

Subjective

Pt is a 61-year-old male who was admitted 1/5 with acute respiratory failure and severe sepsis secondary to COVID-19 pneumonia. He has also had intermittent agitated delirium. He has a persistent encephalopathy, which has been improving gradually improving.

1/8: Pt extubated, but RN deferred due to respiratory status

Past Medical History: Hypertension, Diabetes type 2

Past Surgical History: Back surgery, Knee Surgery

SOCIAL: lives alone in an apt, 15 stairs to enter with railing. States he has family who is able to care for him. He walks with a cane. Pt Ind with all ADLs and IADLs prior to admission. He has a walk in shower and access to a shower chair.

Mental Status

Level of Consciousness : Alert

Safety Awareness : Poor attention

*Further assessment needed

Pain Assessment

Denies problems

Objective

Vital Signs

SpO2/Pulse Oximetry : 95 %

(Comment: 95% on room air, and after ambulation 87% but with quick recovery. Oxygen Delivery : Room air

Strength

UE ROM WFL : WFL

LE ROM WFL : WFL

B UE strength: 5/5

Vision: Intact

Treatment

Pt educated on OT and POC. Pt performed bed mobility with Sup for supine to sit. Pt at EOB BP remained stable and completed transfer to BSC with Min A. Pt O2 on BSC dropped to 84%. Pt performed toileting with Max A and returned to bed due to fatigue and desating with O2. Pt Mod A for sit to supine. In bed pt performed grooming and hygiene with setup, but required VC due to patient easily distracted. Left pt semi supine in bed with call light in reach. RN notified concerning drop in O2.

OT Assessment

Pt is a 61 y/o male admitted for respiratory compromise. Pt desats easily with mobility but quickly rebounding to 95% after returning to bed. Dr is aware for need of home oxygen for patient. Pt's problems include weakness, poor activity tolerance, difficulty with ADLs, and decreased cognitive status requiring VC at times limiting pt's ability to safely perform ADLs at home. Pt will benefit from skilled OT to increase pt's Ind with ADLs for safe d/c. Recommend d/c to acute rehab.

OT Goals

Short term goals (1 week)

- Pt will be Sup with BSC transfers with cane and No VC
- Pt will be able to state pursed lip breathing technique with no VC.
- Pt will complete Cognitive assessment

Long term Goals (2 weeks)

Pt will complete toilet transfer with Sup

Pt will complete toileting with Sup

Pt will complete toileting with Sup

OT Plan

Pt will be seen 5x per week for 1 week for ADL training, energy conservation, cognition and mobility training. Recommend d/c to acute rehab via w/c van.