MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS

PRIVATE DUTY NURSING ASSESSMENT

INTERNAL USE ONLY

NAME	DCN	DATE OF BIRTH

	POINTS	DATE	DATE	DATE	DATE
NURSING ASSESSMENT					
■ CONTINUOUS	30				
■ INTERMITTENT (Do not score in addition to continuous nursing assessment)	15				
NEUROLOGICAL					
■ SEIZURES					
○ OBSERVATION	5				
○ INTERVENTION	5				
■ PAIN MONITORING	3				
RESPIRATORY					
■ VENTILATOR					
○ CONTINUOUS	50				
○ INTERMITTENT	45				
■ TRACHEOSTOMY (Do not score in addition to ventilator points)	40				
TRACH CARE					
○ TID OR MORE OFTEN	6				
○ BID OR LESS OFTEN	3				
○ TRACH CHANGE (add)	3				
■ CPAP/BIPAP					
○ CONTINUOUS	35				
○ INTERMITTENT	25				
■ OXYGEN					
○ CONTINUOUS, UNSTABLE	35				
○ CONTINUOUS, STABLE	25				
○ PRN	10				
■ PULSE OXIMETRY/OXYGEN SATURATION	15				
■ APNEA MONITOR	10				
SUCTIONING					
• MORE FREQUENTLY THAN EVERY HOUR	9				
• EVERY 1-2 hrs	7				
• EVERY 3-4 hrs	5				
• EVERY 5-7 hrs	3				
• LESS FREQUENTLY THAN EVERY 8 HOURS	1				
• STERILE (add)	2				
• NASOTRACHEAL SUCTION (NO TRACH)(add)	5				
NG/GT FEEDINGS					
• GASTROSTOMY TUBE	25				
• NASOGASTRIC TUBE	30				
• CONTINUOUS (6 hrs or longer) PER GRAVITY OR INFUSION PUMP (Continuous or bolus)	40				
BOLUS					
• EVERY 2 hrs	4				
• EVERY 3 hrs	3				
• EVERY 4 hrs	2				
• QID or less often	1				
MEDICATION ADMINISTRATION					
• PO	2				
• INJECTIONS	4				
• NG OR G TUBE	6				
• MULTIPLE MEDS (6 or more) (add)	4				

	POINTS	DATE	DATE	DATE	DATE
VENOUS ACCESS					
- LONG TERM VENOUS ACCESS	40				
- INFUSION PUMP	40				
- TOTAL PARENTERAL NUTRITION (TPN)	40				
IV MEDICATION/HYDRATION					
- CONTINUOUS INFUSION	10				
- QID	8				
- TID	6				
- QD	2				
BOWEL/BLADDER					
- COLOSTOMY/OSTOMY	5				
- SPECIALIZED BOWEL PROGRAM	3				
- SPECIALIZED MONITORING I/O	5				
- CATHETERIZATION					
◦ EVERY 4 HOURS	8				
◦ EVERY 8 HOURS	6				
◦ EVERY 12 HOURS	4				
◦ ONE TIME A DAY OR PRN	2				
◦ STERILE (add)	2				
- CONTINUOUS (FOLEY, SUPRAPUBIC)	2				
- CATHETER CHANGES (add)	2				
- PERITONEAL DIALYSIS	35				
SPECIAL TREATMENTS					
- MORE THAN QID	12				
- QID	8				
- TID	6				
- BID	4				
- QD/PRN	2				
DRESSING CHANGES					
- TID OR MORE OFTEN	3				
- BID OR LESS OFTEN	2				
- STERILE (add)	2				
SKIN					
- DECUBITI ASSESSMENT/POSITIONING	3				
- DECUBITI PRESENT	5				
TEACHING					
- INITIAL	25				
- REINFORCEMENT	10				
OTHER					
COMPROMISED IMMUNE SYSTEM (With Physician order to limit/eliminate exposure to other people)					
TOTAL POINTS		0	0	0	0
SERVICE COORDINATOR INITIALS					
DIAGNOSIS (ALL THAT APPLY)					

SOCIAL/ENVIRONMENTAL COMPONENTS: DOCUMENT THE SOCIAL/ENVIRONMENTAL COMPONENTS WITHIN THE FAMILY THAT IMPACT THE PRIOR AUTHORIZED SERVICES. (FACTORS MAY INCLUDE: FAMILY STRUCTURE, FAMILY'S ABILITY AND/OR WILLINGNESS TO PROVIDE CARE, WHETHER PARENT/CAREGIVER(S) WORK OUTSIDE THE HOME AND HOURS/DAYS THEY WORK, NUMBER OF CAREGIVERS IN HOME, HEALTH OF CAREGIVER(S), OTHER CHILDREN IN THE HOME, THEIR AGES AND HEALTH STATUS, AVAILABILITY OF PROVIDERS IN THE AREA, ETC.)

SERVICE COORDINATOR SIGNATURE	AUTHORIZED HOURS	DATE