



Name of Policy	The Plan of Care Physician's Orders	Number 6.3.5
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Policy Statement:	Provides a process that describes the method to obtain and incorporate the licensed independent practitioner's orders into the Plan of Care.
Procedure: 6.3.1 6.3.2 6.3.3.1 6.3.3.2 6.3.3.3	Care at Home will provide services in accordance with a written plan of care established by the physician and developed in consultation with a registered nurse or qualified professional of the appropriate discipline. A patient's plan of care will be developed based upon the initial assessment of the patient and include the following information: <ul style="list-style-type: none"> • All pertinent diagnoses • Prognosis, including short-term and long-term objectives of treatment. • Types of services (such as nursing, other therapeutic, or support services), frequency and duration of series to be provided, medications, diet, treatments, procedures, equipment, and transportation required.

6.3.3.4	<ul style="list-style-type: none"> • Function limitations of the patient
6.3.3.5	<ul style="list-style-type: none"> • Activities permitted
6.3.3.6	<ul style="list-style-type: none"> • Safety measures required to protect the patient from injury.
6.3.4	<p>Care at Home will contact the attending physician to review the plan of care, in conjunction with a registered nurse or other qualified professional of the appropriate discipline, as often as the severity of the patient’s condition requires, but at least every sixty (60) calendar days.</p>
6.3.5	<p>Care at Home will contact physicians or practitioner’s by phone, fax, mail or electronically to obtain and incorporate the licensed independent practitioner’s orders into the plan of care.</p>
6.3.6	<p>Care at Home will also promptly alert the attending physician to any changes in the patient’s condition that suggest a need to alter the plan of care and</p>
6.3.7	<p>consider benefits versus risks of treatment as well as patient choice and independence in the development and subsequent revisions of the plan of care.</p>

Signature:	Name:	Date of Review: