

MRN: [REDACTED]  
Description: [REDACTED] year old male

**Telephone Encounter** Encounter Date: 08/14/17 1430

[REDACTED] RN

Total time spent on Care Coordination:  
Start time: 14:29-14:50

Diagnoses: HLD, HTN, CVA, CAD, CHF, DIABETES

Since the last Care Coordination visit has the patient had any of the following

ER visits No  
Hospitalizations No  
Urgent care No  
Specialty appointment No  
Primary Care appointment No  
Annual Wellness Visit No If yes, date (n/a) If no, please provide patient with scheduling phone number or transfer the patient to scheduling.

Change in exercise lifestyle No

Change in diet Yes

Change in social support No

Patient reports he is doing well. He is continuing with 20 units of levemir. He reports his blood sugars have been 113, 106, 98. Patient is aware he needs to bring in his glucometer for checking tomorrow when he sees endocrine. Patient has hand out from last month, but hasn't looked it over. Advised for diabetic diet, need to be aware of carbs and processed foods. Advised to watch the amount of fat in his diet as well.

### CARE PLAN

Next Care Coordination appointment date: 9/12/17 @ 14:30

Is patient aware of any outstanding labs or orders? Yes

### Top Concerns and barriers

The main things I would like to fix or improve about my health are?

1. Mobility
2. DM control
- 3.

The main things preventing me from improving my health are

1. Motivation
2. Living situation, transportation
3. Previous stroke, hard to work with one side

### My Medications

- ACCU-CHEK FASTCLIX MISC For blood glucose testing before meals and at bedtime (4 times daily)
- ACCU-CHEK SMARTVIEW TEST STRIP test strip Use 1 Strip as directed before meals and at bedtime.

- artificial tears/hypromellose (ISOPTO TEARS) 0.5 % ophthalmic solution Apply 1 Drop to both eyes four times daily.
- aspirin 325 mg tablet Take 1 Tab by mouth daily.
- atorvastatin (LIPITOR) 80 mg tablet Take 0.5 Tabs by mouth daily.
- baclofen (LIORESAL) 10 mg tablet Take 2 Tabs by mouth four times daily.
- Blood-Glucose Meter kit Check blood sugar daily. Use as directed
- carvedilol (COREG) 25 mg tablet TAKE 1 TABLET BY MOUTH 2 TIMES A DAY
- cetirizine (ZYRTEC) 10 mg tablet Take 1 Tab by mouth daily.
- clopidogrel (PLAVIX) 75 mg tablet TAKE 1 TABLET BY MOUTH DAILY
- docusate (COLACE) 100 mg capsule Take 1 Cap by mouth twice daily.
- famotidine (PEPCID) 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME
- ferrous sulfate 325 mg (65 mg iron) tablet Take 1 Tab by mouth three times daily. (Patient taking differently: Take 325 mg by mouth three times daily. Indications: patient takes once daily)
- furosemide (LASIX) 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY MORNING
- insulin aspart (NOVOLOG FLEXPEN) 100 unit/mL injection PEN Inject 10 Units under the skin three times daily with meals.
- insulin detemir(+) (LEVEMIR FLEXTOUCH) 100 unit/mL (3 mL) injection pen Inject 35 Units under the skin at bedtime daily. ICD 10 E11.39
- insulin pen needles (disposable) (BD UF NANO PEN NEEDLES) 32 gauge x 5/32" pen needle Use 1 Each as directed before meals and at bedtime. Use with insulin injections.
- lisinopril (PRINIVIL; ZESTRIL) 20 mg tablet TAKE 1/2 TABLET BY MOUTH DAILY.
- metFORMIN (GLUCOPHAGE) 1,000 mg tablet Take 1 Tab by mouth twice daily with meals.
- nitroglycerin (NITROSTAT) 0.4 mg tablet Place 1 Tab under tongue every 5 minutes as needed for Chest Pain.
- other medication Blood pressure cuff, #1, 0 refills. Use to check blood pressure daily.
- potassium chloride SR (K-DUR) 20 mEq tablet Take 1 Tab by mouth daily.
- senna (SENOKOT) 8.6 mg tablet Take 2 Tabs by mouth twice daily.
- sildenafil(+) (VIAGRA) 25 mg tablet Take 1 Tab by mouth as Needed for Erectile dysfunction.
- spironolactone (ALDACTONE) 25 mg tablet TAKE 1 TABLET BY MOUTH DAILY
- tamsulosin (FLOMAX) 0.4 mg capsule TAKE 1 CAPSULE BY MOUTH DAILY
- tamsulosin (FLOMAX) 0.4 mg capsule Take 1 Cap by mouth daily.
- tiZANidine (ZANAFLEX) 2 mg tablet TAKE 1 TABLET BY MOUTH 3 TIMES A DAY

**My Allergies**

See Allergy List

**Summary of things I need to do****Other health professionals to see Future Appointments**

Date	Time	Provider	Department	Center
8/15/2017	9:00 AM		PA-C	
8/18/2017	9:30 AM		MD	
9/5/2017	1:30 PM			

**Expected outcomes/prognosis**

If I follow the treatment/action plan above, I can expect the following to happen

1. Improve mobility
2. DM
- 3.

PATIENT EDUCATION: obesity hand out 10

Physician: Dr. [REDACTED]

I reviewed and approved orders and components above of care coordination visit and the personalized care plan.

A copy of this care plan will be mailed to the patient.

A bill will be submitted to the patient's insurance company at the end of this month.

**REMINDERS:**

- The patient was informed that the patient has 24/7 access to a physician. During business hours, on afterhours and on weekends by calling [REDACTED]
- Patient understands that only one provider can give care coordination services.
- Patient understands that the patient can revoke the care coordination agreement at anytime and request to stop services by calling care coordination nurse.
- The patient has received a copy of their consent form

Electronically signed by [REDACTED] RN at 08/14/17 1450

Telephone on 8/14/2017