



Rx Team Home Health Care LLC
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RX Team PCA Care Plan

Agency Name: _____ Agency Phone No: _____

<p>Responsible Party Name: _____ First Middle Last</p> <p>Recipient Name: _____ First Last MA#</p> <p>DOB: _____</p>	<p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Qualified Professional Name: _____ First Last</p>	<p>Recipient Phone: _____</p>
<p>Shared Services <input type="radio"/> Yes <input type="radio"/> No Number of Hours _____ (Attach Home Care Shared Services Agreement).</p> <p>Gender Preference of PCA <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Either</p>	<p>Recipient Email: _____</p> <p>Date span: _____ to _____</p>
<p>Activities of daily living (ADLs) <i>Check the applicable boxes below.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dressing <input type="checkbox"/> Grooming <input type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Transfers <input type="checkbox"/> Mobility <input type="checkbox"/> Positioning <input type="checkbox"/> Toileting <input type="checkbox"/> Health Related <input type="checkbox"/> Behavior 	<p>ADL Notes:</p> <hr/> <p>Instructions for PCA Help for Health Related Procedures and Tasks:</p> <hr/>
<p>Other living supports (IADLs) <i>Check the applicable boxes below.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Other <ul style="list-style-type: none"> * Meal Preparation and Planning * Medical Appointments * Shopping * Accompany to Events and Outings 	<p>IADL Notes:</p> <hr/>
<p>EMERGENCY PROCEDURES/HOW TO USE 911 Examples of significant adverse conditions which may necessitate emergency contact and notifying 911 include:</p> <p>1)Has trouble breathing or has stopped breathing; 2) Has no pulse; 3)Is bleeding severely; 4) Is in a state of deteriorating unconsciousness or is unconscious; 5) If a fracture is suspected; 6) If the person has been badly burned; 7) If unable to move one or more limbs; 8) Is having a seizure; 9) Has been poisoned; 10) Is having a diabetic emergency; 11) Has suffered a stroke; or 12) If there is any doubt as to seriousness of the situation.</p> <p>HOW TO USE 911</p> <p>1)Dial 911; 2) State: "This is an emergency"; 3) Give the phone number you are calling from; 4) Give the address; 5) Describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed;6) Give your name;7) Stay calm; 8) Reassure the client and family;9) Follow direction of 911 dispatcher; and remember to; 10) Hang up last!</p> <p style="text-align: center;">IF YOU DO NOT KNOW HOW TO GIVE CPR TELL THE DISPATCHER AT ONCE!</p>	<p>The regular PCA(s) shall be (Enter Name and Phone No.):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Backup staffing required?</p> <p><input type="radio"/> No (Informal supports used).</p> <p><input type="radio"/> Yes (Complete information below).</p> <p>The Backup PCA shall be (Enter Name and Phone No.):</p> <p>1. _____</p> <p><small>Contingency Plan - The regular PCA for PCPO recipients shall notify the agency at least 30 minutes prior to any absence. The agency will notify recipient of absences a minimum of 2 hours before an upcoming absence if known. The substitute pca listed above shall be sent as a backup.</small></p>

Abuse Prevention Plan

What is this person's susceptibility to abuse by other persons including vulnerable adults?

Is this person at risk of abusing other vulnerable adults or self?

What measures shall be taken to minimize the risk of abuse to this person and others?

Additional Notes:

January Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	February Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
March Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	April Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
May Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	June Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
July Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	August Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
September Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	October Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.
November Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.	December Anticipated Use (Check One) <input type="checkbox"/> Regularly scheduled use of hours. <input type="checkbox"/> Increased use of PCA hours. <input type="checkbox"/> Decreased use of PCA hours.

Rx Team Month-to-Month Use Plan

Client or Responsible Party Name

Date

Qualified Professional Name

Date