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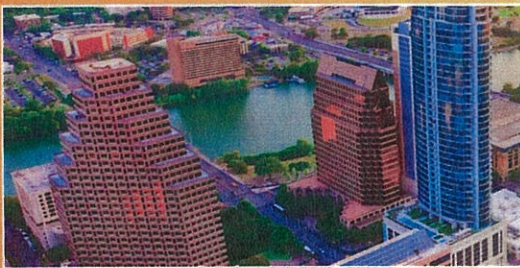
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Home Health ICD-10-CM Coding Answers Workbook, 2015



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Home Health ICD-10-CM Coding Answers Workbook, 2015



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Chapter 1:

Infectious Diseases

Scenario 1

Patient was admitted to the hospital with gram negative sepsis. She was treated with IV antibiotics and will continue to receive IV antibiotics at home for another six days via a PICC line. The physician documented on the H&P she has type 2 diabetes mellitus, which did exacerbate due to the infection. She was receiving insulin in the hospital but will continue on her oral glipizide only at home. Order is for skilled nursing to administer antibiotics and assess blood sugar levels.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 2

Patient has Lyme disease due to a tick bite. He has developed polyneuropathy as a result which has caused his gait to become unsteady. He is admitted to home health for physical therapy to assess/manage his gait impairment. He currently is receiving treatment for the Lyme disease. He has a past medical history of peripheral vascular disease (PVD) and coronary artery disease (CAD).

Primary:

Secondary:

Secondary:

Scenario 3

Patient is admitted to home health care following hospitalization for UTI with E coli. He is continuing on oral antibiotics and skilled nursing will obtain a urinalysis upon completion of the antibiotics. He also has a diagnosis of hypertension, which is stable, and chronic kidney disease stage 3.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 4

Patient has a PEG tube for nutrition. He is taking Keflex via PEG for cellulitis with methicillin susceptible Staph aureus (MSSA) infection to the PEG site. He has dysphagia as a result of a CVA six months ago. Skilled nursing is ordered for monitoring of the cellulitis, wound care and medication instruction.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 5

Patient is referred to home health following removal of right knee prosthesis due to a MRSA infection and the insertion of an antibiotic spacer. Orders are for skilled nursing to administer IV antibiotics and physical therapy to see the patient for teaching about limited range of motion, gait abnormality and muscle weakness of both lower extremities and home safety. The patient is expected to return to surgery for a new prosthesis once the infection is resolved. The patient is a Type 2 diabetic who requires daily insulin. The patient also has primary osteoarthritis in the left knee and is awaiting surgery to replace that knee as well.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Scenario 6

Patient has streptococcus pneumoniae septicemia.

Primary:

Scenario 7

Patient has a staphylococcus infected left BKA amputation stump.

Primary:

Secondary:

Chapter 2: **Neoplasms**

Scenario 8

A 54-year-old male with a 40-year history of smoking continues to smoke daily. He is admitted to home health following a hospitalization for anemia due to his liver cancer mets. He received a blood transfusion of four units in the hospital and will take ferrous sulfate at home. He also has COPD, PVD and a history of lung cancer. Skilled nursing will assess and instruct regarding the anemia and liver cancer, and will obtain CBC via venipuncture weekly for four weeks.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 9

A 68-year-old female is admitted to home health post mastectomy due to breast cancer of the lower outer quadrant of her left breast. She will begin chemotherapy once the incision is healed. Medical records state she is estrogen receptor positive. She quit smoking two years ago and has COPD. Focus of skilled nursing care is incisional care and instruction related to the breast cancer.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Scenario 10

A 75-year-old male with inoperable brain cancer is admitted to home health. He has altered mental status and abnormal gait stated by the physician to be due to the malignancy. Orders are for PT and OT assessment and instruction regarding mental status and gait issues. He also has PVD that resulted in a right below the knee amputation (BKA) several years ago and is now stable per medical records.

Primary:

Secondary:

Secondary:

Scenario 11

Patient admitted for aftercare following resection for colon cancer. The history and physical states colon cancer resolved with surgery, no further treatment planned.

Primary:

Secondary:

Scenario 12

Patient is admitted to home care for management of anemia due to malignant carcinoid tumor of stomach.

Primary:

Secondary:

Scenario 13

Patient is post lung transplant and is being admitted to home care for management of cancer in the lower right lobe of his transplanted lung, and pain management due to excessive pain.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 3:

**Diseases of the Blood and
Blood-Forming Organs**

Scenario 14

A 67-year-old female is admitted to home health following a right total knee replacement for osteoarthritis. She had increased bleeding during surgery, which resulted in acute postoperative anemia for which she is taking ferrous sulfate. She has osteoarthritis to her left knee that is pending replacement surgery, smokes one pack of cigarettes daily, and has emphysema. Orders are for skilled nursing for wound care and CBC weekly x4 weeks, and PT and OT for gait training and strengthening.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Scenario 15

Patient is admitted to home health for skilled nursing to administer B12 injection once a month, instruct family member on how to give injection, and instruct patient and caregiver about pernicious anemia. Patient was just discharged from the hospital following staph pneumonia and his antibiotics are now completed. He is legally blind, has peripheral neuropathy for which he has had a recent medication change, and GERD which is stable at this time.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 3: Diseases of the Blood
and Blood-Forming Organs

Scenario 16

Patient has post-operative, acute blood loss anemia following coronary artery bypass x3 for CAD. She is taking Ferrous Sulfate and skilled nursing will monitor CBC weekly and perform wound care. She has hypertension (HTN) and congestive heart failure (CHF) which are both stable.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Scenario 17

Patient admitted to home care for anemia due to antineoplastic chemo given to treat primary liver cancer. Per the physician, anemia is the focus of care.

Primary:

Secondary:

Secondary:

Scenario 18

Home health is seeing a patient for anemia due to blood loss from a chronic gastric ulcer.

Primary:

Secondary:

Scenario 19

Patient is admitted for skilled nursing and monitoring for anemia in chronic kidney disease (stage 4).

Primary:

Secondary:



Chapter 4:

**Endocrine, Nutritional and
Metabolic Diseases**

Scenario 20

Patient is admitted to home health with diabetes, type 2 with angiopathy and a diabetic ulcer to his left heel specified as due to diabetic angiopathy. He has a right foot amputation due to a prior diabetic ulcer. He has HTN and CHF which are well controlled at present. Skilled nursing is ordered for wound care to the diabetic arterial ulcer.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 21

Patient has Type 1 diabetes with both retinopathy and end stage renal disease. He attends dialysis three times a week. He has hypertension and has just been discharged from the hospital for an exacerbation of acute on chronic diastolic and systolic heart failure. Skilled nursing is ordered to monitor the CHF, medication compliance, obtaining weights, assessing lung sounds and edema, and teaching.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

**Chapter 4: Endocrine, Nutritional
and Metabolic Diseases**

Scenario 22

Patient was a lifelong smoker and quit five years ago when he started using oxygen. He has COPD and emphysema for which he has been taking steroids for years. He also has PVD with claudication. He is admitted to home health with a new diagnosis of secondary diabetes due to steroid use. Skilled nursing is ordered for diabetes teaching, assessment and management.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Scenario 23

Patient is referred to home care due to pain in legs, unable to ambulate, and falling due to diabetic angiopathy. He has diabetes due to having his entire pancreas removed. He requires insulin.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 24

Your patient has Type 2 diabetes with acute osteomyelitis of the right foot, stated as 'due to diabetes'. The patient is receiving IV Vancomycin and skilled nursing for wound care, IV administration of antibiotics and to draw labs, peak and trough.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 25

A Type 2 diabetic is admitted with an infected open wound on his lower left leg, as a result of the lawn mower hitting a piece of metal. The mower bumped his leg and the metal bounced up and punctured his left lower leg. The infection has led to gangrene.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 5:

**Mental and
Behavioral Disorders**

Scenario 26

Patient has just been hospitalized for an exacerbation of his chronic alcohol induced pancreatitis. He also has peripheral neuropathy due to his alcohol dependence, hypertension and COPD. Skilled nursing is ordered for assessment and medication monitoring, and physical therapy is ordered for gait issues related to the neuropathy.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 27

Patient was admitted to the hospital following a fall in which she suffered a fracture to the head of her right femur. She underwent a joint replacement. Her husband died two months ago and the physician has diagnosed her with grief depression and has prescribed Zoloft since her hospital admission. She also has hypertensive heart disease with CHF. Physical therapy is ordered for gait and strengthening, and psychiatric skilled nursing is ordered to assess and monitor her depression, the effect of the Zoloft and instruction on the grief process.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 5: Mental and Behavioral Disorders

Scenario 28

Patient with paranoid schizophrenia is admitted to home health. The skilled nurse will be providing Haldol® injections B.I.D. as a new treatment for the schizophrenia, until the caregiver is proficient in administering the drug. Patient also has congestive heart failure, hypertension and Type 2 diabetes.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 29

Patient with a diagnosis of major recurrent depression is admitted to home health for medication teaching and monitoring.

Primary:

Secondary:

Scenario 30

Patient admitted for memory care program related to diagnosis of late onset Alzheimer's disease with behavioral disturbances. Patient has wandering episodes and lives with his elderly wife who has limited mobility due to rheumatoid arthritis.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 6:

**Diseases of the
Nervous System**

Scenario 31

A 68-year-old woman with multiple sclerosis is referred to home health for physical therapy, skilled nursing and occupational therapy following a number of recent falls related to progression of the disease. She has additional related diagnoses of neurogenic bowel and bladder, and requires intermittent catheterization, but is not incontinent. Nursing is needed to assess the patient's competency and teach safe self-catheterization techniques, as the patient has had several recent UTIs. She also has a diagnosis of hypertension.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Other:

Scenario 32

A 56-year-old male patient with a left below the knee amputation (BKA) has a history of severe peripheral artery disease secondary to diabetes mellitus, and is admitted to the home health agency for severe phantom limb pain. He is an insulin-dependent diabetic. His physician has ordered physical therapy and skilled nursing.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 6: Diseases of the
Nervous System

Scenario 33

Patient is referred to home care for therapy for gait training due to Parkinson's disease, and skilled nursing to perform wound care to a stage 2 pressure ulcer of the right buttock. Patient also has Parkinson's dementia.

Primary:

Secondary:

Secondary:

Scenario 34

Secondary Parkinson's due to Thorazine.

Primary:

Secondary:

Scenario 35

Your patient is having an acute exacerbation of multiple sclerosis with increased gait problems. Skilled nursing, PT and OT will assess the patient's neurological status, medication regimen and Foley catheter change due to neurogenic bladder.

Primary:

Secondary:

Secondary:

Chapter 7:

**Diseases of the
Eye and Adnexa**

Scenario 36

An 88-year-old female is admitted to home health for assessment and observation, as well as medication safety and instruction after discharge from a brief hospitalization for retinal hemorrhage of her right eye related to excessive use of aspirin not prescribed by her physician. The patient is also diabetic and uses insulin. The patient has discontinued the use of aspirin but the retinal hemorrhage is not fully resolved.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 8:

**Diseases of the Ear and
Mastoid Process**

Scenario 37

A 45-year-old female patient is admitted to home health for IV antibiotics via PICC line in order to treat acute mastoiditis of the right ear caused by MRSA. She will receive a 45-day treatment of Zosyn. The patient is wheelchair bound due to quadriplegia with progressive muscular weakness related to multiple sclerosis.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 9:

**Diseases of the
Circulatory System**

Scenario 38

A 76-year-old patient is admitted to home health following an exacerbation of malignant accelerated hypertension requiring hospitalization and multiple medication changes. The history and physical states resolved acute kidney failure on chronic kidney disease stage 4, as well as chronic obstructive bronchitis and coronary atherosclerosis. The patient has no history of coronary bypass surgery.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 39

Patient referred to home care for monitoring new episode of chest pain due to coronary artery disease (CAD). Patient requires teaching on new and changed medications. Patient also has been diagnosed with Merkel cell carcinoma of left ear, diabetes and benign hypertension. She requires insulin for the diabetes.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 9: Diseases of the
Circulatory System

Scenario 40

Patient referred to home care s/p acute CVA and requires skilled nursing and PT/OT/ST due to residuals of right-sided hemiplegia, dysarthria and stuttering. Nursing is ordered for teaching disease process and new/changed medications. Patient also has hypertension and uncontrolled diabetes mellitus, and requires sliding scale insulin. The focus of care is the hemiplegia.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 41

A patient had a stroke and is admitted to your agency for hypertension monitoring, diabetes and coronary artery disease (CAD) without any mention of angina. The assessment confirms that there are no residuals from the stroke.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 42

Patient admitted with hypertension exacerbation. Orders are for observation and assessment, and teaching on new medications. Patient is a long-time smoker and also has PVD. Focus of care is the hypertension.

Primary:

Secondary:

Secondary:

Scenario 43

Patient admitted to home health with new diagnosis of CAD after acute MI five weeks ago. Patient is no longer having symptoms. The focus of care is the CAD.

Primary:

Secondary:

Scenario 44

Patient was treated for an inferior wall MI in the last three weeks and then was readmitted to hospital for anterior wall MI. He is being admitted to home care for observation and assessment of unstable angina and his CAD, and for teaching on his multiple new cardiac medications.

Primary:

Secondary:

Secondary:

Chapter 9: Diseases of the
Circulatory System

Scenario 45

Patient admitted for CVA with right-sided hemiparesis. Patient also has hypertension and rheumatoid arthritis. Both nursing and therapy will be seeing patient. PT/INRs have been ordered. The focus of care is the stroke.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 46

Patient admitted with exacerbation of congestive heart failure (CHF) and chronic systolic heart failure. The focus of care is the CHF.

Primary:

Chapter 10:

**Diseases of the
Respiratory System**

Scenario 47

An 80-year-old female is admitted due to a recent onset of bronchitis caused by streptococcus. She has been discharged home with oxygen and 10 days of antibiotics. In addition, she has a history of Alzheimer's dementia and is bedbound.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 48

A 66-year-old male has been admitted to home health due to recently-diagnosed chronic obstructive asthma, with use of oxygen. His history and physical states he has been hospitalized for an exacerbation and has exercise-induced bronchospasm. Nursing will be assessing the patient and instructing in disease process and medication. The patient has no history of tobacco use; however his wife is a smoker. His history reports he also has congestive heart failure.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 10: Diseases of the
Respiratory System

Scenario 49

Patient is admitted for exacerbation of her chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). She has ESRD but refuses to go to dialysis as ordered. She also has hypertension and requires oxygen.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 50

Emphysema is causing the patient to be severely decompensated. Therapy is ordered for strengthening and skilled nursing for assessing, monitoring and medication management. Patient also started on 3L/M oxygen continuously.

Primary:

Secondary:

Scenario 51

Patient is admitted to home care with diagnosis of extrinsic asthma exacerbation.
Patient also has dementia, essential hypertension, secondary diabetes due to long-term use of oral steroids and long-term insulin use.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Chapter 11:

**Diseases of the
Digestive System**

Scenario 52

Patient referred to home health for colostomy management and assistance. The patient has had the colostomy for almost one year. Recently, the area around the colostomy became red and inflamed, and the physician diagnosed the patient as having cellulitis. Orders read: skilled nursing to monitor the area for worsening and call the physician if further deterioration. The patient is bedbound and also has a Foley catheter for urinary retention that the home health agency will change.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 53

Patient was admitted to the hospital with abdominal pain and acute cholecystitis, and diagnosed with gallstones in the gallbladder and the bile duct. The tests reveal there is no obstruction. She was unable to have surgery due to her severe COPD, and was sent home with home care for diet management and teaching of new medications. Patient is morbidly obese at 5'5" and 245 lbs.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 11: Diseases of the Digestive System

Scenario 54

Patient had a bowel obstruction that was treated with a bowel resection of the descending colon and placement of a colostomy. Nine months after surgery, she developed an enterocutaneous fistula from the ileum to the abdominal wall that still is present. The most recent hospitalization was for nausea and vomiting, which currently is controlled, and the insertion of a triple lumen PICC for TPN due to malabsorption syndrome resulting from her inability to absorb food from the GI tract. Patient has Type 2 diabetes, currently well controlled. Focus of home health is care for fistula, colostomy and PICC line, and to monitor TPN and diabetes. Nursing will provide teaching and training to caregiver for colostomy care since patient refuses to provide any self care for the colostomy.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 55

Patient is admitted to home care for medication management and diet teaching for reflux esophagitis. Patient also has Type 1 diabetes and is on an insulin sliding scale.

Primary:

Secondary:

Scenario 56

A patient takes Coumadin correctly for his chronic DVT of the distal lower left extremity, but recently had blood in his stool. Nursing will monitor bleeding and adjustment of Coumadin dose, provide medication teaching and monitor labs for CBC, hematocrit and PT/INRs.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 12:

**Diseases of the Skin and
Subcutaneous Tissue**

Scenario 57

The patient is referred to hospice after a lengthy hospital and post-acute stay due to necrotizing fasciitis. She has multiple open areas to the abdomen and upper thigh affected by the condition, with the physician reporting MRSA infection to the thigh location. A wound vac will be placed to the abdomen but held to the thigh until the infection clears. She has additional diagnoses of diabetes and morbid obesity with BMI calculated to 55.6.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 58

A 69-year-old patient stays in bed most days due to arthritis and feeling “tired” all the time. She also has venous insufficiency. Skilled nursing is ordered to provide wound care to the ulcer on the left ankle. It is a full thickness wound into, but not through, the subcutaneous tissue with the fat layer exposed. When the physician is queried, he states the wound was caused from pressure due to her staying in bed for extended periods, and wants a therapy consult to get her up and moving again.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 12: Diseases of the Skin
and Subcutaneous Tissue

Scenario 59

Patient is admitted to home health for wound care following an I&D of a pilonidal cyst abscess. Once debrided, it was noted the patient had a sinus tract. The patient is still taking oral antibiotics.

Primary:

Scenario 60

The patient has a lesion she has had for about six months on her right ankle. She was on a mission trip to New Guinea when the area first developed as a blister. The lesion worsened and had a large amount of slough, and debridement revealed a wound into the muscle. The wound care center determined that the lesion was a tropical ulcer. The patient also has PVD. Skilled nursing is ordered to provide wound care 3x per week to the lesion.

Primary:

Secondary:

Scenario 61

Patient is referred to home care s/p muscle flap to treat a stage 4 pressure ulcer of the coccyx. Patient also has a stage 2 pressure ulcer on the left hip and on the right buttock, and a stage 1 on the right hip and left buttock. Wound care is ordered.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 62

Patient is seen in home health for a surgical wound infection and cellulitis of the abdominal wall after a hernia repair.

Primary:

Secondary:

Scenario 63

Patient is admitted for wound care to stasis ulcer of right ankle due to PVD. The fat layer is exposed. Patient has comorbidities of chronic diastolic heart failure, congestive heart failure and age-related osteoporosis with a history of a pathological fracture.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 13:

**Diseases of the
Musculoskeletal System
and Connective Tissue**

Scenario 64

Patient admitted to home health for physical therapy related to a pathological fracture due to osteoporosis of the left hip.

Primary:

Scenario 65

A 76-year-old man, originally diagnosed with carcinoid tumor of the left upper lobe of the lung five years ago, is seen for a fracture of the shaft of the right femur. Eight months ago, he was diagnosed with metastatic bone cancer and this fracture is a result of the metastatic disease. This patient's lung cancer was treated with radiation and is stated as resolved. Skilled nursing to admit for teaching, and physical therapy ordered for improvement of gait.

Primary:

Secondary:

Secondary:

Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue

Scenario 66

An 86-year-old patient is admitted to home health with a diagnosis of primary osteoarthritis in his knees that his physician said is aggravated from his morbid obesity. His BMI is listed as 47. Other diagnoses that will require intervention include insulin-dependent diabetes with polyneuropathy, congestive heart failure due to hypertension and CAD. The focus of home health care is management of arthritic pain.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Other:

Scenario 67

Physical therapy is ordered to treat Charcot's joint due to diabetes.

Primary:

Scenario 68

The home health agency admitted a patient for OT, PT and skilled nursing for dressing changes, wound care and medication monitoring. The information on the referral says a patient was discharged from the hospital after an ORIF displaced trauma fracture of the right subtrochanteric femur due to her grocery cart tipping over causing her to fall. She also has a stage 2 pressure ulcer on her sacrum and a previous pathological fracture that is now healed due to osteoporosis.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Chapter 14:

**Diseases of the
Genitourinary System**

Scenario 69

Patient admitted to home care post hospitalization of congestive heart failure with shortness of breath, chest pain and acute renal failure. The patient's comorbidities include hypertension, diabetes and stage 3 chronic kidney disease (CKD). The patient continues to have edema, but other acute symptoms are resolved upon admission to home care. Skilled nursing is ordered to teach disease process and monitor symptoms.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 70

Patient is admitted for diabetes with new diagnosis of chronic kidney disease stage 2 due to the diabetes. Patient also has restless leg syndrome and lives alone. The focus of care is the newly-diagnosed kidney disease.

Primary:

Secondary:

Secondary:

Scenario 71

Patient admitted with urinary tract infection. Patient has had a Foley catheter for the last several weeks due to urinary retention. The culture revealed the organism to be staphylococcus aureus that is resistant to penicillin.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 14: Diseases of the
Genitourinary System

Scenario 72

Patient admitted with urinary urgency related to enlarged prostate with lower urinary tract symptoms (LUTS). Patient tripped over the pet dog trying to get to the bathroom and fell spraining his left ankle. Therapy also will be seeing the patient for the ankle injury.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 17:

**Congenital Malformation,
Deformations and
Chromosomal
Abnormalities**

Scenario 73

Patient admitted to home health for increasing mobility and neurologic deficits resulting in severe decline due to spina bifida. He will require PT and OT consults. He is paraplegic due to the spina bifida and also has urinary difficulties requiring new catheter management related to spina bifida, which nursing will manage. His physician reports neurogenic bladder without incontinence as the reason for catheterization.

Primary:

Secondary:

Secondary:

Secondary:

Chapter 18:

**Symptoms, Signs and
Abnormal Clinical and
Laboratory Finds, Not
Elsewhere Classified**

Scenario 74

Patient admitted to home care with shortness of breath. Testing didn't show any defined diagnosis at this time. Patient is to have further testing at pulmonologist next week. The physician wants the home health nurse to assess medication compliance with nebulizers and teach patient as needed.

Primary:

Scenario 75

Patient admitted to home care with pancreatic cancer and malignant ascites. Patient is having left lower quadrant rigidity with palpitations. Nurse notified physician, but no diagnosis explains the rigidity at this time. Patient to see physician tomorrow.

Primary:

Secondary:

Secondary:

Scenario 76

Patient is admitted to the hospital after experiencing a seizure at home. Patient was discharged home with new script for Dilantin; home health ordered for monitoring.

Primary:

**Chapter 18: Symptoms, Signs and Abnormal Clinical
and Laboratory Findings, Not Elsewhere Classified**

Scenario 77

Patient is referred to home care for skilled nursing and speech-language therapy for treatment of dysphagia, dysarthria and dysphonia. Nursing is teaching on medications and diet. Patient also has a history of MRSA.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 78

Your patient is admitted for PT following replacement of previous right knee prosthesis because of a mechanical complication of the prosthesis. The original joint replacement was due to primary osteoarthritis in the right knee.

Primary:

Secondary:

Scenario 79

Patient is admitted to home care with coughing, fever and chest congestion. Patient has a history of pneumonia. Physician documentation states probable pneumonia.

Primary:

Secondary:

Secondary:

Secondary:



Chapter 19:

**Injury, Poisoning
and Certain Other
Consequences of
External Causes**

Scenario 80

Patient was admitted to the hospital due to a fall that resulted in a torus fracture of the lower end of the right ulna. Home care is ordered for PT and OT.

Primary:

Scenario 81

Nurse admitted patient into home care. Patient is a quadriplegic due to a new C4 fracture, which will require nursing care. The patient also will require monthly Foley catheter changes.

Primary:

Secondary:

Secondary:

Secondary:

Scenario 82

Patient has a laceration wound to the left knee sustained from a fall onto a piece of glass. Home care ordered for wound care.

Primary:

Secondary:

Secondary:

Chapter 19: Injury, Poisoning and Certain
Other Consequences of External Causes

Chapter 19: Injury, Poisoning and Certain
Other Consequences of External Causes

Scenario 83

Patient was bitten by a brown recluse spider on the buttock and required an I&D due to an abscess. Open area is 5.0 cm long, 2.0 cm wide and 4.0 cm deep. Wound still is infected with MRSA and cellulitis surrounding the wound. Patient is referred to home health for wound care, IV antibiotics and peak and trough will be performed by the nurse.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Scenario 84

Patient has a second and third degree infected burn on his right forearm from a gasoline can that accidentally ignited while he was holding it. Skilled nursing is ordered for wound care.

Primary:

Secondary:

Secondary:

Scenario 85

The patient has a burn on the left lower leg where he left a heating pad and burned the leg causing blisters. Because of atherosclerosis, the second-degree burn has not healed. The focus of the care is the burn.

Primary:

Secondary:

Secondary:

Chapter 21:

**Factors Influencing Health
Status and Contact with
Health Services**

Scenario 86

Patient admitted to home care for ongoing care for a bilateral knee replacement. Nurse to remove staples 14 days post op.

Primary:

Secondary:

Secondary:

Scenario 87

Patient was admitted into hospital for a colon resection and formation of colostomy due to colon cancer. Patient is to start radiation treatment in six weeks. Patient admitted to home health for nursing services.

Primary:

Secondary:

Secondary:

**Chapter 21: Factors Influencing Health Status
and Contact with Health Services**

Scenario 88

Patient is admitted to home health for aftercare of a CABG after an MI six weeks ago. Patient has diagnoses of CAD, hypertension and CHF. He smoked cigarettes for 20 years but quit five years ago. Patient has been started on Coumadin and PT/INRs will be performed by the nurse.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

Secondary:

Other:

Other:

Other:

Scenario 89

Patient fell off the toilet, hitting the side of the toilet with his elbow, fracturing the left elbow requiring an ORIF. Nursing ordered for wound care. Although the wound is not infected, it is healing very slowly due to the patient's Type 1 diabetes with angiopathy. Patient takes insulin and lives alone.

Primary:

Secondary:

Secondary:

Secondary:

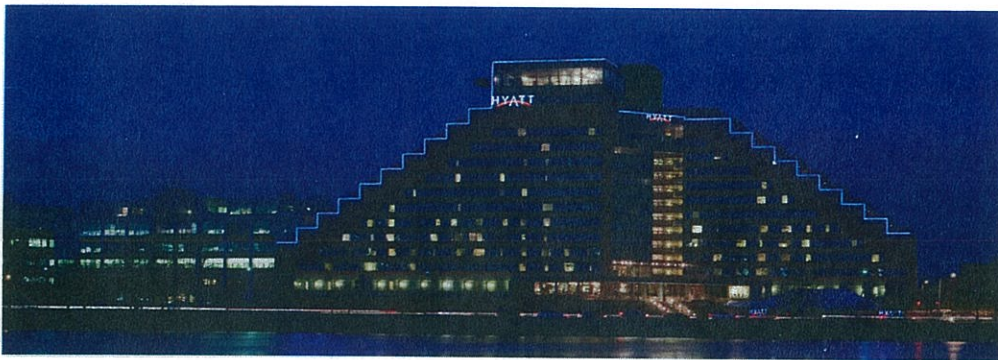
Scenario 90

Patient had a right shoulder joint replacement due to secondary DJD of the shoulder. Nursing and therapy are ordered for aftercare.

Primary:

Secondary:

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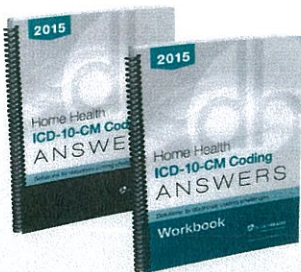
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