

CENTER FOR PHYSICAL THERAPY SERVICES, INC.

1650 EAST WALNUT STREET, SUITE A
PASADENA, CA 91106-1619
(626) 683-9959 OFFICE / (626) 683-9969 FAX

THE FOLLOWING CONDITIONS MUST BE REPORTED TO THE ATTENDING PHYSICIAN ONCE THEY ARE IDENTIFIED:

1. BLOOD PRESSURE: Blood Pressure (BP): Systolic BP >160 OR <90, Diastolic BP >100 OR <50, Unless Other Reporting Parameters were specified by the Attending Physician
 2. PULSE: <60/Min OR >120/Min
 3. RESPIRATION: Presence of Arduous Breath Sounds, Cyanosis, Increasing SOB or Respiratory Rate of <14/Min or >24/Min
 4. TEMPERATURE: Temperature Greater than 100° Fahrenheit
 5. PAIN: Acute, Severe Pain >6/10, especially if not alleviated with current pain medications
 6. WEIGHT: Reported or Observed Weight Loss/Gain of 2 pounds in 1 week
 7. OXYGEN SATURATION: SpO2 <90% at room temperature
 8. BLOOD SUGAR: <80 MG/DL OR >200 MG/DL, Unless Other Reporting Parameters were specified by the Attending Physician
9. Any Abnormal Lab Results
 10. Bleeding from any Orifice, Impending Signs or Symptoms of Shock, CALL 911
 11. Chest Pain NOT Relieved by Nitroglycerin or Rest
 12. Fainting Episodes
 13. Falls with or without injury should be reported and include: (1) Date of Fall, (2) Injury incurred, (3) Treatment Measures such as ER Visit, (4) Location of Fall, and (5) Cause of Fall
 14. Hospitalizations should be reported and include the following: (1) Date Hospitalized, (2) Name of Hospital, and (3) Reason for Hospitalization
 15. Medication containers that are empty and require a refill
 16. New or Discontinued Medications or Prescriptions that have NOT been filled
 17. Signs and Symptoms of Drug Toxicity and Sub-Therapeutic Levels
 18. Signs and Symptoms of Drug, Food Reaction such as itchiness, SOB, Rash, Palpitation, Confusion
 19. Signs and Symptoms of Hyperglycemia or Hypoglycemia
 20. Sudden Changes in Mental Status/Behavior, decreasing consciousness level
 21. Unusual Incidents and or Occurrences
 22. Visual Changes, Slurred Speech, Weakness & Numbness of Extremities
 23. Wound NOT Responding to Prescribed Treatment Regimen in Four (4) Weeks

ALL FIELD STAFF ARE RESPONSIBLE FOR NOTIFYING THE PCP/DPCS/CASE MANAGER PROMPTLY (WITHIN 24 HOURS OR SOONER) OF ANY SIGNIFICANT CHANGE IN THE PATIENT'S CONDITION OR TREATMENT PLAN (MD ORDERS WILL BE REQUIRED BY THE REPORTING PROFESSIONAL STAFF MEMBER).

THE THERAPISTS AND SOCIAL WORKERS AT THE CENTER FOR PHYSICAL THERAPY SERVICES, INC. SHOULD NOT ONLY CALL OUR OFFICE AND THE AGENCY BUT ALSO DOCUMENT THE REPORTABLE EVENT AND STATE THE FACTS SUCH AS: VITAL SIGNS, PAIN LEVELS, WHAT FOLLOW UP CARE WAS RENDERED, WHO YOU SPOKE WITH AT THE AGENCY, ANY RESOLUTION MADE BY THE AGENCY, AND WHAT WAS THE PATIENT'S FINAL OUTCOME.