OT Evaluation Visit

Homecare Homebase

HOMECARE HOMEBASE, LLC

OT EVALUATION VISIT

OBJECTIVES OF LEARNING

Your Company and Homecare Homebase are invested in your learning experience. Therefore, it is necessary we follow a set of strategies & tactics to achieve our objectives, which ultimately lead us to our overall goal through Empowering Exceptional Care.

1. **Mission / Goal:** Successfully facilitate the development and implementation of HCHB through the learning and growth of all end users
   1.1. **Objective:** User to understand HOW, WHEN, & WHY in using the system
      1.1.1. The HCHB new user should understand the basic functionality of the PointCare application upon completion of the Online Learning Hub curriculum.

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1.1.2. The HCHB new user will understand how to properly begin their day and prepare before visits provided by the instructor by the end of this course.

1.1.3. The HCHB new user should understand how to properly develop a discipline-specific plan of care that drive future visits for the patient by the end of this course.

1.1.4. The HCHB new user will be able to identify the different components of a visit that will contribute to that patient's SOAP note by the end of this course.

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AGENDA ITEMS

Agenda Item	Time
Introduction • Who is my patient? • How do I start my day?	15 min
Visit Actions • Vital Signs • Diagnoses • Physical Assessment • Pathways • New Order • Interventions / Goals • Therapy Assess / Plan • Therapy Goals / Status	180 min
INCOMPLETE YOUR VISIT	
Visit Actions • Mileage / Drive Time	5 min
Notes Agency Specific Note(s)?	10 min
COMPLETE YOUR VISIT	

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PATIENT CASE STUDY

ASSESSMENT AND PLAN OF CURRENT VISIT

Vitals:

HISTORY OF PRESENT ILLNESS

Patient is a woman being admitted for home care due to St. II Pressure Ulcer to left heel and need for wound management. Patient has past medical history significant for type 2 diabetes, hypertension, and nicotine dependence. According to patient's husband, John Smith (contact), she has exhibited no cognitive issues or functional deficits prior to this episode of care. The patient has been noted to have a good appetite and denies problems with sleeping or weight changes. She also denies any suicidal ideations and visual/ auditory issues.

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Temperature	98.8
Respirations	20
Pulse	75
BP	160 / 95

Pain: *Patient complains of pain in LLE and foot with a subjective score of 7 out of 10 on a numeric scale. She states her pain is constant. We discuss pain control measures and how to take pain medications before pain gets intolerable.*

Functional: *Patient needs to increase strength, primarily in the core and proximal extremities. Patient has a lack of coordination with movements requiring training, decreased endurance, decreased balance and standing static and dynamic, decreased transfer and gait status. Patient agrees with the plan of care and discharge planning. Patient is in possession of adequate durable medical equipment in the home. She is wheelchair bound and requires maximum assistance for transfers, per the caregiver. Patient demonstrates 3/5 BUE strength with a long term goal of 3+/5. Patient is unable to roll self in bed without total assistance. Patient has required extensive assistance of one individual, but now she requires 2 individuals to assist in transfers, toileting, bathing, and dressing tasks. Patient self feeds. Our plan is to continue to address impairments in upper body strength by providing interventions in strengthening and caregiver education. There is a good rehabilitation potential to improve bed mobility.*

Frequency: *1 visit per week for the first 30 days. Plan to discharge from discipline by day 30.*

- *Patient states she would prefer not to be seen on Wednesdays due to wound clinic visits*

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DIAGNOSES

M62.81 MUSCLE WEAKNESS (GENERALIZED)

THERAPY GOALS/STATUS

Functional (OT)			
Bed Mobility (OT)	***Status***	***STG***	***LTG***
Roll to Side	*Minimal Assist*	*Independent*	*Independent*
Transfers (OT)	***Status***	***STG***	***LTG***
Toilet	*Contact Guard Assist*	*Standby Assist*	*Independent*
Balance (OT)	***Status***	***STG***	***LTG***
Static Standing	*Poor – Requires Support to Maintain Balance*	*Fair – Requires Minimal Support*	*Good+*
Dynamic Standing	*Poor – Requires Support to Maintain Balance*	*Fair – Requires Minimal Support*	*Good+*
Timed Up and Go (in seconds)	*35*	*25*	*15*
Wheelchair (OT)	***Status***	***STG***	***LTG***
Manual – Propel Level Surface Distance (in feet)	*5*	*15*	*15*
Self Care (OT)	***Status***	***STG***	***LTG***
Bathing/Showering Ability	*Contact Guard Assist*	*Standby Assist*	*Independent*
Dress Lower Body Ability	*Minimal Assist*	*Modified Independent*	*Independent*
Toileting	*Contact Guard Assist*	*Minimal Assist*	*Independent*

COORDINATION NOTES

SCHEDULER NOTIFICATION

CLINICAL

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NOTES & QUESTIONS

Helpful Hint – Our Quick Reference Guides are available from any computer or tablet via the Online Learning Hub website using your internet browser at:

https://www.hchb-olh.com/page/resources

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