## Service Record - Private Duty Nursing



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

## Authorized Individual Nursing Services/Treatments:

| Anaphylactic Reaction | Manual Resuscitator | Postural Drainage and Percussion |
| :--- | :--- | :--- |
| Catheterization: Clean-Self- <br> Sterile | Mechanical Ventilator | Seizure Management |
| Crede's Method | Measurement of Blood Sugar with <br> a Glucometer | Subcutaneous Insulin Infusion <br> Pump/Bolus |
| Emergency Medication <br> Administration | Oral Suctioning | Subcutaneous Insulin by Injection |
| Enteral Feeding (tube feeding) | Ostomy Care: Emptying/Changing <br> of Ostomy Pouch | Tracheostomy Care |
| Epinephrine Auto-Injector | Oxygen Administration | Vagus Nerve Stimulator |
| Inhalation Therapy by Machine | Peak Flow Meter | Administering Medications through <br> Gastrostomy/N-G Tube |
| Long-Term Medication <br> Administration | Phrenic Nerve Stimulator | Epinephrine Twinject |
|  |  | Special Dietary Needs Medical <br> Statement |



| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Proc. <br> Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

