PRT c/o positional dizziness associated with BP & position changes, occ. leg cramps, fatigue with increased exertion/activities.	In-center: 1. Check BP. 2. Notify MD if BP <80/50 or >150/90mmHg. 3. BP re-check 4. Provide rest periods during activities 5. Educate about mitigating techniques for symptoms of dizziness and cramps Remote: 6. PRT/CG checks BP at home and reports to center nurse 7. Center nurse will notify MD if BP <80/50 or >150/90mmHg. 8. Instruct CG/PRT to take rest periods during activities 9. Educate about mitigating techniques for symptoms of dizziness and cramps	1. Each day at the center 2. PRN 3. PRN 4. PRN 5. 1x/wk 6. Each time nurse calls 7. PRN 8. PRN 9. 1x/wk	For the next 6 months, PRT will: 1. Report decreased episodes of positional dizziness, fatigue to 1x/month. 2. Maintain a BP between 80/50-150/90mmHg.
Medical/Nursing Risk for COVID19	Outings in public areas and possible direct contact with infected people.	1. Conduct COVID screening 2. Provide education on hand hygiene, social distancing and wearing mask in public 3. Notify MD if PRT has COVID19 s/s and will provide recommendations per MD order and CDC guidelines. N/A	1. 1x/wk 2. 1x/wk 3. PRN	For the next 6 months, PRT will: 1. Adhere to infection control precautions. 2. PRT will report no s/s of COVID-19.
Medical/Nursing Risk for Hypo/Hyperglycemia	HYBRID RISK FOR HYPO/HYPERGLYCEMIA Blood glucose levels ranging 102/115 mg/dl. PRT c/o dizziness, fatigue, numbness to bilateral feet, with limited activity level.	In-center: 1. Check fasting BG 2. Notify MD if BG < 60 or > 300 mg/dl. 3. BS re-check 4. Provide rest periods during activities and educate about diabetes for symptoms of dizziness, fatigue 5. Foot skin check to bilateral feet for wounds Remote: 6. PRT/CG checks fasting BG at home and reports to center nurse 7. Center nurse will notify MD if BG < 60 or > 300 mg/dl 8. Instruct PRT/CG to provide rest periods	1. Each day at the center 2. PRN 3. PRN 4. PRN 5. 1x/wk 6. Each time nurse calls 7. PRN 8. 1x/wk 9. 1x/wk	For the next 6 months, PRT will: 1. Maintain a random/fasting blood glucose of 90-130 mg/dl. 2. Reduce complaints of dizziness and fatigue to 1x/month. 3. Have skin on feet intact with no evidence of wounds present.

Signature	Name	Title	Date

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		during activities and educate about diabetes for symptoms of dizziness, fatigue 9. PRT/CG to do foot checks on both feet for wounds/ skin breakdown		
Social Services Depression	HYBRID DEPRESSION: During the past six months, Mrs. Smith continues to feel sad, lonely, and stated she worries. PRT shared, "I'm worried that I'm getting older and I don't have the same energy as I did before, which effects my mood." PRT scored 7/15 on the GDS, which is one score lower than 6 months ago (8/15).	In-Center: 1. Ask PRT to rate scale of 1-5 how happy she is feeling 2. Ask PRT to rate on a scale of 1-5 how calm she is feeling 3. Observe # of times a week PRT is isolating 4. Provide 1:1 counseling when PRT observed sad, worried, isolated or if PRT rates 2 and lower 5. Participate in humor group Remote: 6. Ask PRT to rate scale of 1-5 how happy she is feeling 7. Ask PRT to rate on a scale of 1-5 how calm she is feeling 8. Ask PRT to rate on a scale of 1-5 how content she is feeling 9. Provide 1:1 counseling when PRT rates 2 and lower N/A	1. When at the center 2. When at the center 3. When at the center 4. PRN 5. 2x/mo at the center 6. During routine calls 7. During routine calls 8. During routine calls 9. PRN	For the next 6 months, PRT will: improve mood and have ratings of 3 and higher when asked how happy, content, and calm she is on a scale of 1-5. At the center PRT will participate in group activities and interact with other participants at least 2x/month.

Signature	Name	Title	Date



**PARTICIPANT NAME:** Doe, Jane **CIN:** \_\_\_\_\_  
**DATES OF SERVICE: FROM:**   /  /   **TO**   /  /  

**(15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARs only)**

DISCLAIMER: The entire IPC along with boxes 13 and 14 have been updated. Boxes 13 and 14 reflect in-center services as well as remote services during this transition phase.

As of mm/dd/yyyy PRT will receive services   /wk in the center, and   /wk remotely. These frequencies are tentative and subject to change based on participant's current needs.

Relevant information not found in IPC:

COVID-19 Vaccination: VACCINE NAME and DATES (dose 1/dose 2)

GDS/MMS/GAD-7 scores compared to six months ago

Any communication sent to PCP (i.e sent GDS/MMSE/GAD-7 scores to PCP)

Any Communication with MDT (i.e aware of GDS/MMSE/GAD-7 scores.)

Findings/scores from other screening tools compared to six months ago (if relevant)

**(16) ADDITIONAL INFORMATION**

(Include critical history/information not included elsewhere in this IPC and relevant to the authorization of this TAR.)

NA