



**HEMOCARE
NURSING
PROGRESS RECORD**

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DATE/TIME	REMARKS
<p>January 6</p>	<p>C.P. Has been assessed fully in her home. The following is the initial home care assessment For C.P. *****</p>
<p>Social hx</p>	<p>C.P. Was born in Prince Albert, SK. She grew up on a small farm near Candle Lake, SK. C.P. identifies as Cree. C.P. States that she grew up speaking Cree but has since lost her ability to speak Cree fluently, however she still fully understands Cree. C.P is the second eldest of four children (two siblings are still alive but live in different provinces). When C.P was 7 Years old, she was taken from her home and placed in the Churchill Residential school. She is a residential school survivor. C.P states she experienced tremendous amount of abuse at the residential school and was very upset talking about the same. She stated she would not like to talk about the same any further for the time being. C.P graduated from high school and met her husband (now deceased). Together, they farmed outside of Duck Lake, SK for 40 years before moving to Saskatoon, SK. They had three children together: James, Connie and Dwight. Dwight passed away a few years ago. C.P stated she still misses Dwight and her husband and think about them often. C.P stated she has a strained relationship with both James and Connie. She is very close with her nephew, Daryl, who often takes her to appointments and to the Native Seniors Centre which she attends every Wednesday, when possible. However, Daryl lives in P.A. and works full-time so he is not always available. C.P. moved into a private assisted living facility three years ago when it became harder for her to maintain her home. C.P. states that her husband never had private insurance and that she is unaware of her current finances and that Connie is currently filing her taxes and paying her bills. Writer has informed C.P that a copy of her last two years of taxes will need to be provided in order to continue with homecare services. Consent to phone Connie received. Supports for coping declined by C.P. at this time.</p>
<p>Client intake assessment</p>	<p>C.P. was very pleased to have writer in to visit this afternoon, stating "I rarely have anyone to talk to". Writer completed a MMSE and C.P. Scored 26/30 (having issues with recall of the three words: bird, screw, and car; and spelling WORLD backwards). C.P. was able to identify that, if she was in trouble, she would call 9-1-1 to get assistance. C.P. has described anxiety upon leaving her building as she got lost on one such occasion. C.P. states she has difficulty with her memory as she is becoming more forgetful and has subsequently had issues with taking her medications properly and in a timely manner. Writer asked C.P.</p>



NAME: PLANTE, Clara

HSN: 825 545 737

D.O.B.: 15/08/19XX(89 years old at the time the video was made)

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	<p>Which medications she would take for pain - C.P. Took a very long time to answer. eventually she identified naproxen but at the wrong dose - education provided on proper dose. C.P. Will require assistance with medication adherence as well as proper dose, time route, etc. C.P. States she is unsure why she takes many of the medications she is on and wishes she didn't have to take any. Discussion on risk/benefit of medications prescribed provided with C.P. still stating she wishes she could take less medications that she currently is. C.P. Continues to have pain in her (R) shoulder that has continued after her # of her (R) humerus .5 yr ago She describes her pain as dull, achy pain that worsens with movement, is improved with naproxen or acetaminophen, and is not responsive to cold or heat. C.P.'s pain prevents her from certain movements such as lifting pots and pans. Along with this pain, C.P. Has difficulty with her mobility and often has unsteady gait. This effects her ability to move around within her building (she must go to the dining room for lunch and dinner). Please see medical flowsheet for initial assessment. C.P. claims she has loss of sensation to her lower extremities, specifically her (R) big toe. She denies elevating her legs or wearing her compression stockings which have been prescribed by her G.P. Writer unable to get the stockings on C.P, as they are torn. Clarification for type of pressure needed from G.P. C.P.'s hygiene seemed to be lacking as she had noticeable body odour and build up of exudate under her breasts bilaterally as well as evidence of skin breakdown in the folds of her skin. Writer demonstrated proper cleaning of the same and interdry provided. C.P. States she cannot get into her shower and has been bathing by standing at her bathroom sink. Will require assist and assistive devices for bathing. C.P. continues to have frequency with urination which occasionally leads to incontinence. C.P.'s apartment is very cluttered. This is a definite risk for a fall as the clutter coupled with her poor gait and use of assistive devices already put her at higher risk. C.P. Is a definite candidate for homecare services and would benefit from the same. Therefore, I recommend she see homecare at minimum four times per week. ***** I Healeam, RN</p>
<p>January 8 @0900h</p>	<p>I saw C.P. This morning to discuss various matters. C.P. made aware that she will be charged for care if she is not home when nursing arrives. Plan for care: C.P.'s pharmacy Mayfair pharmacy has agreed to bubble-pack C.P.'s medications and deliver the same. A LPN or RN will assist C.P. with medication administration at 0800h, 1200h, 1600h, 2000h. As well, the LPN or RN will do QID BGMs x3 days and then review. Once the routine has</p>



**HOME CARE
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	been implemented and becomes consistent, a registered care aide trained in medication administration will take over medication administration. Duties to be performed by the Care aide include bi-weekly bathing (qMonday morning and qThursday morning), daily AM/HS personal care, daily meal preparation assistance for breakfast and lunch (C.P. to continue having dinner in the dining room), and assistance with any other care. A Referral to OT (home improvement equipment, personal assistive device check), PT (functional assessment), social work, and a diabetic foot care nurse have been sent. Dr. Michaels and Dr. James made aware of C.P.'s decreased sensation to lower extremities A request for a POA/DNR/Proxy decision maker has been submitted. A request for a Medication review has been submitted to pharmacy (naproxen a concern d/t C.P.'s HTN) Concerns about C.P.'s sleep have arisen as she is having difficulty with the same. Dr. James and Dr. Michaels made aware, request for sleep study consultation has been faxed to Dr. James and Dr. Michaels *****I Healem, RN
Client Assessment	? Yeast under breast is clearing with decreased redness, pain and inflammation. No exudate noted. No foul smell noted. C.P. encouraged to continue to increase cleansing and drying as previously discussed in first meeting. Acetaminophen given for 6/10 pain to (R) shoulder Gait still unsteady. Clutter on floor cleared of tripping hazards. Chairs moved for more appropriate movement, light bulbs changed to improve lighting. Urine is still cloudy, has foul smell. C.P. now complaining of dysuria and burning with urination. Communication sent to Dr. Michaels for urinalysis and C+S request. No other changes in C.P.'s assessment. C.P. seems depressed with a flat affect and expressions of sadness. However, she seemed to perk up with visit from writer. Depression screening suggested by writer to Dr. Michaels Current plan: follow-up with C.P. to collect urine, falls risk plan and geriatric depression Screening. OT/PT/SW to see C.P. immediately. *****I Healem, RN
January 9 @ 0830h	C.P. Not home for AM visit and medication administration. No message left with writer from C.P. C.P. Did not answer her phone. Writer returned to the office. *****I Healem, RN
January 9 @ 1300h	C.P. home for 1200h medication administration. BGM taken and results showed 12.1. Dr. Micheals notified about the same. C.P. states (R) shoulder pain has improved since Increasing use of acetaminophen. PT functional assessment has been completed and sent To Dr. Michaels. OT scheduled to see C.P. this week. Clarification requested for bloodwork request made by Dr. Michaels. Urinalysis and C+S sent to lab. *****I Healem, RN



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January 9 @ 1700h	C.P. Seemed confused at dinner, still complaining of dysuria and urinary frequency. C.P. Started on ciprofloxacin 500mg PO QID x7 days as per Dr. Michael's orders. **IHealem, RN
January 10 @1515h	C.P. not home for PT/OT visit. Message left with C.P. Urinalysis and C+S results back and Indicate UTL Will inform C.P. Of the results at 1700h visit. *****I Healem, RN****
January 10 @ 1720h	C.P. not home for supper visit. Facility staff states C.P. was sent to hospital after sustaining a fall. CPAS notified and asked to follow-up. *****I Healem, RN
January 11 @0830h	C.P. admitted to RUH 5300 d/t (R) clavicle #. Writer spoke to RN caring with C.P. today, stated C.P. Scored a 9 on her GDS and has subsequently been dx'd with depression. MRP prescribed C.P. with citalopram 20mg PO OD. UTI responding to ciprofloxacin well. Potential d/c planned for January 15. Will plan for ride home as needed. **IHealem, RN
January 16 @0845	C.P. Home from hospital. Pain continues to be a 6-8/10 with scheduled acetaminophen. Mobility is poor. C.P. is not managing well with 4WW due to limited movement of right shoulder and clavicle. GDS re-done, C.P. Scored 11. C.P. Stated she has "given up" and wants to discontinue her medications. Discussion surrounding same occurred between writer and C.P. Dr. Michaels to review DNR and ACD with C.P. Family meeting will be arranged by Dr. Michael's office with C.P., her nephew, daughter, son, and SW. Continue With QID RN home visits. *****I Healem, RN
January 16 @0900	C.P. experiencing increased pain to upper portion of mouth 4-6/10 with notable facial grimace. Noted a strong odor, possible grey exudate at denture attachment site with accompanying erythema. Hx of misfitting dentures, noted is being followed by a Phyl McCavity, DMD. Referral made. DMD office said had space for appt Jan 17. C.P. said will be able to attend if can arrange ride. Seeking community resources for ride. *****I. Healem, RN