



New River Family  
1300 St Marys Street  
Suite 502  
Raleigh, NC 27605

Jennifer Hammond  
Account Number: 1  
Policy Number: **1234567123**

Patient Name: **Jennifer Hammond**  
DOB: **02/24/1952**  
Provider: **Daniel Jacobi**  
Supervising Provider: **Karen A Williams, RN**

DOS: **July 19, 2024**

## AI-Based Plan Of Care

### 1. Vital Signs

#### - Preliminary Assessment:

- Weight: 230 lbs
- Height: 59 inches
- Blood Pressure: 190/110 mmHg

#### - Proposed Intervention:

- Monitor blood pressure regularly and consider antihypertensive medication
- Weight management program recommendation

### 2. Demographics

#### - Preliminary Assessment:

- Gender: Female
- Race: Asian
- Marital Status: Divorced
- Living Arrangement: Lives with a paid care-giver

#### - Proposed Intervention:

- Ensure adequate social support and mental health services

### 3. Immunization History

#### - Preliminary Assessment:

- Last flu shot: Last year (last season)
- Pneumonia vaccinations: Had one shot
- Shingles vaccine: Zostavax administered
- Tested positive for COVID-19: Yes
- Vaccinated for COVID-19: No
- Type of vaccine received: Moderna
- Both doses received: No
- Approximate time of vaccine administration: More than 6 months ago

#### - Proposed Intervention:

- Encourage completing COVID-19 vaccination
- Schedule annual flu shot and pneumococcal vaccines as per guidelines

### 4. Medical History

#### - Preliminary Assessment:

- Depression
- High blood sugar (not diabetes)
- Bladder control accidents: Often

- **Proposed Intervention:**
  - Referral to a mental health specialist for managing depression
  - Diabetes screening and dietary counseling
  - Urologist consultation for bladder control issues

## 5. Sexual Health Screening

- **Preliminary Assessment:**
  - Not sexually active in the past year
- **Proposed Intervention:**
  - Continue periodic sexual health screenings as necessary

## 6. Family History

- **Preliminary Assessment:**
  - Reported conditions: allergies, anemia, bleeding disorder, colon cancer, depression, glaucoma, liver disease, stroke
- **Proposed Intervention:**
  - Regular screenings and monitoring for familial conditions

## 7. Fall Risk Screening

- **Preliminary Assessment:**
  - Fallen 3 or more times in the past year
  - Often shaky or unsteady when standing or walking
  - No smoke alarm or carbon monoxide detectors; no anti-slip rugs and carpets
- **Proposed Intervention:**
  - Fall prevention strategies and home safety evaluation
  - Installation of safety devices in the home

## 8. Hearing Screening

- **Preliminary Assessment:**
  - Reports hearing difficulty
- **Proposed Intervention:**
  - Referral to an audiologist for further evaluation

## 9. Social Support Screening

- **Preliminary Assessment:**
  - Limited socializing due to health or emotions: Sometimes
  - Assistance when needed: Sometimes
  - Social and emotional support when needed: Sometimes
  - Speaks with family and friends every few weeks
- **Proposed Intervention:**
  - Facilitate access to social support networks and counseling

## 10. Depression Screening (PHQ)

- **Preliminary Assessment:**
  - PHQ2 Total Score: 3
  - PHQ9 Total Score: 14
  - Depression symptoms making functioning extremely difficult
- **Proposed Intervention:**
  - Immediate referral to mental health specialist
  - Continuous monitoring and support for depression
  - Suicide Alert; establish safety plan

## 11. Pain Screening

**- Preliminary Assessment:**

- Reports severe pain within the last 4 weeks

**- Proposed Intervention:**

- Pain management plan and referral to pain specialist

## 12. Tobacco, Alcohol, and Substance Use Screening

**- Preliminary Assessment:**

- Smokes cigarettes: More than 1 pack per day
- Uses stimulants
- Consumes alcohol: Every day or almost every day, 3 drinks at a time

**- Proposed Intervention:**

- Smoking cessation program
- Substance abuse counseling and support
- Alcohol use intervention and counseling

## 13. Cognitive Screening

**- Preliminary Assessment:**

- Issues with cognitive screening tasks (e.g., WORLD spelled backwards: "drlow")

**- Proposed Intervention:**

- Referral to a neurologist for further cognitive evaluation

## 14. Vision Screening

**- Preliminary Assessment:**

- Reports vision difficulty
- Last eye exam: More than 12 months ago

**- Proposed Intervention:**

- Schedule a comprehensive eye examination

## 15. Advance Directives Screening

**- Preliminary Assessment:**

- Interested in discussing living will, health care power of attorney, do not resuscitate

**- Proposed Intervention:**

- Schedule a discussion to review and establish advance directives

## 16. Chronic Care Management Screening

**- Preliminary Assessment:**

- Interested in Chronic Care Management

**- Proposed Intervention:**

- Enroll patient in Chronic Care Management (CCM) program

## 17. Medical Decision Making

**- Preliminary Assessment:**

- HCC RAF Values and recommended procedures, treatments, and preventive services noted

**- Proposed Intervention:**

- Referral to MH specialist for high/severe depression risk factors
- Offer CCM as patient meets requirements
- Implement Suicide Alert and establish safety plan