Evergreen Home Health
GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

Evergreen Home Health 239350
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 08/31/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1078	**PATIENT NAME:** PEGGY DAY	**DOB:** 08/15/1936
AGENCY ASSIGNED ID: 577	**ADDRESS:** 1787 ROGERS RD, FAIRVIEW, MI 48621-	
CERTIFICATION PERIOD: 08/20/2026 to 10/18/2026	**PHONE:** (989) 808-3725	
PHYSICIAN FACE-TO-FACE DATE:		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: STEMI involving oth coronary artery of inferior wall

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	08/04/2026 Problems : STEMI involving oth coronary artery of inferior wall (I21.19)
2	Paroxysmal atrial fibrillation (I48.0)
3	Essential (primary) hypertension (I10.)
4	Hyperlipidemia, unspecified (E78.5)
5	Age-related osteoporosis w/o current pathological fracture (M81.0)
6	Sleep apnea, unspecified (G47.30)

7	Encntr for surgical aftcr following surgery on the circ sys (Z48.812)
8	Primary osteoarthritis, right hand (M19.041)
9	Contusion of left upper arm, subsequent encounter (S40.022D)
10	Obstructive sleep apnea (adult) (pediatric) (G47.33)
11	Polyneuropathy, unspecified (G62.9)
12	Body mass index [BMI] 21.0-21.9, adult (Z68.21)
13	Abnormal weight loss (R63.4)
14	Presence of coronary angioplasty implant and graft (Z95.5)
15	Long term (current) use of antithrombotics/antiplatelets (Z79.02)
16	Long term (current) use of anticoagulants (Z79.01)
17	Personal history of malignant neoplasm of breast (Z85.3)
18	Acquired absence of both cervix and uterus (Z90.710)
19	Presence of other cardiac implants and grafts (Z95.818)
20	Personal history of other venous thrombosis and embolism (Z86.718)
21	Acquired absence of other specified parts of digestive tract (Z90.49)
22	Acquired absence of other organs (Z90.89)
23	Personal history of malignant melanoma of skin (Z85.820)
24	Presence of artificial knee joint, bilateral (Z96.653)
25	limited endurance
26	08/27/2026 parameters for physician notification: temperature 101.0, heart rate 100, respiratory rate 20, blood pressure systolic 150, blood pressure diastolic 100, O2 saturation 100, pain 7
27	08/04/2026 patient_goal: (In patient's Own Words): increased strength and mobility and no longer use walker, Target Date: 10/18/2026,

28	08/26/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: ,
29	08/04/2026 teach: lifestyle modifications to manage cardiac condition including symptom management, diet changes, regular exercise, getting enough sleep, Target Date: 10/18/2026, lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 10/18/2026, low cholesterol dietary guidelines, Target Date: 10/18/2026, how to take the patient's blood pressure and record the reading, Target Date: 10/18/2026, how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities, Target Date: 10/18/2026, how to manage sleep disorder including changes to daytime habits and bedtime routine, maintaining a journal to track sleep patterns, Target Date: 10/18/2026, urinary incontinence management including bladder training, Kegel exercises, skin care, Target Date: 10/18/2026, strategies to minimize fatigue and exhaustion including work simplification, energy conservation, lifestyle changes and diet, Target Date: 10/18/2026, how to manage inflammatory process and optimize mobility with active and passive range of motion exercises, fluid and diet intake to promote healing and prevent constipation, home safety, Target Date: 10/18/2026, diet and weight-bearing exercises to promote bone healing and strengthening, fluids to prevent constipation, home safety, pain control, Target Date: 10/18/2026, pain control, therapeutic exercises to optimize range of motion of affected area, diet and fluids to promote healing, Target Date: 10/18/2026, how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, Target Date: 10/18/2026, teach patient how to self-administer medications as prescribed, Target Date: 10/18/2026, related medication(s) purpose and schedule, Target Date: 10/18/2026, symptoms requiring physician notification, Target Date: 10/18/2026, strategies to increase caloric intake, Target Date: 10/18/2026,
30	08/04/2026 goal: patient/caregiver recalls
31	* lifestyle modifications to manage respiratory condition including
32	* diet changes and regular exercise
33	* strategies to control shortness of breath
34	* home remedies to keep lungs healthy

35	* recalls related medication(s) purpose, schedule, Target Date: 10/18/2026, patient/caregiver recalls
36	* urinary incontinence management including bladder training
37	* Kegel exercises
38	* skin care
39	* recalls related medication(s) purpose, schedule, Target Date: 10/18/2026, patient/caregiver recalls
40	* strategies to minimize fatigue and exhaustion including work simplification
41	* energy conservation
42	* lifestyle changes
43	* diet
44	* recalls related medication(s) purpose, schedule, Target Date: 10/18/2026, patient's transportation needs are met, Target Date: 10/18/2026, patient/caregiver recalls
45	* lifestyle modifications to manage cardiac condition including symptom management
46	* diet changes
47	* regular exercise
48	* getting enough sleep
49	* recalls related medication(s) purpose, schedule, Target Date: 10/18/2026,
50	08/04/2026 discharge_plan: patient will be responsible for managing treatment, Target Date: 10/18/2026,

PHYSICIAN INFORMATION
PHYSICIAN NAME: SHELBY MILLER, NP
ADDRESS: 335 E HOUGHTON AVENUE, WEST BRANCH, MI 48661

PHONE: (989) 345-8120	**FAX:** 989-345-8129

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by LUBELAN, RN, SAMANTHA*
Date: _____	Date: *08/31/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.