Wells Brooke
CERTIFIED HOME HEALTH CARE

Patient Priority Code:
☐ Code 001 ☐ Code 002 ☐ Code 003

CONFIDENTIAL!
This folder contains information pertaining to your home health care. Due to the confidential nature of this record, it is for use by health care professionals only. In order to protect your right to privacy, any person (s) must have your permission to review this record.

Emergency Instructions

Fire/Police/Ambulance: CALL 911

Call an Ambulance OR go to an Emergency Room if (patient experiences):

- Unconsciousness
- Severe breathing difficulty
- Chest pain that does not stop
- Any body limb that suddenly cannot be used
- Slurred speech occurs
- Large amount of bleeding
- Severe fall or injury is suspected
- A sudden, severe pain in the head or body
- Other medical emergency symptoms

Call your Home Care Nurse OR your Doctor if (patient experiences):

- Change in behavior or level of consciousness
- Temperature above 100.8 or higher, by mouth
- No bowel movement for 3 days
- Inability to keep liquids down due to vomiting for more than 24 hours
- Diarrhea for over 24 hours
- Urinary problems
- Severe pain that is not controlled with medication
- Problems with urinary catheters, feeding tubes, or intravenous catheters
- Problems with medical equipment or supplies
- Suspected signs/symptoms of infection
- Hospitalization for any reason– CALL Home Care Nurse
- Vital signs and other findings beyond the following parameters:

  _____

  _____

  _____
- Call the Doctor for prescription refills

Doctor's Name: _____

Phone Number: _____

ER Contact Name: _____

Phone Number: _____

Address of Care Major Cross Streets:

_____

Advance Directive: ☐ Yes ☐ No **DNR:** ☐ Yes ☐ No

DNI: ☐Yes ☐ No

Your Staff
Office: 419.931.9930
Nurse: _____
Physical Therapist: _____
Occupational Therapist: _____
Speech Therapist: _____
Social Worker: _____
Home Health Aide: _____

The office is open Monday-Friday from 9:00 AM to 5:00 PM.
We have a nurse on call 24/7 at 844.241.6800

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