

Skilled Nursing Needs Form

The time studies that have been required for private duty nursing (PDN) authorization, are not providing sufficient medical information to justify the hours of PDN that many agencies are requesting. A new tool has been developed to provide the information needed to support medical necessity and provide required care to Medicaid patients.

The following information must be completed by the nurse caring for the patient to indicate the number of skilled nursing services provided. Indicate by number or hash mark the number of services provided. Those with questions should contact the prior authorization nurse for further details.

SKILLED NURSING NEEDS FOR TRACHEOSTOMIZED, VENTILATOR, AND/OR TECHNOLOGY DEPENDENT PATIENTS

Indicate how many times per shift the following are done

Comprehensive Nursing Assessments (How many) _____
Breath Sounds-Auscultation (How many) _____
Before Suction (How many) _____
After Suction (How many) _____
Vital Signs taken (Number of times) _____
Need for Aerosol Treatment (How many) _____

Indicate if any of these occur during shift

Signs and Symptoms/Management	
Respiratory Distress (Number of times) _____	Intervention _____
Hypoxia (Number of times) _____	Intervention _____
Tachycardia (Number of times) _____	Intervention _____
Bradycardia (Number of times) _____	Intervention _____
Side effects of medication (Specify) _____	
Fluid retention (yes or no) _____	Intervention _____
Seizures (Number of times) _____	Intervention _____
Hyper or Hypotension (Number of times) _____	Intervention _____
Reflux (Number of times) _____	

Procedures— indicate how often the following are done during the shift

Suctioning (Number of times) _____ Wound care other than trach _____
Describe character of secretions _____
Chest Percussion (Number of times) _____ Dressing changes (not IV related) _____
IV Infusions _____ IV Line Care _____ IV Lab Draws _____
PRN Medications _____ Lab Draws by Venipuncture _____ TPN _____
Passive Range of Motion _____ Active Range of Motion _____
Checking Residuals _____

Note: Medications by mouth or G or J tube and tube feedings are not considered skilled after 60 days

Indicate if any of the following are completed during shift

Trach Care:

- Clean trach site
- Change trach ties
- Change trach tubes
- Cleaning of inner cannula
- Place on trach collar

Vent Care:

- Tubing changes
- Vent setting changes

Bagging:

- Via Trach
- Via Mouth

List other skilled treatments or procedures, be specific

RN/LPN Signature _____ Date _____