



Submission of Documents to Department Of Veterans Affairs

**Board Of Veterans Appeals
Litigation & Support Division
P.O. Box 27063
Washington, D.C 20038**

FAX: (844) 678-8979

Please index this submission as one .pdf

Veteran:	[REDACTED]	VSC:	VBAWACO349
C-File or SSN:	[REDACTED]		
Street Address:	[REDACTED]		
City, State, Zip:	[REDACTED]		

Date:	8/16/2025	ATTN:	Litigation and Support Intake- Docketing
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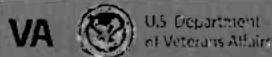
From:	Gordon A. Graham		
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Type of Document Submitted:

☐	Request for Board Hearing at VA Central Office in D.C.(Rule 703)
☐	Request for Advancement of the Docket (§20.902(c))
☒	Waiver of Time to Select a Different Board Review Option
☐	Submission of New and Relevant Evidence associated with the Instant Appeal
☒	VAF 10182 NOTICE OF DISAGREEMENT (BVA Review)
☐	Motion for Reconsideration (Rule1002)
☒	Other Appellant's Legal Brief of Fourteen (14) Pages; Fourteen (14) pages of Hospice Private Medical Records; Williams Waiver; VAF 10182

Number of Pages Submitted (NOT including this cover sheet):	Thirty (30) Pages
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VA Directive 6609, NOVEMBER 9, 2007: NOTICE! Access to Veterans records is limited to Authorized Personnel Only. Information may not be disclosed unless permitted pursuant to 38 CFR 1.500-1.599. The Privacy Act contains provisions for criminal penalties for knowingly and willingly disclosing information from the file unless properly author



DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME (First, middle initial, last) [REDACTED]	2. VETERAN'S FILE NUMBER [REDACTED]	3. VETERAN'S DATE OF BIRTH [REDACTED]
4. IF I AM NOT THE VETERAN, MY NAME IS (First, middle initial, last) [REDACTED]		5. MY DATE OF BIRTH (If I am not the Veteran) [REDACTED]
6. MY PREFERRED MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) [REDACTED] ☐ I AM EXPERIENCING HOMELESSNESS		
7. MY PREFERRED TELEPHONE NUMBER (Include Area Code) (253) 313- 5377 (law office)	8. MY PREFERRED E-MAIL ADDRESS gordon.graham@va.gov	9. MY REPRESENTATIVE'S NAME Gordon A. Graham

PART II - BOARD REVIEW OPTION (Check only one)

10. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. (For additional explanation of your options, please see the attached information and instructions.)
- ☐ 10A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal. (Choosing this option often results in the Board issuing its decision most quickly.)
- ☒ 10B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will submit to the Board with my VA Form 10182 or within the 90 days of the Board's receipt of my VA Form 10182. (Choosing this option will extend the time it takes for the Board to decide your appeal.)
- ☐ 10C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. I want the hearing type below: (Choosing this option will extend the time it takes for the Board to decide your appeal.)
- ☐ Central Office Hearing (I will attend in person in Washington, DC)
- ☐ Videoconference Hearing (I will go to a Regional Office)
- ☐ Virtual Telehearing (I will attend using an internet-connected device) (Important: Provide your e-mail address and Representative in Part I)

PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD

11. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement (e.g., service connection, disability evaluation, or effective date of award).
- ☐ Check here if you are including a request for an extension of time to file the VA Form 10182 due to good cause and then attach additional sheets explaining why you believe there is good cause for the extension.
- ☐ Check here if you are appealing a denial of benefits by the Veterans Health Administration (VHA).

A. Specific Issue(s)	B. Date of Decision
Entitlement to increase of SMC under authority of §3.350(f)(4) from L to the rate of M for the added 100% rating for Squamous Cell Carcinoma rated 100%; or	5/07/2025
Alternatively, entitlement to aid and attendance under §3.350(b)(3) due solely to squamous cell carcinoma rated at 100% during hospice from 2/06/2022 to 3/09/2022.	5/07/2025
Entitlement to SMC at the O rate under authority of §3.350(e)(i)(ii) for two conditions between L & N, no condition counted twice.	5/07/2025
Entitlement to SMC at the R(1) rate under §3.350(h).	5/07/2025
Entitlement to SMC at the R(2) rate under §3.352(b)(1)(iii)	

C. Additional Issue(s)

- ☒ Check here if you attached additional sheets. Include the Veteran's last name and the file number. pages legal brief

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

12. SIGNATURE (Appellant or appointed representative) (Ink signature) Gordon A. Graham VA #39029 POA E1P	13. DATE SIGNED 8/16/2025
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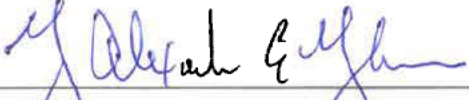
[REDACTED]

Filed under Evidence Review.

WAIVER OF TIME TO SELECT A DIFFERENT BOARD REVIEW OPTION

If you are waiving any remaining time to select a different Board review option, please check the option below.

 X I *waive* my right to select a different Board review option. *Please review my appeal as soon as possible.*



Signature
Gordon A. Graham #39029 E1P
Counsel for [REDACTED]
(surviving spouse)

8/16/2025

Date

Mail or fax this form to:

Board of Veterans'
Appeals P.O. Box 27063
Washington, DC 20038

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Dept. Of Veterans Affairs
Board of Veterans Appeals
Litigation and Support Group
P.O. Box 27063
Washington, DC 20038

August 16, 2025

Veteran: [REDACTED] XC [REDACTED]
Subject: Notice of Disagreement with the May 7, 2025, Rating Decision

Before the Department of Veterans Appeals
Appellant's Legal Brief

Appellant, the surviving spouse of the Veteran, now returns to the Board in hopes of completing her long odyssey in search of justice for him. Specifically, the Claimant disagrees with the synopsis of the May 16, 2025, Appeals Management Act (AMA) Notification Letter stating "Based on this decision, there is no change in the Veteran's prior benefits. No additional accrued benefits are payable." Paraphrased for politeness' sake, someone famous once stated 'it ain't over until the weight-challenged lady sings'. Appellant avers she has a right to one decision on appeal under §7104(a) and now asks for a *de novo* decision based on case law.

In order to illuminate the Trier of Fact and their staff attorneys of the particulars of the instant appeal and conserve scarce judicial resources, Appellant offers a brief history of the claim so far.

History of the Instant Claim

2/01/2022-- Veteran's spouse contacts VA and requests Hospice for terminally ill (squamous cell carcinoma) with residuals of hepatitis c to include need for higher level of aid and attendance.

2/06/2022-- Veteran files his 21-526 for, *inter alia*, Entitlement to service connection (SC) for Major Depressive Disorder (MDD), arthritis not otherwise specified (NOS) and entitlement to bilateral (B/L) loss of use (LOU) of the upper extremities.

2/17/2022-- Veteran files a second 526 for entitlement to SC for Squamous Cell Carcinoma (SCC) of the anus, secondary to his SC Hepatitis C.

3/09/2022-- Veteran passes away.

3/31/2022--Rating Decision (RD) grants DIC for cause of death.

4/03/2023-- RD denies, *inter alia*, SC for SCC, MDD, B/L loss of use of the upper extremities, arthritis NOS, SMC at the O rate and SMC at the R(1) rate.

4/10/2023-- Surviving spouse files supplemental claim on VAF 20-0995 for, *inter alia*, SC for SCC, arthritis NOS, MDD and B/L LOU of the upper extremities with private, Independent Medical Opinion (IMO).

11/03/2023-- RD denies all claims under §3.156(a) for lack of new and relevant evidence.

12/26/2023--Surviving Spouse files her BVA 10182 Notice of Disagreement (NOD) with the 11/03/2023 RD appealing all denials.

3/04/2025-- BVA Decision Docket No. 231226-403188 grants, *inter alia*, SC for rheumatoid and osteoarthritis, SC for B/L upper extremities due to said

arthritis, SC for a MDD and SC for SCC of the anus secondary to SC Hepatitis C.

5/07/2025-- RD grants SCC of the anus at 100% schedular, arthralgias of the upper extremities secondary to the SC Hepatitis C which was currently 100% disabling, and SC for an acquired MDD at 30%.

This Appeal ensues.

The Legal Landscape

In **Akles v. Derwinski**, 1 Vet.App. 118, 121 (1991), the Court noted VA's policy to consider SMC where applicable). See also **Bradley v. Peake**, 22 Vet. App. 280 (2008) ("Accordingly, any effective date must be based on that point in time when the evidence first supported an award of SMC, which may be well before Mr. Bradley raised the issue of his entitlement thereto. See 38 U.S.C. §§ 5110(a), 1114(s); 38 C.F.R. § 3.400(o) (2008)". See 38 C.F.R. §3.155(d)(2) (2025) (the scope of a claim includes entitlement to any ancillary benefits that arise as a result of the decision, including SMC under §3.350).

In **AB v. Brown**, 6 Vet.App. 35, 38 (1993), the Court held that applicable law mandates that when a veteran seeks an original or increased rating, it will generally be presumed that the maximum benefit allowed by law and regulation is sought, and it follows that such a claim remains in controversy where less than the maximum benefit available is awarded. See also **Tatum v. Shinseki**, 23 Vet.App. 152, 157 (2009). This duty is rooted in 38 C.F.R. §3.103(a), which requires VA to "render a decision which grants every benefit that can be supported in law while protecting the interests of the Government."

"The VA disability compensation system is not meant to be a trap for the unwary, or a stratagem to deny compensation to a veteran who has a valid claim, but who may be unaware of the various forms of compensation available to him. To the contrary, the VA has the affirmative duty to assist claimants by

informing veterans of the benefits available to them and assisting them in developing claims they may have." **Jaquay v Principi**, 304 F.3d at 1280 (2002).

In **Robinson v. Shinseki**, 557 F.3d 1355 (Fed Cir. 2009), the Court held, using the disjunctive 'or', that the Board is required to consider all issues raised either by the claimant or by the evidence of record.

SMC is available when, "as the result of service-connected disability," a veteran suffers additional hardships above and beyond those contemplated by VA's schedule for rating disabilities. See 38 U.S.C. § 1114(k)-(s). The rate of SMC "varies according to the nature of the veteran's service-connected disabilities." **Moreira v. Principi**, 3 Vet.App. 522, 524 (1992).

In **Saunders v. Wilkie**, 886 F.3d 1356, 1362–63 (Fed. Cir. 2018) the Court stated "We have recognized that the word "disability" refers to a "functional impairment, rather than the underlying cause of the impairment."

In **Breniser v. Shinseki**, 25 Vet.App. 64, 79 (2011) the Court held "Accordingly, the Court holds that a claimant who is in receipt of SMC cannot establish entitlement to a second rate of SMC under section 1114(l) based on the need for aid and attendance— and, hence, a higher rate of SMC under section 1114(o) – unless the claimant's need for aid and attendance arises from a disability other than that for which the claimant is already in receipt of SMC". *Id.* at 83.

In **Harris v. Shinseki**, 704 F.3d 946, 948-49 (Fed. Cir. 2013), the Court held VA has a duty to fully and sympathetically develop the Veteran's claim to its optimum, which includes determining all potential claims raised by the evidence and applying all relevant laws and regulations. See also **Szemraj v. Principi**, 357 F.3d 1370, 1373 (Fed. Cir. 2004); **Moody v. Principi**, 360 F.3d 1306, 1310 (Fed. Cir. 2004); **Roberson v. Principi**, 251 F.3d 1378 (Fed. Cir. 2001).

Because appellant is proceeding pro se, he is entitled to both a sympathetic reading of his informal brief and a liberal construction of his arguments. See **Calma v. Brown**, 9 Vet.App. 11,15 (1996); **De Perez v. Derwinski**, 2 Vet.App. 85, 86 (1992). Although aides from veterans' service organizations provide invaluable assistance to claimants seeking to find their way through the labyrinthine corridors of the veterans' adjudicatory system, they are "not generally trained or licensed in the practice of law." **Cook v. Brown**, 68 F.3d 447, 451 (Fed.Cir.1995).

In **Turco v. Brown**, 9 Vet. App. 222, 224 (1996), the Court held eligibility for special monthly compensation by reason of regular need for aid and attendance requires that at least one of the factors set forth in VA regulation is met, but not all.

In **Wilson v. Derwinski**, 2 Vet. App. 16, 19 (1991), the Court held "The regulation (38 CFR §3.303(b) requires continuity of symptomatology, not continuity of treatment." See also **Savage v Gober**, 10 Vet. App. 488, 495-98 (1997) "Symptoms, not treatment, are the essence of any evidence of continuity of symptomatology." *Id.* at 496. (citing **Wilson v. Derwinski**, 2 Vet. App. 16, 19 (1991)).

Discussion

To be concise, the Appellant, the deceased Veteran's surviving spouse, naturally seeks the highest and best rating possible for her husband. **AB supra**. §3.103(a) Appellant benefits from the simplicity of the gravamen of her appeal- that the Secretary failed to follow the dictates of **Akles supra** and perform a holistic assessment of the Veteran's ratings post-BVA grant- to determine if he could infer any additional ancillary benefits to Special Monthly Compensation (SMC) above that were newly assigned at 100% after the March 4, 2025, BVA decision awarding, *inter alia*, SC for squamous cell carcinoma of the anus secondary to SC hepatitis c. **Buie, Bradley**, both *supra*

Appellant does not expect, nor would she advocate that the Trier of Fact embark on an unguided safari à la Brokowski in search of what is already a matter of record. §3.304(c). Undoubtedly, further medical inquiry can be undertaken with a view towards further developing the claim. However, in this regard, the Court has cautioned VA against seeking an additional medical opinion where favorable evidence in the record is unrefuted, and indicated that it would not be permissible to undertake further development if the sole purpose was to obtain evidence against an appellant's claim. See **Mariano v. Principi**, 17 Vet. App. 305, 312 (2003).

The Secretary, in his May 16, 2025, AMA Notification letter to the surviving spouse, baldly contends there simply is no more relief or additional accrued monetary benefits payable or due. Appellant avers this is untrue. **Moreira supra**.

The Appellant now submits the hospice care records, commencing on February 1, 2022, showing the higher level of care required, the inability to accomplish activities of daily living (ADLs), the condition (or circumstance) of being bedridden and incontinent, and the total inability to protect himself from hazards or dangers incident to his daily environment. **Turco supra**.

The hospice records explicitly note that the Veteran's condition was life-limiting and that he was not only aware of the condition but had elected hospice care (page 1 of 14 pages), functional decline to dependence in 2 or more ADLs (page 2 of 14 pages), and that due to the terminal nature of the disease (cancer), he elected comfort measures only and no hospital transfer or Cardiopulmonary resuscitation measures (page 3 of 14 pages).

The nurse assigned to the hospice care, Kristine Rivera, RN, noted on page 5 of 14 pages under Activity-Degree of Physical Activity in her initial visit on February 1, 2022, "Chairfast-ability to walk severely limited or non-existent, cannot bear own weight and/or must be assisted into chair or wheelchair." As this is a "condition or circumstance" as defined in **Breniser supra** ratable under

3.350(b)(1) for loss of use, it is an inferred entitlement which requires no claim. **Bradley** *supra*.

Reasonable medical minds can only concur that the Veteran, at this point, was essentially either bedridden or nearly so, had lost the use of the B/L upper and lower extremities and was in need of the aid and attendance of another for his now-SC condition of squamous cell carcinoma of the anus. As he was already in receipt of SC for his hepatitis c residuals and entitlement to aid and attendance at the SMC L rate, any additional awards of over 50%, or additional total schedular ratings of 100% for separate and distinct disabilities involving different anatomical segments or bodily systems from the conditions establishing entitlement under 38 U.S.C. §1114 (l) through (n), would automatically invoke the **Akles** *supra* rule to infer new ancillary entitlements.

In **Breniser** *supra*, the Court held that any additional award of SMC under §1114 L through N was unavailable to the claimant based on the need of aid and attendance unless the claimant's need for aid and attendance arose from a disability other than that for which the claimant is already in receipt of SMC. Again, reasonable medical minds can only concur that the disease of anal cancer is separate and distinct from the disease of hepatitis c. Were the Veteran's cancer contemplated in the rating criteria for Diagnostic Code 7354, then this might be considered as not being separate and distinct and merely an adjunct symptom or natural progression of the SC hepatitis c disease.

In **Buie v. Shinseki**, 24 Vet. App. 242 (2010), the Court held the Secretary has a well-established duty to maximize a claimant's benefits. This duty to maximize benefits requires VA to assess all of a claimant's disabilities to determine whether any combination of disabilities establishes entitlement to SMC under 38 USC §1114. **Bradley** *supra*. Thus, Appellant submits there is no prejudice to the Veteran's Appeal were the Board to consider entitlement to SMC in the first instance *de novo*, as entitlement to this benefit turns solely on the application of law. Wherefore, Appellant waives review in the first instance below and ask the Board to do so.

Appellant submits that **Bernard v. Brown**, 4 Vet. App. 384, 394 ((1993) may be on point here were the Board to address an SMC question which has not been addressed by the AOJ, the Board must consider the potential of prejudice to the Appellant. Appellant is confident the Trier of Fact will be equitable and waives review below to the potential of said prejudice. In any event, SMC benefits "are to be accorded when a veteran becomes eligible, without need for a separate claim." Bradley 22 Vet. App at 294 (citing Akles 1 Vet App. at 121).

Here, in the instant case, the Secretary has chosen to rate the Veteran under a separate and distinct diagnostic code of DC 7343. Once again, reasonable medical minds can only concur that the condition involves a different organ (cancer of the large bowel) versus a disease involving the liver organ albeit technically within one bodily system. The task before the Board thus becomes one of dissecting **Moreira supra** in conjunction with the dictum of **Breniser supra**.

SMC is awarded for conditions beyond a total schedular rating. Here, the Veteran suffered one condition entitling him to SMC at the L rate. With the AOJ's May 5, 2025, RD, two scenarios are possible. One is the award of a bump from SMC at the L rate to M for the new 100% disability under §3.350(f)(4) or SMC at the P rate. The second alternative is to examine all the evidence of record and ascertain if a higher level yet could be awarded under the auspices of §3.103(a). **AB supra**.

For clarification's sake, **Breniser supra** held that there are only five (5) conditions (or circumstances) listed in §3.350(b) that permit an award of SMC at the L rate which might lead to further entitlement between L and N- to wit:

- 1) Loss of use of both feet
- 2) Loss of use of a hand or foot
- 3) Blindness
- 4) The need for aid and attendance of another

5) bedridden.

Appellant avers her spouse suffered from at least two (2) additional conditions (or circumstances) that provoke additional entitlement to SMC at the L rate during the pendency of his claim. The first, initial award of aid and attendance in a September 11, 2014, RD was solely for his residuals of hepatitis c. DC 7354 speaks to arthralgias and malaise. In that respect, Appellant concedes the combining of his now-service connected disease process of osteoarthritis with rheumatoid arthritis was properly subsumed within the current 100% rating under DC 7354 in the May 5, 2025, RD.

However, the implicit, unspoken determination which might explain the failure to perform an Akles- inferred review of a higher rate of SMC is the pyramiding rule under §4.14- but a discussion as to its conclusion would have been forthcoming similar to the discussion of the arthritis conditions being part and parcel of the residuals of hepatitis c.

In **McWhorter v. Derwinski**, 2 Vet.App. 133, 136 (1991), the Court held "Yet,[w]here [an] appellant has presented a legally plausible position . . . and the Secretary has failed to respond appropriately, the Court deems itself free to assume . . . the points raised by [the] appellant, and ignored by [VA], to be conceded."

Perhaps, in the present case, the Secretary, or his assigns, have made a mistake in how they choose to determine entitlements under SMC regulations and statutes. Or, in the obverse, perhaps not. Nevertheless, the Secretary has responded to the Board's grant of SC for squamous cell carcinoma of the anus by only awarding a separate and distinct compensable rating of 100% for a cancer of the anus, separate and distinct from the condition of the need for aid and attendance of another due solely to his residuals of hepatitis and cirrhosis of the liver.

From a reading of the Veteran's code sheet dated May 5, 2025, it appears the Secretary wishes to attribute cancer of the anus as a logical progression of the newly rated cirrhosis of the liver. He offers nothing- not even data and conclusions for his supposition- let alone a detailed rationale for his medical conclusion. Once again, reasonable minds would have to be trotted out to overwhelming concur that cirrhosis is a condition the liver arrives at after suffering long, extensive scarring due to the deleterious effects of his SC hepatitis.

Nowhere in medical science can it be read in to the instant case at bar, that cirrhosis of the liver is a natural predictor, or precursor, to squamous cell carcinoma of the anus; nor has the Secretary provided any peer-reviewed medical studies proving as much. Perhaps even more telling is the deceased Appellant's code sheet. Appellant's SC rating for Cirrhosis under DC 7312 makes no mention of its association with anal cancer. Considering §4.31 dictates a 0% rating when requirements for a compensable evaluation are not met, Appellant is perplexed as to how a brand new 0% rating for cirrhosis could ever be awarded in a setting of rapidly metastasizing cancer under the requirements of DC 7312. The diagnostic code specifies that a zero percent rating is awarded for being asymptomatic, but with a *history* of liver disease only. DC 7312 (2025).

In point of fact, the Secretary chose to cancel any and all examinations for medical determinations of the Veteran's symptoms post- remand from the Board based on the demise of the Veteran. This frustrates judicial review as to the application of further staged ratings entitlements under §3.350. (see note on page 3 of 4 pages of the May 5, 2025, code sheet). The Secretary fails to provide an explanation of how Veteran's pre-cancerous condition in the existing evidence of record could ever suffice for ratings purposes years later during the instant, emergent period of hospice prior to death.

§4.25(b), *inter alia*, explains thusly:

"Except as otherwise provided in this schedule, the disabilities arising from a single disease entity, e.g., arthritis, multiple sclerosis, cerebrovascular accident, etc., are to be rated separately as are all other disabling conditions, if any."

Again, reasonable minds can only concur that anal cancer is a single disease entity. The Veteran's treating oncologists opined that the squamous cell carcinoma was confined solely to the anus and had not metastasized to, nor from, the liver. As such it can be said to be a single disease entity residing in the large bowel, separate and distinct from the disease entity of hepatitis c involving a separate organ- the liver. While the anal cancer might rightfully be blamed as being secondary to the now-SC cirrhosis, the Secretary has failed to draw a line connecting the two. **McWhorter** *supra*.

A classic apples-to-apples comparison might be presumptive lung cancer. If a Veteran manifested prostate cancer and it metastasized to the lungs, it would not be considered a presumptive respiratory cancer. On the other hand, had the cancer of the lungs been confined solely to the lungs with no earlier manifestation in any other part of the body, it could be service connected. Here, the cancer manifested solely in the anal canal and sphincter and not in the liver- the unarguable progenitor of all the subsequent residuals of hepatitis c ratable under DC 7354.

Regulations are careful to state that any dual award of aid and attendance must be predicated on different bodily systems to avoid pyramiding. Cancer is a disease that can manifest anywhere in the body or in multiple places simultaneously. In order to wave the pyramiding flag under §4.14, the Secretary must show the need for aid and attendance of the cancer is being remunerated under the auspices of the current entitlement to aid and attendance for the hepatitis c. However, the liver is a different organ from the large bowel organ. While it might be said that the anus is part of the digestive system under §4.114, the presence of cancer in the anus is not per se, a compensable rating for cirrhosis as defined in DC 7312 as alleged by the Secretary. If it's separable and ratable under a different diagnostic code during an acute period for rating, then it is capable of creating a need, however temporary, under §3.352(a).

Conclusion

Appellant's surviving spouse naturally seeks the highest and best award possible for her deceased husband's conditions. She asks the Trier of Fact to render a decision which grants every benefit that can be supported in law while protecting the interests of the Government. The Death certificate certifies the Veteran died from the squamous cell carcinoma alone to the exclusion of any other disease process. Prior to his contraction of the cancer, he could ambulate somewhat. On February 1, 2022, at the beginning of his hospice, he medical assessment said he could not.

The Veteran's hospice records clearly and unmistakably diagnosed his need for aid and attendance of another to accomplish activities of daily living due solely to the anal cancer alone. Nowhere in those records was the need for aid and attendance discussed in a setting of the comorbidity of the hepatitis c. The award of entitlement to aid and attendance in 2014 was predicated solely on the residuals of hepatitis c. The addition of the carcinoma of the anus can be said to have concurrently provoked conditions (or circumstances) of separate and distinct needs for aid and attendance, diagnosed loss of use of the upper and lower extremities due to chemotherapy, or separably being bedridden-again due solely for the residuals of the anal cancer.

Reasonable minds can only concur that had the Veteran never contracted the anal cancer, he would never have needed a higher level of care commensurate with §3.352(b), nor would he be entitled to a potential second award of entitlement to SMC between the rates of L to N. The mere fact that his cancer provoked a much higher level of the need for aid and attendance, and indeed was granted as a separate and distinct award for total schedular rating of 100%, argues for a separate and distinct award of either bedridden, loss of use of extremities or the need for aid and attendance based solely on a diagnosed need for the inability to accomplish activities that comports with §§3.351(c)(3); 3.352(a).

Wherefore, Appellant feels the appeal is in equipoise and asks for the time-honored pro-Veteran canon of statutory construction most recently espoused in **Henderson v. Shinseki**, 562 U.S. 428,441 (2011) ("We have long applied the canon that provisions for benefits to members of the Armed Services are to be construed in the beneficiaries' favor.").

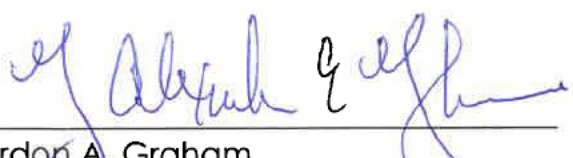
The pro-Veteran canon instructs that provisions providing benefits to veterans should be liberally construed in the veterans' favor, with any interpretative doubt resolved to their benefit. See, e.g., **King v. St. Vincent's Hosp.**, 502 U.S. 215, 220 (1991).

The Supreme Court first articulated this canon in **Boone v. Lightner** to reflect the sound policy that we must "protect those who have been obliged to drop their own affairs to take up the burdens of the nation." 319 U.S. 561, 575 (1943). This same policy underlies the entire veterans benefit scheme.

And lastly, in **Fishgold vs. Sullivan Drydock & Repair Corp.**, 328 U.S. 275, 66 S. Ct. 1105 (1946) the Supreme Court declared that veterans laws are "to be liberally construed for the benefit of those who left private life to serve their country in its hour of great need," and the Court showed us how to do so—"construe the separate provisions of the [law] as parts of an organic whole and give each as liberal a construction for the benefit of the veteran as a harmonious interplay of the separate provisions permits." The slipping stems from two words in an oft cited pro-veteran canon case, **Brown vs. Gardner**, 115 S. Ct. 552,130 (1994 : "interpretive doubt."

In **Ingram v. Nicholson**, 21 Vet. App. 232, 256-57 (2007), the Court held "It is the pro se claimant who knows that symptoms he is experiencing and that causing him disability...[and] is is the Secretary who knows the provisions of title 38 and can evaluate whether there is a potential under the law to compensate an averred disability based on a sympathetic reading of the material in a pro se submission." A claimant may satisfy this requirement by referring to a body part or system that is disabled or by describing symptoms of the disability.

Respectfully submitted,



Gordon A. Graham
Counsel for Appellant [REDACTED]
(surviving spouse of Veteran)

The above legal brief is the sole work product of Appellant's representative and contains no AI-generated information or 'unicorn' legal cites.

Attachments: Fourteen (14) pages of new and relevant probative medical records documenting just the first day of the deceased Veteran's hospice.

Visit Note Report

02/09/2022 01:35:35 PM

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
 Client DOB: [REDACTED]
 Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

General:

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE Branch Code: TSM Billable: ☒
 Agent ID: 991582 Agent Name: KRISTINE RIVERA RN Mileage Payment Method: AM Trip Fees: 0.00 Mileage Start: 0 Mileage End: 0 Mileage: 0

Time:

TRAVEL TIME	DRIVE START TIME	02/01/2022 04:30 PM	DRIVE END TIME	02/01/2022 05:29 PM
IN-HOME TIME	BEGAN	02/01/2022 05:29 PM	PAUSED	02/01/2022 06:57 PM
IN-HOME TIME	RESUMED	02/01/2022 09:10 PM	PAUSED	02/01/2022 09:58 PM
IN-HOME TIME	RESUMED	02/01/2022 10:19 PM	PAUSED	02/01/2022 10:46 PM
IN-HOME TIME	RESUMED	02/01/2022 11:46 PM	PAUSED	02/01/2022 11:59 PM
IN-HOME TIME	RESUMED	02/02/2022 12:03 AM	PAUSED	02/02/2022 02:13 AM
IN-HOME TIME	RESUMED	02/02/2022 05:22 AM	COMPLETED	02/02/2022 06:08 AM

Total In-Home Time: 5.88 Hours
 Total Drive Time: 0.99 Hours
 Total Time: 5.88 Hours

Vital Signs

Vital Signs	Reading	Time Recorded	Details	Instrument Problems
Temperature	99.4	02/01/2022 06:36 PM	TEMPORAL	N
Pulse	58	02/01/2022 06:36 PM	RADIAL	N
Pulse Characteristics:			WNL	
Respirations	16	02/01/2022 06:36 PM		N
Respiration Characteristics:			WNL	
Blood Pressure	107 / 55	02/01/2022 06:35 PM	LYING ARM - LT	N
Height	71	02/02/2022 12:35 AM		N
Weight (lbs)	140	02/02/2022 12:36 AM	SCALES	N

Emergency Preparedness

Evacuation Location	Acuity Status	Disaster Status
	CAT 2A MOD SKILL	WHEELCHAIR

Assessment

CORONAVIRUS SCREENING

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

1. HAVE YOU OR ANYONE IN YOUR HOME HAD CLOSE EXPOSURE TO A PERSON CONFIRMED OR UNDER INVESTIGATION FOR COVID-19 OR SOMEONE ILL WITH A RESPIRATORY ILLNESS IN THE PAST 14 DAYS? CLOSE CONTACT FOR EXPOSURE IS DEFINED AS BEING WITHIN APPROXIMATELY 6 FEET OF A PERSON (WITHOUT PROPER PPE) WITH A SUSPECTED OR CONFIRMED CASE OF COVID-19 FOR GREATER THAN 15 MINUTES.

2. DO YOU OR A HOUSEHOLD MEMBER CURRENTLY HAVE RESPIRATORY SYMPTOMS SUCH AS A COUGH OR SHORTNESS OF BREATH/DIFFICULTY BREATHING, OR AT LEAST TWO OF THE FOLLOWING: FEVER, CHILLS, COUGH, MUSCLE PAIN, HEADACHE, SORE THROAT, NEW LOSS OF TASTE OR SMELL, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, CONGESTION OR RUNNY NOSE, NAUSEA OR VOMITING, OR DIARRHEA? 3. HAVE YOU OR A HOUSEHOLD MEMBER TRAVELED INTERNATIONALLY WITHIN THE LAST 14 DAYS?

IS THE ANSWER YES TO ANY OF THE ABOVE QUESTIONS?

NO - PROCEED WITH YOUR VISIT AS NORMAL WITH MASK AND GLOVES

ELIGIBILITY CRITERIA

THE PATIENT MEETS THE FOLLOWING CRITERIA FOR HOSPICE ELIGIBILITY (MARK ALL THAT APPLY):

PATIENT'S CONDITION IS LIFE LIMITING
PATIENT AND FAMILY ARE AWARE OF CONDITION
PATIENT HAS ELECTED HOSPICE CARE

INDICATE PATIENT'S CURRENT MID ARM CIRCUMFERENCE MEASUREMENT (MUAC):
NOT MEASURED

INDICATE PATIENT PALLIATIVE PERFORMANCE SCORE (PPS):

40% (AMB = MAINLY IN BED, ACTIVITY = UNABLE TO DO ANY WORK, SELF CARE = TOTAL CARE, INTAKE = WNL-DECREASED, CONSCIOUSNESS = WNL-CONFUSED)

THE PATIENT SHOULD MEET MANY OF THE FOLLOWING NON-DISEASE SPECIFIC CRITERIA (MARK ALL THAT APPLY):

PATIENT HAS CLINICAL EVIDENCE OF ADVANCING ILLNESS
RECENT DECLINE IN FUNCTIONAL STATUS

INDICATE CLINICAL EVIDENCE OF ADVANCING ILLNESS (MARK ALL THAT APPLY):

LAB, RADIOLOGY, PHYSICIAN, OR NURSING ASSESSMENT SUPPORTIVE OF PROGRESSIVE DISEASE
WEIGHT LOSS OF GREATER THAN / EQUAL TO 10% OVER PAST 6 MONTHS
DECREASING ORAL INTAKE (LESS PREDICTIVE)
PAIN WITH INCREASING DOSES OF MAJOR ANALGESIA MORE THAN BRIEFLY

DOCUMENT OBJECTIVE SUPPORTING DATA OF WEIGHT LOSS OF GREATER THAN/EQUAL TO 10% OVER PAST 6 MONTHS:
UNSURE OF HOW MUCH WEIGHT HAS BEEN LOST.

RECORD TREND IN NUMBER OF MEALS/SNACKS DAILY, AS WELL AS PERCENTAGE OF PORTION OR OUNCES CONSUMED:
EATS 1 VERY SMALL MEAL A DAY WITH VERY FEW SNACKS

INDICATE DECLINE IN FUNCTIONAL STATUS (MARK ALL THAT APPLY):

FUNCTIONAL DECLINE TO DEPENDENCE IN 2 OR MORE ADL'S

INDICATE ESTIMATED TIME OF ILLNESS (DIAGNOSIS TO HOSPICE REFERRAL):

11/9/21

INDICATE PRIMARY OR SIGNIFICANT HOSPICE DIAGNOSIS/DIAGNOSES (MARK ALL THAT APPLY):

CANCER

INDICATE ANY APPLICABLE CANCER CRITERIA (MARK ALL THAT APPLY):

DECREASED PPS OR KPS PERFORMANCE STATUS
FUNCTIONAL DECLINE TO DEPENDENCE IN 2 OR MORE ADL'S
PATIENT DECLINES FURTHER CURATIVE THERAPY

INDICATE THE PAST TREATMENTS FOR CANCER (MARK ALL THAT APPLY):

RADIATION
CHEMOTHERAPY

INDICATE ESTIMATED TIME OF ILLNESS (CANCER DIAGNOSIS TO HOSPICE REFERRAL):

OVER 3 MONTHS

HEALTH HISTORY

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

(F2000A) CPR PREFERENCE: WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCE REGARDING THE USE OF CARDIOPULMONARY RESUSCITATION (CPR) - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

PATIENT CPR PREFERENCES (MARK ALL THAT APPLY)

FULL CODE

(F2000B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCE REGARDING THE USE OF CPR:

2/1/2022

(F2100A) WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCES REGARDING LIFE-SUSTAINING TREATMENTS OTHER THAN CPR? - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

PATIENT'S PREFERENCE REGARDING LIFE-SUSTAINING TREATMENTS OTHER THAN CPR (MARK ALL THAT APPLY)

COMFORT MEASURES ONLY

(F2100B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCES REGARDING LIFE-SUSTAINING TREATMENTS OTHER THAN CPR:

2/1/2022

(F2200A) WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCE REGARDING HOSPITALIZATION? - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

PATIENT'S PREFERENCES REGARDING HOSPITALIZATION (MARK ALL THAT APPLY)

PATIENT PREFERS NO HOSPITAL TRANSFER

(F2200B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCE REGARDING HOSPITALIZATION:

2/1/2022

(HQS) DOES THE PATIENT HAVE DOCUMENTED ADVANCED DIRECTIVES?

NO

(HQS) DOES THE PATIENT HAVE A SURROGATE DECISION-MAKER? (Y/N)

YES

INDICATE SURROGATE DECISION-MAKER NAME.

SUE MENDENHALL

ENVIRONMENTAL

INDICATE ANY SAFETY/SANITATION CONCERNS (MARK ALL THAT APPLY):

NO CONCERNS

IS OXYGEN ORDERED CONTINUOUSLY, INTERMITTENTLY, OR PRN?

NO

INDICATE ANY POTENTIAL PATIENT IMPAIRED LEARNING CONCERNS (MARK ALL THAT APPLY):

NO CONCERNS

INDICATE ANY POTENTIAL CAREGIVER IMPAIRED LEARNING CONCERNS (MARK ALL THAT APPLY):

NO CONCERNS

HEAD/NECK/EENT

INDICATE ABNORMAL HEAD/NECK/EENT FINDINGS (MARK ALL THAT APPLY):

HEARING DEFICIT

INDICATE EARS AFFECTED BY A HEARING DEFICIT

BOTH EARS

DOES THE PATIENT WEAR HEARING AIDES?

YES

INDICATE IN WHICH EARS HEARING AIDES ARE WORN:

BOTH EARS

PAIN

ALL PATIENTS MUST BE SCREENED FOR PAIN.

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

(J0900A) WAS THE PATIENT SCREENED FOR PAIN?

1. YES

(J0900B) DATE OF THE FIRST SCREENING FOR PAIN:

2/1/2022

(J0900D) TYPE OF STANDARDIZED PAIN TOOL USED:

1. NUMERIC

INDICATE PATIENT PAIN SCALE RATING:

5

(J0910A) WAS A COMPREHENSIVE PAIN ASSESSMENT DONE?

1. YES

(J0910B) DATE OF COMPREHENSIVE PAIN ASSESSMENT:

2/1/2022

(J0910C1) ASSESSING LOCATION?

1. YES

INDICATE LOCATION OF PAIN: (MARK ALL THAT APPLY)

ABDOMEN

BACK

GENERALIZED

HIP

OTHER

INDICATE OTHER LOCATION OF PAIN:

RECTUM

(J0910C2) ASSESSING SEVERITY?

1. YES

(J0910C3) ASSESSING CHARACTER?

1. YES

HOW DOES THE PATIENT DESCRIBE THE CHARACTER OF PAIN: (MARK ALL THAT APPLY)

ACHING

BURNING

STABBING

(J0910C4) ASSESSING DURATION?

1. YES

INDICATE DURATION OF PATIENT'S PAIN:

CONTINUOUS

(J0910C5) ASSESSING FREQUENCY?

1. YES

FREQUENCY OF PAIN INTERFERING WITH PATIENT'S ACTIVITY OR MOVEMENT:

ALL OF THE TIME

(J0910C6) ASSESSING WHAT RELIEVES/WORSENS PAIN?

1. YES

INDICATE WHAT RELIEVES PAIN: (MARK ALL THAT APPLY)

MEDICATIONS

POSITIONING

REST/SLEEP

INDICATE WHAT MAKES PAIN WORSE (MARK ALL THAT APPLY):

CERTAIN POSITIONS

VARIES ACCORDING TO TIME OF DAY

(J0910C7) ASSESSING THE EFFECT ON FUNCTION OR QUALITY OF LIFE?

1. YES

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

INDICATE EFFECTS OF THE PAIN ON QUALITY OF LIFE INDICATORS (MARK ALL THAT APPLY):

ABILITY TO ENJOY ACTIVITIES / HOBBIES
APPETITE
CONCENTRATION
EMOTIONS
FUNCTIONAL STATUS
MOBILITY
SLEEP / REST DISTURBANCE

(J0900C) THE PATIENT'S PAIN SEVERITY WAS:

2. MODERATE

(J0905) IS PAIN AN ACTIVE PROBLEM FOR THE PATIENT?

1. YES

DO CURRENT PAIN RELIEF MEASURES PROVIDE AN ACCEPTABLE LEVEL OF PAIN RELIEF, PER PATIENT/CAREGIVER PREFERENCE?

NO

DESCRIBE ACTIONS TAKEN TO ASSIST PATIENT WITH PAIN RELIEF.

OFFERED MORPHINE FOR BREAKTHROUGH PAIN AND PATIENT REFUSED

WERE PAIN RELIEF INTERVENTIONS PERFORMED DURING THE VISIT?

NO

BRADEN RISK ASSESSMENT

SENSORY PERCEPTION - ABILITY TO RESPOND MEANINGFULLY TO PRESSURE-RELATED DISCOMFORT

4. NO IMPAIRMENT - RESPONDS TO VERBAL COMMANDS. HAS NO SENSORY DEFICIT WHICH WOULD LIMIT ABILITY TO FEEL OR VOICE PAIN OR DISCOMFORT

MOISTURE - DEGREE TO WHICH SKIN IS EXPOSED TO MOISTURE

4. RARELY MOIST - SKIN IS USUALLY DRY. LINEN ONLY REQUIRES CHANGING AT ROUTINE INTERVALS

ACTIVITY - DEGREE OF PHYSICAL ACTIVITY

2. CHAIRFAST - ABILITY TO WALK SEVERELY LIMITED OR NON-EXISTENT. CANNOT BEAR OWN WEIGHT AND/OR MUST BE ASSISTED INTO CHAIR OR WHEELCHAIR

MOBILITY - ABILITY TO CHANGE AND CONTROL BODY POSITION

3. SLIGHTLY LIMITED - MAKES FREQUENT THOUGH SLIGHT CHANGES IN BODY OR EXTREMITY POSITION INDEPENDENTLY

NUTRITION - USUAL FOOD INTAKE PATTERN

1. VERY POOR - NEVER EATS A COMPLETE MEAL. RARELY EATS MORE THAN 1/3 OF ANY FOOD OFFERED. EATS 2 SERVINGS OR LESS OF PROTEIN (MEAT OR DAIRY PRODUCTS) PER DAY. TAKES FLUIDS POORLY. DOES NOT TAKE A LIQUID DIETARY SUPPLEMENT, OR IS NPO AND/OR MAINTAINED ON CLEAR LIQUIDS OR IV FOR MORE THAN 5 DAYS

FRICTION AND SHEAR

2. POTENTIAL PROBLEM - MOVES FEEBLY OR REQUIRES MINIMUM ASSISTANCE. DURING A MOVE SKIN PROBABLY SLIDES TO SOME EXTENT AGAINST SHEETS, CHAIR, RESTRAINTS, OR OTHER DEVICES. MAINTAINS RELATIVELY GOOD POSITION IN CHAIR OR BED MOST OF THE TIME BUT OCCASIONALLY SLIDES DOWN

TOTAL SCORE (PATIENTS WITH A TOTAL SCORE OF LESS THAN 19 ARE CONSIDERED TO BE AT RISK OF DEVELOPING PRESSURE ULCERS):

16

BASED ON THE SCORE, THE RISK LEVEL FOR THIS PATIENT IS:

AT RISK

INTEGUMENTARY - ICG

INDICATE INTEGUMENTARY FINDINGS: (MARK ALL THAT APPLY)

RASH

INDICATE LOCATION OF RASH:

RIGHT UPPER THIGH, LLE

CARDIOVASCULAR

INDICATE CARDIOVASCULAR ASSESSMENT FINDINGS (MARK ALL THAT APPLY):

NO ABNORMAL CARDIOVASCULAR FINDINGS IDENTIFIED

INDICATE THE PATIENT'S CURRENT NEW YORK HEART ASSOCIATION (NYHA) FUNCTIONAL CLASSIFICATION:

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

N/A

RESPIRATORY

ALL PATIENTS MUST BE SCREENED FOR SHORTNESS OF BREATH.

(J2030A) WAS THE PATIENT SCREENED FOR SHORTNESS OF BREATH?

1. YES

(J2030B) DATE OF FIRST SCREENING FOR SHORTNESS OF BREATH:

2/1/2022

(J2030C) DID THE SCREENING INDICATE THE PATIENT HAD SHORTNESS OF BREATH?

0. NO

INDICATE ANY ADDITIONAL ABNORMAL RESPIRATORY FINDINGS (MARK ALL THAT APPLY)

ABNORMAL BREATH SOUNDS

INDICATE ABNORMAL BREATH SOUNDS (MARK ALL THAT APPLY):

DIMINISHED BREATH SOUNDS

DOES PATIENT HAVE CURRENT OR PAST HISTORY OF USE/EXPOSURE TO TOBACCO SMOKE?

NO

GENITOURINARY

INDICATE GENITOURINARY FINDINGS: (MARK ALL THAT APPLY)

PROSTATE DISEASE

GASTROINTESTINAL

INDICATE GASTROINTESTINAL FINDINGS (MARK ALL THAT APPLY):

ABDOMINAL PAIN

ANOREXIA

BOWEL INCONTINENCE

CONSTIPATION

DYSPHAGIA

NAUSEA/VOMITING

RECTAL BLEEDING

IS THE PATIENT TAKING A NUTRITIONAL SUPPLEMENT?

NO

DOES THE PATIENT USE LAXATIVES?

NO

INDICATE TYPE OF NAUSEA/VOMITING

BOTH

INDICATE CURRENT TREATMENT FOR NAUSEA / VOMITING (MARK ALL THAT APPLY):

MEDICATIONS

INDICATE DATE OF LAST BM:

1/30/2022

INDICATE USUAL BOWEL HABITS:

EVERY THREE DAYS

NUTRITIONAL

INDICATE NUTRITIONAL ASSESSMENT FINDINGS (MARK ALL THAT APPLY)

PATIENT HAS AN ILLNESS OR CONDITION WHICH MADE HIM/HER CHANGE THE KIND AND/OR AMOUNT OF FOOD THEY EAT

PATIENT EATS FEWER THAN 2 MEALS PER DAY

PATIENT EATS FEW FRUITS AND VEGETABLES, OR MILK PRODUCTS

PATIENT TAKES 3 OR MORE PRESCRIBED OR OVER THE COUNTER DRUGS PER DAY

PATIENT DRINKS LESS THAN FOUR GLASSES OF WATER PER DAY

IMMUNOLOGIC/ENDOCRINE/HEMATOPOIETIC

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 8/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

INDICATE IMMUNOLOGIC FINDINGS (MARK ALL THAT APPLY)

CYCLIC, EPISODIC FEVER
IMMUNE COMPROMISED
MALAISE

INDICATE ENDOCRINE/HEMATOPOIETIC FINDINGS (MARK ALL THAT APPLY)

NO PROBLEMS IDENTIFIED

IS THE PATIENT TAKING AN ANTICOAGULANT?

NO

NEUROLOGIC

INDICATE PATIENT'S MENTAL STATUS: (MARK ALL THAT APPLY):

ALERT
ORIENTED TO PERSON
ORIENTED TO PLACE
ORIENTED TO TIME

INDICATE ABNORMAL NEUROLOGIC FINDINGS:

NONE

INDICATE THE PATIENT'S POSTURE AND BEHAVIOR (MARK ALL THAT APPLY):

NO ABNORMAL POSTURE OR BEHAVIOR OBSERVED

INDICATE THE PATIENT'S APPEARANCE WITH REGARD TO DRESS/GROOMING/PERSONAL HYGIENE (MARK ALL THAT APPLY):

NO ABNORMAL DRESS/GROOMING/PERSONAL HYGIENE IDENTIFIED

INDICATE PATIENT'S MOOD/AFFECT (MARK ALL THAT APPLY - RECERT)

NO ABNORMAL MOOD/AFFECT IDENTIFIED

INDICATE ALL OBSERVED PSYCHIATRIC SYMPTOMS (MARK ALL THAT APPLY):

NO ABNORMAL PSYCHIATRIC SYMPTOMS IDENTIFIED

INDICATE ALL OBSERVED ABNORMAL COGNITIVE FUNCTIONS: (MARK ALL THAT APPLY)

NO ABNORMAL COGNITIVE FUNCTIONS IDENTIFIED

FALLS

AGE 65+

YES

INDICATE FALL RISK

DIAGNOSIS (3 OR MORE CO-EXISTING) -- INCLUDES ONLY DOCUMENTED MEDICAL DIAGNOSIS

NO

PRIOR HISTORY OF FALLS WITHIN 3 MONTHS -- AN UNINTENTIONAL CHANGE IN POSITION RESULTING IN COMING TO REST ON THE GROUND OR AT A LOWER LEVEL

NO

INCONTINENCE -- INABILITY TO MAKE IT TO THE BATHROOM OR COMMODE IN TIMELY MANNER INCLUDES FREQUENCY, URGENCY, AND/OR NOCTURIA

YES

VISUAL IMPAIRMENT -- INCLUDES BUT NOT LIMITED TO, MACULAR DEGENERATION, DIABETIC RETINOPATHIES, VISUAL FIELD LOSS, AGE RELATED CHANGES, DECLINE IN VISUAL ACUITY, ACCOMMODATION, GLARE TOLERANCE, DEPTH PERCEPTION, AND NIGHT VISION OR NOT WEARING PRESCRIBED GLASSES OR HAVING THE CORRECT PRESCRIPTION

NO

IMPAIRED FUNCTIONAL MOBILITY -- MAY INCLUDE PATIENTS WHO NEED HELP WITH IADLs OR ADLs OR HAVE GAIT OR TRANSFER PROBLEMS, ARTHRITIS, PAIN, FEAR OF FALLING, FOOT PROBLEMS, IMPAIRED SENSATION, IMPAIRED COORDINATION OR IMPROPER USE OF ASSISTIVE DEVICES

YES

ENVIRONMENTAL HAZARDS -- MAY INCLUDE BUT NOT LIMITED TO, POOR ILLUMINATION, EQUIPMENT TUBING, INAPPROPRIATE FOOTWEAR, PETS, HARD TO REACH ITEMS, FLOOR SURFACES THAT ARE UNEVEN OR CLUTTERED, OR OUTDOOR ENTRY AND EXITS

YES

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 6/27/1951
Insured ID: 4WD0AG5PK09 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

POLY PHARMACY (4 OR MORE PRESCRIPTIONS - ANY TYPE) - ALL PRESCRIPTIONS INCLUDING PRESCRIPTIONS FOR OTC MEDS, DRUGS HIGHLY ASSOCIATED WITH FALL RISK INCLUDE BUT NOT LIMITED TO, SEDATIVES, ANTI-DEPRESSANTS, TRANQUILIZERS, NARCOTICS, ANTIHYPERTENSIVES, CARDIAC MEDS, CORTICOSTEROIDS, ANTI-ANXIETY DRUGS, ANTICHOLINERGIC DRUGS, AND HYPOGLYCEMIC DRUGS.
YES

PAIN AFFECTING LEVEL OF FUNCTION -- PAIN OFTEN AFFECTS AN INDIVIDUAL'S DESIRE OR ABILITY TO MOVE, OR PAIN CAN BE A FACTOR IN DEPRESSION OR COMPLIANCE WITH SAFETY RECOMMENDATIONS.
YES

COGNITIVE IMPAIRMENT -- COULD INCLUDE PATIENTS WITH DEMENTIA, ALZHEIMER'S OR STROKE PATIENTS, OR PATIENTS WHO ARE CONFUSED, USE POOR JUDGMENT, HAVE DECREASED COMPREHENSION, IMPULSIVITY, MEMORY DEFICITS, CONSIDER PATIENTS ABILITY TO ADHERE TO THE PLAN OF CARE.
NO

ACCORDING TO THE MAHC 10 FALL RISK ASSESSMENT, THIS PATIENT'S SCORE IS:
6

BASED ON THE SCORE, THE PATIENT IS:
AT RISK FOR FALLING

DOES THE PATIENT HAVE A LACK OF A 24 HOUR CAREGIVER AND/ AT A HIGH RISK FOR FALLS OR HAVE THEY HAD RECENT FALLS IN THE HOME?
NO

FUNCTIONAL

INDICATE MUSCULOSKELETAL ASSESSMENT (MARK ALL THAT APPLY):
DECREASED STRENGTH
GAIT ABNORMALITY

IN WHAT EXTREMITIES DOES DECREASED STRENGTH EXIST (MARK ALL THAT APPLY):
UPPER BILAT EXTREMITIES
LOWER BILAT EXTREMITIES
BACK

TYPE OF GAIT ABNORMALITY
UNSTEADINESS
WALKING DIFFICULTY

INDICATE MOBILITY ASSESSMENT FINDINGS:
TRANSFERS BED TO CHAIR WITH MAXIMAL ASSISTANCE

INDICATE ADLS REQUIRING ASSISTANCE:
HOUSEKEEPING
SHOPPING
MEAL PREP
FEEDING

INDICATE ADLS REQUIRING ASSISTANCE:
BATHING
DRESSING
GROOMING
TOILETING

EQUIPMENT/SUPPLIES

INDICATE EXISTING EQUIPMENT/SUPPLIES OWNED BY PATIENT (MARK ALL THAT APPLY):
BEDSIDE COMMODE
OTHER (SPECIFY)

INDICATE OTHER EXISTING EQUIPMENT/SUPPLIES OWNED BY PATIENT.
ROLLATOR WALKER

IS EQUIPMENT IN SAFE AND WORKING ORDER?
YES

INDICATE EQUIPMENT/SUPPLIES ORDERED BY HOSPICE (MARK ALL THAT APPLY):
N/A

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
Client DOB: 8/27/1951
Insured ID: 4WD0AG5PK08 Primary Payor: 201-PALMETTO-HOSPICE

Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

PROVIDER

INDICATE ALL INSTRUCTIONS/MATERIALS PROVIDED TO PATIENT/CAREGIVER: (MARK ALL THAT APPLY)

PATIENT BILL OF RIGHTS/RESPONSIBILITIES
STATE HOME HEALTH/HOSPICE HOT LINE NUMBER
EXPLANATION/ASSIGNMENT OF BENEFITS
STATEMENT OF PRIVACY RIGHTS / MEDICAL RECORD ACCESS
ADVANCE DIRECTIVES
AGENCY PHONE NUMBERS
AGENCY SERVICES
COSTS / BILLING FOR SERVICES
EMERGENCY RESPONSE PLAN
FIRE/EVACUATION RESPONSE PLAN
HOSPICE PLAN OF CARE
PATIENT SAFETY INFORMATION
REVIEWED MEDICATION REGIMEN
JOINT COMMISSION HOTLINE NUMBER
OXYGEN SAFETY

INDICATE WHO RECEIVED AGENCY MATERIALS (MARK ALL THAT APPLY):

PATIENT
FAMILY

WERE AGENCY PHONE NUMBERS DISPLAYED IN AN EASY-TO-SEE AREA NEAR THE PHONE?

YES

INDICATE TELEPHONE CALL TO PHYSICIAN TO DISCUSS PLAN OF CARE:

YES

CONFERENCE WITH (MARK ALL THAT APPLY) (MUST INCLUDE ONE ADDITIONAL IDG MEMBER):

MEDICAL DIRECTOR

SOCIAL SUPPORT

IS THE PATIENT/CAREGIVER OPEN TO VOLUNTEER SERVICES, INCLUDING PHONE CALLS, TO MEET SOCIAL/FAMILY SUPPORT NEEDS?

YES

INDICATE WHICH VOLUNTEER SERVICES THE PATIENT/FAMILY IS OPEN TO RECEIVE (MARK ALL THAT APPLY):

"TUCK IN" PHONE CALLS

(F3000A) WAS THE PATIENT/CAREGIVER ASKED ABOUT SPIRITUAL/EXISTENTIAL CONCERNS? - SELECT THE MOST ACCURATE RESPONSE.

1. YES, AND DISCUSSION OCCURRED

(F3000B) DATE THE PATIENT AND/OR CAREGIVER WAS FIRST ASKED ABOUT SPIRITUAL/EXISTENTIAL CONCERNS:

2/1/2022

INDICATE SPIRITUAL/EXISTENTIAL CONCERNS OF PATIENT AND/OR CAREGIVER(S) MARK ALL THAT APPLY:

NO SPIRITUAL/EXISTENTIAL CONCERNS PRESENTED BY PATIENT AND/OR CAREGIVER(S)

IS PATIENT ACCEPTING CHAPLAIN SERVICES?

YES

IS PATIENT ACCEPTING SOCIAL WORK SERVICES?

YES

CASE CONFERENCE WITH MSS REGARDING OPTIONS FOR IDENTIFIED POTENTIAL PROBLEMS AREAS

N/A

DEPRESSION/SUICIDE RISK

DO YOU WANT TO CONDUCT A DEPRESSION ASSESSMENT THIS VISIT?

NO

SAFETY

INDICATE ABUSE/NEGLECT (ACTUAL/POTENTIAL) (MARK ALL THAT APPLY):

NO ACTUAL/POTENTIAL ABUSE/NEGLECT IDENTIFIED

Visit Note Report

Client: [REDACTED] MR No: TSM00251558402 Legacy MR No:
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Assessment

INDICATE PLAN OF CARE COMPLIANCE RISK FACTORS (MARK ALL THAT APPLY):

NO RISK FACTORS PRESENT

CLIENT DEMOGRAPHICS

(A1000) RACE/ETHNICITY (CHECK ALL THAT APPLY)

F. WHITE

(A1802) ADMITTED FROM IMMEDIATELY PRECEDING THIS ADMISSION. WHERE WAS THE PATIENT?

01. COMMUNITY RESIDENTIAL SETTING (E.G. PRIVATE HOME/APT., BOARD/CARE, ASSISTED LIVING, GROUP HOME, ADULT FOSTER CARE)

(HOS) IS THE PATIENT A VETERAN?

YES

(HOS) LOCATION OF CARE:

HOME- PRIVATE RESIDENCE OF THE PATIENT OR CAREGIVER

(HOS) WHAT IS THE PATIENT'S RACE (FOR ANNUAL REPORTING PURPOSES)?

CAUCASIAN

MEDICATIONS

(N0500A) WAS A SCHEDULED OPIOID INITIATED OR CONTINUED?

1. YES

(N0500B) DATE SCHEDULED OPIOID INITIATED OR CONTINUED:

2/1/2022

ALL INITIATED OR CONTINUED SCHEDULED OPIOIDS MUST HAVE A PHYSICIAN ORDER THAT IS OBTAINED BY THE HOSPICE AGENCY.

(N0510A) WAS A PRN OPIOID INITIATED OR CONTINUED?

1. YES

(N0510B) DATE OF PRN OPIOID INITIATED OR CONTINUED:

2/1/2022

ALL INITIATED OR CONTINUED PRN OPIOIDS MUST HAVE A PHYSICIAN ORDER THAT IS OBTAINED BY THE HOSPICE AGENCY.

(N0520A) WAS A BOWEL REGIMEN INITIATED OR CONTINUED? - SELECT THE MOST ACCURATE RESPONSE.

2. YES

(N0520B) DATE BOWEL REGIMEN INITIATED OR CONTINUED:

2/1/2022

ALL INITIATED OR CONTINUED BOWEL REGIMEN TREATMENTS MUST HAVE A PHYSICIAN ORDER OBTAINED BY THE HOSPICE AGENCY.

INDICATE DRUG THERAPY EFFECTIVENESS

THE PATIENT IS EXPERIENCING NO OBVIOUS INEFFECTIVE DRUG THERAPY FROM MEDICATIONS LISTED ON THE MEDICATION RECORD.

INDICATE DRUG THERAPY SIGNIFICANT SIDE EFFECTS

THE PATIENT IS EXPERIENCING NO OBVIOUS SIDE EFFECTS FROM MEDICATIONS LISTED ON THE MEDICATION RECORD.

INDICATE DRUG INTERACTIONS

THE PATIENT IS EXPERIENCING NO OBVIOUS DRUG INTERACTIONS FROM MEDICATIONS LISTED ON THE MEDICATION RECORD.

INDICATE DUPLICATE DRUG THERAPY

THE PATIENT IS EXPERIENCING NO OBVIOUS DUPLICATE DRUG THERAPY IN MEDICATIONS LISTED ON THE MEDICATION RECORD.

INDICATE COMPLIANCE WITH DRUG THERAPY

THE PATIENT IS COMPLIANT WITH ALL MEDICATIONS LISTED ON THE MEDICATION RECORD.

IS PATIENT/CAREGIVER KNOWLEDGEABLE ON THE EFFECTIVENESS OF DRUG THERAPY, DRUG REACTIONS, SIDE EFFECTS, AND HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR ON ALL CURRENT MEDICATIONS?

YES

WAS MD NOTIFIED OF MEDICATION ISSUES FOUND DURING REVIEW?

N/A

WAS PATIENT INSTRUCTED ON ALL HIGH RISK MEDICATIONS?

Visit Note Report

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Visit Date: 02/01/2022 Visit Number: 1 Visit Type: RN00H - HOSPICE RN START OF CARE

Assessment

YES

WHICH MEDICATIONS WERE INSTRUCTED ON:

OXYCODONE, MORPHINE, LORAZEPAM

PATIENT/CAREGIVER VERBALIZED UNDERSTANDING.

YES

DO YOU HAVE ANY CONCERNS ABOUT HAVING UNSECURED NARCOTIC (OPIOID) MEDICATIONS IN YOUR HOME?

NO

CARE COORDINATION

INDICATE THE PATIENT'S KNOWLEDGE/UNDERSTANDING OF DISEASE PROCESS (MARK ALL THAT APPLY)

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF DISEASE PROCESS

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF PROGNOSIS

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF RESUSCITATION STATUS

INDICATE THE CAREGIVER'S KNOWLEDGE/UNDERSTANDING OF DISEASE PROCESS (MARK ALL THAT APPLY)

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF DISEASE PROCESS

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF PROGNOSIS

DEMONSTRATES KNOWLEDGE/UNDERSTANDING OF RESUSCITATION STATUS

INDICATE IF YOU COMMUNICATED WITH OTHER DISCIPLINES/INDIVIDUALS INVOLVED IN THIS CASE.

YES

INDICATE NAME AND RELATIONSHIP OF PERSON CONFERENCED WITH.

WIFE SUE, EBONY MSW

INDICATE SUBJECT DISCUSSED AND RESPONSE.

PATIENT STATUS AND POC

HAS THE PATIENT/CAREGIVER BEEN INVOLVED IN THE PLAN OF CARE DEVELOPMENT?

YES

ESAS

(HQS) WHAT IS PATIENT'S IDENTIFIED PAIN RATING (0-10) AT END OF THIS VISIT?

5

(HQS) WHAT IS THE PATIENT'S IDENTIFIED PAIN GOAL (0-10) AT THE END OF THIS VISIT.

4

(HQS) WHAT IS THE PATIENT'S IDENTIFIED DYSPNEA RATING (0-10) AT THE END OF THIS VISIT?

0

(HQS) WHAT IS THE PATIENT'S IDENTIFIED DYSPNEA GOAL (0-10) AT THE END OF THIS VISIT?

4

FINANCIAL

(A1400) PAYOR INFORMATION (CHECK ALL THAT APPLY)

A. MEDICARE (TRADITIONAL FEE-FOR-SERVICE)

EOB ADDENDUM

ON THIS DATE, DID THE PATIENT/REPRESENTATIVE REQUEST TO RECEIVE AN EOB ADDENDUM/PATIENT NOTIFICATION OF HOSPICE NON-COVERED ITEMS, SERVICES, AND DRUGS FORM, IF APPLICABLE?

NO

Narrative

PLEASANT 70 Y/O MALE ADMITTED TO HOSPICE WITH DIAGNOSIS OF SQUAMOUS CELL CARCINOMA OF ANAL SKIN. A&O X 3, PPS 40%, FUNCTIONAL DECLINE TO DEPENDENCE OF 5/6 ADLS. HE WAS DIAGNOSED WITH ANAL CANCER ON 11/9/21, AND ONLY ABLE TO TOLERATE CHEMOTHERAPY FOR A WEEK THEN DECIDED TO STOP D/T NEGATIVE SIDE EFFECTS. PATIENT HAS A LONG HISTORY OF CHRONIC PAIN, WEAKNESS, DIFFICULTY WITH AMBULATION, NAUSEA, CONFUSION, ABDOMINAL PAIN FIBROMYALGIA, CHRONIC RASHES AND NEUROLOGIC DISORDERS. PATIENT STATES HE BELIEVES THAT IT IS ALL DUE TO AGENT ORANGE THAT HE WAS EXPOSED TO DURING VIETNAM. HE SPENDS MOST OF HIS TIME IN BED SLEEPING, MOD ASSIST WITH TRANSFERS. HE HAS A DECREASED APPETITE AND EATS FEW BITES OF ONE MEAL. RATES PAIN 5/10 TO BACK, RECTUM, BILATERAL HIP AND KNEES AND ABDOMEN. RESIDES AT HOME WITH HIS WIFE WHO IS HIS CARETAKER. DISCUSSED HOSPICE PHILOSOPHY. PATIENT AND WIFE AWARE THAT THEY ARE NOT TO CALL 911, HE IS A FULL CODE. PLAN TO MONITOR PAIN CONTROL AND PROVIDE SUPPORT TO PATIENT AND FAMILY.

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Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER(S) HOW TO MONITOR PAIN USING PAIN SCALE.

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER HOW TO MONITOR PAIN USING PAIN SCALE

2. INSTRUCT ADMINISTRATION AND SIDE EFFECTS OF PAIN MEDICATIONS.

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER IN ADMINISTRATION AND SIDE EFFECTS OF PAIN MEDICATIONS

3. INSTRUCT BOWEL PROTOCOL, NEED TO REPORT IF NO BM IN 3 DAYS OR A CHANGE IN NORMAL PATTERN

DETAILS/COMMENTS: INSTRUCTED BOWEL PROTOCOL, NEED TO REPORT IF NO BM IN 3 DAYS OR A CHANGE IN NORMAL PATTERN

4. INITIATE FALL PRECAUTIONS TO MINIMIZE INCIDENT OF FALLS.

DETAILS/COMMENTS: INITIATED FALL PRECAUTIONS TO MINIMIZE INCIDENT OF FALLS

5. O/A PATIENT'S FUNCTIONAL STATUS, POSSIBLE SAFETY HAZARDS IN PATIENT'S LIVING AREA

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER ON SAFETY MEASURES TO PREVENT INJURY OR FALLS.

6. INSTRUCT ON AVAILABILITY OF THE NURSE ON CALL 24 HOURS/DAY FOR SUPPORT THROUGH DYING PROCESS

DETAILS/COMMENTS: INSTRUCTED PATIENT/CAREGIVER ON AVAILABILITY OF THE NURSE ON CALL 24 HOURS/DAY FOR SUPPORT THROUGH DYING PROCESS

7. DISCUSSED PLAN OF CARE, FREQUENCY, AND DISCIPLINES WITH PATIENT/CAREGIVER.

DETAILS/COMMENTS: DISCUSSED PROPOSED FREQUENCY AND PLAN OF CARE

Interventions Not Provided

1. INSTRUCT CARE TO REDUCE EDEMA, RELAXATION TECHNIQUES, ELEVATION OF HEAD OF BED
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

2. INSTRUCT USE OF OXYGEN FOR COMFORT MEASURES. (IF ORDERS FOR OXYGEN EXIST).
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

3. INSTRUCT PATIENT/CAREGIVER ON SIGNS / SYMPTOMS OF DYING
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

4. INSTRUCT MANAGEMENT OF SYMPTOMS THROUGHOUT DYING PROCESS
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

5. ASSESS SIGNS / SYMPTOMS OF DEATH AND DYING.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

6. TREATMENTS PROVIDED ON THIS VISIT PER PHYSICIAN ORDERS.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

7. REVIEW HOSPICE PLAN OF CARE WITH FACILITY STAFF
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

8. REVIEW RESPONSIBILITIES OF NURSING FACILITY STAFF REGARDING HOSPICE PATIENT'S PLAN OF CARE
EXCEPTION CODE: NOT APPLICABLE TO CLIENT'S POC

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Goals Met

1. PATIENT / CAREGIVER(S) VERBALIZES UNDERSTANDING OF PAIN SCALE
2. PATIENT / CAREGIVER(S) VERBALIZES UNDERSTANDING OF THE ADMINISTRATION AND SIDE EFFECTS OF PAIN MEDICATION
3. PATIENT / CAREGIVER(S) UNDERSTANDS NEED TO REPORT CHANGES IN PAIN LEVEL TO HOSPICE RN
4. PATIENT / CAREGIVER(S) UNDERSTANDS THE CAUSE(S) OF PAIN
5. PATIENT / CAREGIVER(S) VERBALIZE UNDERSTANDING OF BOWEL PROTOCOL, NEED TO REPORT CHANGES TO BOWEL PATTERN
6. PATIENT / CAREGIVER(S) VERBALIZE EFFECTS OF PAIN MEDS ON BOWEL FUNCTION
7. PATIENT / CAREGIVER(S) VERBALIZES PROPER FALL PRECAUTIONS
8. PATIENT / CAREGIVER INDICATES UNDERSTANDING AND IS IN AGREEMENT WITH PROPOSED PLAN OF CARE.

Goals Not Met

1. PATIENT / CAREGIVER(S) VERBALIZE UNDERSTANDING OF MEASURES TO MANAGE CARDIAC SYMPTOMS
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
2. PATIENT / CAREGIVER(S) VERBALIZES UNDERSTANDING OF EXPECTED DEATH PROGRESSION AND IMPENDING DEATH
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
3. PATIENT VERBALIZES TOLERANCE TO TREATMENTS
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT
4. THE ONGOING, MUTUAL PLAN OF CARE FOR THE HOSPICE PATIENT HAS BEEN REVIEWED WITH THE FACILITY STAFF.
EXCEPTION CODE: NOT APPLICABLE TO CURRENT VISIT

Medication Understanding Changes

Medication	Dose	Purpose	Directions for Use	Side effects/ Interactions	Med Understanding Notes
ACETAMINOPHEN 650 MG RECTAL SUPPOSITORY	1 suppository, rectal	Y	Y	Y	
ALPRAZOLAM 1 MG TABLET	1 tablet	Y	Y	Y	
BISACODYL 10 MG RECTAL SUPPOSITORY	1 suppository, rectal	Y	Y	Y	
DICLOFENAC 3 % TOPICAL GEL	Per instructions	Y	Y	Y	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	0.5 mL	Y	Y	Y	
HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	1 tablet	Y	Y	Y	
LEVOTHYROXINE 100 MCG TABLET	1 tablet	Y	Y	Y	
LORAZEPAM 0.5 MG TABLET	1 tablet	Y	Y	Y	
MECLIZINE 25 MG TABLET	1 tablet	Y	Y	Y	
MORPHINE CONCENTRATE 100 MG/5 ML (20 MG/ML) ORAL SOLUTION	0.25 mL	Y	Y	Y	
ONDANSETRON 8 MG DISINTEGRATING TABLET	1 tablet	Y	Y	Y	
OXYCODONE 10 MG TABLET	1 tablet	Y	Y	Y	
PROPRANOLOL 20 MG TABLET	1 tablet	Y	Y	Y	
QUETIAPINE 50 MG TABLET	1 tablet	Y	Y	Y	
RECTICARE 5 % TOPICAL CREAM	Per instructions	Y	Y	Y	
TAMSULOSIN 0.4 MG CAPSULE	1 capsule	Y	Y	Y	
TIZANIDINE 2 MG TABLET	1 tablet	Y	Y	Y	

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Agent Signature: **Caregiver Signature:** **Reason Caregiver Signature Obtained:**



Signature on
Paper

SIGNATURE ON PAPER

[REDACTED] RN 02/02/2022 06:08 AM
(Electronically Signed)