**SN WEEKLY REPORT**

PATIENT NAME: WEEK ENDING:

When calling MD for KP patients call 1-833- 574-2273and leva message with office number to call back. Have patient's name, payer ID, DOB ready before placing a call.

☐ Changes in condition ☐ Yes ☐ No

If yes, what were the changes?

☐ Order Changes ☐ Yes. ☐ No

If yes, what were the changes?

☐ MD or ED Visits ☐ Yes. ☐ No

Comments:

☐ Wound care recommendations. For a comprehensive treatment order that will promote consistent care, include all of the following:

• Wound location

• Wound type

• Cleansing solution

• Primary dressing to be applied to wound bed

• As needed, a moisture barrier for the peri wound area to prevent maceration)

• As needed, a secondary dressing to be placed over the primary one

• As needed, secure with

• Frequency of dressing change (follow manufacturer's guidelines or change more often based on exudate amount)

• Expected duration of need

Sample: Cleanse right plantar diabetic ulcer with normal saline, wound cleanser or soap and water. Pat peri wound dry with 2 dry gauze 4 × 4s. Apply Cavilon™ no-sting barrier to wound perimeter. Apply Santyl® ointment to nickel thickness on wound bed. Loosely fill undermined area and dead space with 3 fluffed, saline-moistened 4 × 4 gauze dressings. Cover with 6 × 6 composite dressing every day and p.r.n. if loose or soiled × 14 days."

☐ DISCIPLINES ORDERED/FREQUENCY:

☐ AUTHORIZATIONS FOR VISITS TO BE REQUESTED: SN PT OT ST MSW CHHA

☐ VISITS AUTHORIZED: SN PT OT ST MSW CHHA

☐ DISCIPLINES RECOMMENDED AND FREQUENCY: SN PT OT ST MSW CHHA CHAPLAIN

☐ Recommendations for KP patients to call 1-833- 574-2273. Have patient's name, payer ID, DOB ready before placing a call.

**SN WEEKLY REPORT**

☐ ORDERS: WOUND CARE, INJECTIONS, IV, DRAINS, ETC. (BE SPECIFIC), PALLIATIVE CARE:

☐ WOUND CARE RECOMMENDATIONS:

☐ SUPPLIES NEED TO ORDER:

☐ EMERGENCY CONTACTS (NAME/PHONE NUMBER:

☐ ED VISITS:

☐ PCP (NAME/PHONE NUMBER)IF NOT KNOWN:

☐ PRIOR LEVEL OF FUNCTION (BEFORE DISEASE PROCESS)

☐ CURRENT LEVEL OF FUNCTION

☐ ABILITY OF THE PATIENT TO RETURN TO PRIOR LEVEL OF FUNCTION (THERAPY)

☐ SKILL PERFORMED THIS VISIT:

☐ PHYSICIAN NOTIFIED OF SOC/RECERT. POC/VISIT FREQUENCY APPROVED BY THE PHYSICIAN.

☐ ANY FINDINGS NEED TO BE ADDRESSED SUCH AS EDEMA, PAIN, NEW MEDS, INJECTIONS, WOUNDS NOT REPORTED?

☐ CASE MANAGER:

☐ CONSENTS SIGNED AND UPLOADED INTO THE PATIENT'S CHART

☐ WOUND PICTURES TAKEN AND UPLOADED INTO WOUND ASSESSMENT FORM (on the measuring tape write: patient's name, wound location, date picture taken, and place next to the wound to include into the picture taken).

☐ PLAN OF CARE DISCUSSED WITH ☐ THE PATIENT ☐ FAMILY MEMBER/CG; NAME:

☐ ADDITIONAL INFORMATION: