PRIVATE DUTY NURSING ACUITY GRID

Instructions:
The Private Duty Nursing Acuity Grid indicates the average amount of skilled nursing treatment or services as documented by concurrent health records for each of the services listed below:
• For the first certification period, these skilled nursing services are estimated by the nurse per shift.
• For recertification period(s), the **average** amount of skilled nursing services performed by the nurse per shift.

Minimum Requirements for Coverage of Private Duty Nursing

To qualify for private duty nursing (PDN) each of the following criteria must be met with supporting documentation. Please check each criteria point that the patient meets.

The patient's medical care and needs can be safely and effectively managed in the home setting.	☐
The patient's home has been determined to be a safe environment. This requires a home safety assessment demonstrating that there is no imminent threat of harm including high risks for deterioration or injury. Consideration of a patient's risk of self-harm or harm to others should be documented as part of the home safety assessment.	☐
The patient's responsible caregiver(s) support network can be present and physically participate in their care a minimum of 5 hours per day.	☐
The patient's responsible caregiver(s) are capable of effectively and safely administering care to the patient.	☐
The patient requires skilled nursing services and the application of clinical decision making.	☐
Results:	REQUIREMENTS NOT MET

* A responsible caregiver is any person that meets the definition as outlined in *Utah Annotated Code 58-31b-308* and *Utah Administrative Code R156-31b. Nurse Practice Act Rule* . A responsible caregiver means a patient's spouse, adult child, parent, foster parent, or legal guardian who is primarily responsible for providing nursing care to the patient.

Nursing Assessment

Skilled nursing assessments by a licensed nurse evaluate clinical conditions and perform appropriate interventions. Assessments include vital signs, respiratory status, neurological system, overall status assessment, and interventions.

Select one:	**Points**	**Score**
○ Clinical assessment required every 4 hours	2.5	4.0
◉ Clinical assessment required more than every 4 hours	4.0	
○ Clinical assessment every hour or more often	6.5	
○ None Apply	0.0	

TOTAL: 4.0

RESPIRATORY NEEDS

Oxygen management

Select one:	**Points**	**Score**
○ Oxygen PRN based on pulse oximeter, at least once per week	1.0	1.5
○ Oxygen administration required with or without titration (daily use)	1.5	
◉ Oxygen management with heated humidifier	1.5	
○ Humidifier and oxygen, direct via trach tube without ventilator	3.0	
○ None Apply	0.0	

Respiratory support

Ventilator

Select one:	**Points**	**Score**
○ Standby, respiratory assistance, or used at night for less than 1 hour	2.5	8.0
○ Weaning achieved with ongoing postweaning monitoring and management *Weaning should typically take no more than 30 days*	6.0	
◉ Ventilator used less than 7 hours per day	8.0	
○ Management for active weaning	9.0	
○ 7 to 12 hours per day, but not continuous	10.0	
○ 12 hours or more per day, but not continuous	12.0	
○ Continuous use or no respiratory effort	14.0	
○ None Apply	0.0	

Bilevel Positive Airway Pressure (BPAP) and Continuous Positive Airway Pressure (CPAP)

Select one:	**Points**	**Score**
○ BiPAP or CPAP by nurse during shift, greater than 8 hrs per day	4.5	0.0

○	BiPAP ST by nurse during shift, spontaneous timed with rate used to ventilate at night	7.0	
◉	None Apply	0.0	

Suctioning

Select one:		**Points**	**Score**
○	Nasal or Oral, unstable airway clearance or desaturations > than 10 times per shift	1.0	1.5
◉	Tracheal 10 times or less per day, or less often than every 2 hours	1.5	
○	Tracheal 11 times or more per day, or every 2 hours or more often	2.5	
○	None Apply	0.0	

Airway /Tracheostomy management

Select one:		**Points**	**Score**
○	Without complications, routine care	2.5	0.0
○	No trach/airway clearance issues (aspiration risk)	2.5	
○	No trach/unstable airway with desaturations	3.0	
○	With complications or new trach placement within the last 6 months	3.0	
◉	None Apply	0.0	

Scheduled chest physiotherapy management

(Percussion, high-frequency chest wall oscillation (HFCWO) vest, cough assistive device)

Select One:		**Points**	**Score**
○	2 treatments per day	1.0	2.0
◉	2 to 4 treatments per day	2.0	
○	5 to 6 treatments per day	3.0	
○	Greater than 6 treatments per day	4.0	
○	None Apply	0.0	

Nebulizer Treatment and Management

Select one:		**Points**	**Score**
○	Less than daily but at least once every 7 days	1.0	3.0
○	1 to 4 doses in 24 hours	1.5	
○	6 doses in 24 hours or every 4 hours	2.0	
○	8 doses in 24 hours or every 3 hours	2.5	
◉	12 doses in 24 hours or every 2 hours or more	3.0	
○	None Apply	0.0	
		TOTAL:	16.0

Medication Management

Infusion Access and Related Medication Management

Includes access care, administration, and monitoring reaction.

Note: This section includes medications not administered PO, NG, G/J Tube

Count towards score if administered after last evaluation was completed

Select all that apply:		**Points**	**Score**
☐	Insulin administration with glucose monitoring.	1.0	0.0
☐	Injectable medication management (excluding insulin medication)	1.5	
☐	Pain medication infusion	4.0	
☐	Antibiotic administration (IV or IM if given within the last 6 months)	4.0	
☐	Chemotherapy infusion management	4.0	

Intravenous (IV) Infusion Management

Includes device use and care, infusion administration, and monitoring infusion reaction.

Select if True:		**Points**	**Score**
☐	Peripheral intravenous (IV) access and management	1.0	0.0

Central or peripherally inserted central catheter (PICC) line access and management

Select one:		**Points**	**Score**
○	Less often than daily but at least weekly	2.5	0.0
○	Less often than every 4 hours but at least daily	4.5	
○	Every 4 hours or more often	6.0	
◉	None Apply	0.0	

Medication Administration and Monitoring

Does not include nebulizer treatments or medications administered via IV.

Includes OTC/ Topical/PRN medications.

Select one:		**Points**	**Score**
○	Medication administration of 1 to 3 doses per day	2.0	0.0
○	Medication administration of 4 to 6 doses per day	3.0	
○	Medication administration of 7 or more doses per day	4.0	

◉	None Apply	0.0	
		TOTAL:	0.0

Endocrine System

Diabetes Mellitus (DM) Type 1 or Type 2

	Select all that apply:	**Points**	**Score**
☐	Glucose monitoring without medication/insulin administration	0.5	0.0
☐	Controlled A1C with an A1C less than or equal to 7%	1.0	
☐	Conventional split-mixed insulin therapy	1.0	
☐	Continuous subcutaneous insulin infusion (CSII) Insulin pump therapy	1.0	
☐	Uncontrolled with an A1C greater than 7.5%	2.0	
☐	Diabetic Ketoacidosis (DKA) within the last 6 months	2.5	
☐	Intensive insulin management (IIM) multiple daily injections	3.0	
		TOTAL:	0.0

Gastrointestinal System

Bowel Management

	Select one:	**Points**	**Score**
○	Bowel incontinence at least daily in members 3 years of age or older	1.5	2.0
◉	Digital stimulation at least daily and/or enema administration with incontinence	2.0	
○	Colostomy or ileostomy care once per day or more often	2.5	
○	None Apply	0.0	

Nutritional Management

	Select all that apply:	**Points**	**Score**
☐	Management of complications: adjustment or replacement of tube, frequent venting, or Farrel bag use	1.0	0.0
☐	Gastrostomy (G-tube) or jejunostomy tube (J-tube) care	1.0	
☐	Nasogastric tube care (NG-tube)	1.5	
☐	Enteral nutrition (pump or bolus) administration of feeding, residual check, adjustment, or replacement of the tube.	2.5	
☐	Parenteral nutrition with central line care	6.0	
		TOTAL:	2.0

Urinary System

	Select all that apply:	**Points**	**Score**
☐	Bladder incontinence at least daily in member's 3 years of age or older	1.5	0.0
☐	Urinary catheter, intermittent management, bladder irrigation	3.0	
☐	Urinary catheter, suprapubic indwelling management, urostomy, or vesicostomy care once per day or more often	3.5	
		TOTAL:	0.0

Contact Precautions

	Select if True:	**Points**	**Score**
☐	Requires isolation for infectious disease (i.e., tuberculosis, wound drainage, MRSA) or protective isolation (Nursing care activities for creating and maintaining isolation must be documented)	3.0	0.0
		TOTAL:	0.0

Integumentary System

	Select all that apply:	**Points**	**Score**
☐	Prescribed skin treatment (medication application or open wound care) more than one time daily.	1.0	0.0
☐	Burn care	2.0	
☐	Wound vacuum management	2.0	
☐	Postoperative care (within 45 days of surgery) for new or revised tracheostomy, ventricular shunt, or open abdominal or orthopedic surgery (e.g., halo care, external fixator, etc.)	2.0	
☐	Stage 1 or 2 wound management once per day or more often	2.0	
☐	Stage 3 or 4 wound management once per day or more often	2.5	
☐	Stage 3 or 4 wound management once per day or more often and multiple wound sites	3.0	
		TOTAL:	0.0

Lymphatic System

	Select if True:	Points	Score
☐	Edema (application of Ted Hose or Lymphatic wraps)	1.5	0.0
		TOTAL:	0.0

Nervous System

Seizure Management

Pick the one that represents the highest level of Skilled Nursing

	Select one:	Points	Score
◉	Yearly – 10 or fewer in the last 12 months	2.0	2.0
○	Monthly – 1 to 3 per month	3.0	
○	Weekly – 1 to 3 per week	4.0	
○	Daily or more often, requires at least four days per week (includes seizure clusters)	6.5	
○	None Apply	0.0	

Duration

	Select one:	Points	Score
◉	Less than 5 minutes	3.0	3.0
○	Greater than 5 minutes (status epilepticus)	6.0	
○	None Apply	0.0	

Interventions

	Select one:	Points	Score
○	Maintenance medication	2.0	3.5
○	Oxygen administration/Titration	2.0	
◉	Emergency rescue medication (must have been administered in the previous 6 months)	3.5	
○	Deep brain stimulator, VNS seizure magnet, and maintenance	2.5	
○	None Apply	0.0	
		TOTAL:	8.5

Behavioral Health

Selection of a behavior signifies that nursing interventions are required or affect the performance of skilled nursing

	Select all that apply:	Points	Score
☐	Confused, disoriented behavior	2.0	0.0
☐	Self-abusive behavior management with preventive intervention is needed.	2.0	
☐	Combative behavior, non-cooperative	5.0	
		TOTAL:	0.0

Mobility Assistance and Management

	Select all that apply:	Points	Score
☐	Impaired communication (e.g., visual, auditory, tactile) management	0.5	0.0
☐	Range-of-motion (ROM) or Active-Passive Range-of-Motion (APROM) exercises every 8 hours or more often.	1.5	
☐	Cast, brace, or helmet management	2.0	
☐	Rehabilitation therapy, Physical Therapy (PT), and Occupational Therapy (OT) with nurse-assisted participation in therapy	2.0	
☐	Immobilizer management (e.g., orthotic, brace, splint) with removal and replacement at least twice per shift.	3.0	
☐	Lift (total weight of 55 to 125 pounds), Transfer Assist Equipment	4.5	
☐	Activities of daily living (ADL) support is needed for more than 4 hours per day to maximize a member's independence.	3.0	
☐	Lift, (partial or total weight of more than 125 pounds) Transfer Assist Equipment	5.0	

Mobility Management

	Select one:	Points	Score
○	Ambulation deficit with the use of walker, wheelchair, or crutches	1.5	1.5
◉	Ambulation deficit related to age appropriateness	1.5	
○	Transfer Assist Equipment	1.5	
○	Total self-care deficit (e.g., wheelchair/bed-bound)	3.0	
○	None Apply	0.0	
		TOTAL:	1.5

Social Determinants of Care			
Family Situation/Considerations			
Multiply the total grid points above by the multiplier for updated points			
	Select one:	**Points**	**Score**
◉	The patient has multiple responsible caregivers available to assist with their medical needs. Each must be capable of safely and effectively administering medical care to the patient. Responsible caregivers must be available to help with patient medical care for at least 5 hours per day.	1.0	1.00
○	The patient only has one responsible caregiver to attend to their medical needs. The responsible caregiver must be capable of safely and effectively administering medical care to the patient. The responsible caregiver must be available to help with the patient's medical needs a minimum of 5 hours per day to indicate yes.	1.05	
○	The patient's responsible caregiver(s) works or attends school 30 hours or more per week. In instances where two responsible caregivers are available, each must work or attend school 30 hours or more per week.	1.1	
		TOTAL:	1.00

GRAND TOTAL FOR ALL CATEGORIES ON NURSING ACUITY GRID :	32.0	

CERTIFICATION

I HEREBY CERTIFY that by signing and submitting this report to the Division of Integrated Healthcare (Division) that the information may be relied upon for the accurate determination of Nursing Acuity.

I certify that all submitted data on this grid and any supporting information with it is true, accurate, and completed and prepared from the case notes and observations of the case worker, registered nurse (RN), or licensed practical nurse (LPN) in accordance with all applicable rules, regulations instructions, and requirements.

I further certify and represent that I have personally reviewed this report and that all representations are true and accurate according to the best available information and records.

I hereby agree to keep such records as are necessary to disclose fully the information contained herein for no less than five (5) years from the date of submission and further agree to make all said records and information available as original documentation or as copies as designated by the request of authorized state personnel, including, but not limited to, agents of the Department of Health and Human Services and the Division.

I UNDERSTAND AND INTEND THAT THE DIVISION WILL RELY UPON MY STATEMENTS HEREIN TO DETERMINE THE NURSING ACUITY AND ANY MISREPRESENTATION, FALSIFICATION, CONCEALMENT, OR OMISSION OF MATERIAL FACTS CONSTITUTES FRAUD AND I MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAW.

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Signature of RN or LPN caring for patient

Title: _____