Service Record – Private Duty Nursing

| Medicaid Number | | | Last Name | | Fir | rst Name | | | | |
|-----------------------|--|--------|--------------|--------------------|--------|-----------|-------|--|--|--|
| Date of Birth WVEIS # | | | Diagnosis Co | de | School | | | | | |
| County | | Begini | ning Date | Ending Date | | Procedure | Units | | | |
| | | | | | | T1001 | | | | |
| Ind. Provider # | | Begini | ning Date | Ending Date | | Procedure | Units | | | |
| | | | | | | T1000 | | | | |

Private Duty Nursing Services: Written physician's orders with diagnosis and specialized care required. Must be identified on IEP (Care plan may be attached).

| Code | Procedure | Service Unit |
|-------|--|-----------------|
| T1001 | Nursing Assessment/Evaluation | 1 per year |
| T1000 | Nursing Services, Individual services (including the planning for the delivery of care in consultation with the parent, physician, school personnel, private duty nurse and delivery of actual specialized health procedures and evaluation of the student's response to the treatments summarized below.) | 15 minutes |

Authorized Individual Nursing Services/Treatments:

Signature

| Anaphylactic Reaction | | | | Maı | Manual Resuscitator | | | | | | | | Postural Drainage and Percussion | | | | | | | |
|---|----|----------|----|-----------------------|--|----|----|---|----|---|----|--|--|---|----|----|----|----|----|--|
| Catheterization: Clean-Self- Sterile | | | | Mechanical Ventilator | | | | | | | | | Seizure Management | | | | | | | |
| Crede's Method | | | | | Measurement of Blood Sugar with a Glucometer | | | | | | | | | Subcutaneous Insulin Infusion Pump/Bolus | | | | | | |
| Emergency Medication Administration | | | | Ora | Oral Suctioning | | | | | | | | Subcutaneous Insulin by Injection | | | | | | | |
| Enteral Feeding (tube feeding) | | | | | Ostomy Care: Emptying/Changing of Ostomy Pouch | | | | | | | | Tracheostomy Care | | | | | | | |
| Epinephrine Auto-Injector | | | | Oxy | Oxygen Administration | | | | | | | | | Vagus Nerve Stimulator | | | | | | |
| Inhalation Therapy by Machine | | | | Pea | Peak Flow Meter | | | | | | | | Administering Medications through Gastrostomy/N-G Tube | | | | | | | |
| Long-Term Medication Administration | | | | Phr | Phrenic Nerve Stimulator | | | | | | | | Epinephrine Twinject | | | | | | | |
| | | | | | | | | | | | | | | Special Dietary Needs Medical Statement | | | | | | |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | | 8 | | 9 | 1(|) I | 11 | 12 | 13 | 14 | 15 | |
| Proc. Fime | 1 | <i>L</i> | 3 | 7 | 3 | | | / | | 0 | | <u>) </u> | 10 | , | 11 | 12 | 13 | 14 | 13 | |
| | | | | | | | | | | | | | | | | | | | | |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 | 23 | | 24 | 25 | 5 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Proc. Γime | | | | | | | | | | | | | | | | | | | | |

Date