Quarterly Private Duty Nursing Status Update

This status update is intended to document any changes in the child's health status in the last quarter. It is not a redetermination of eligibility. *If any answer indicates a change in status, the primary nurse must submit supporting documentation*.

Child's Name_____ **Medicaid Number**_____

Has the child's condition deteriorated or improved, overall? ☐ Yes ☐ No
Comments:_____

Has a condition or disease emerged that a physician identifies as unstable and that requires a change in nursing interventions or assessments? ☐ Yes ☐ No
Comments:_____

Has a skilled procedure or intervention been initiated or discontinued? ☐ Yes ☐ No
Comments:_____

Has there been a change in the child's condition that requires or indicates a need to significantly increase or decrease the frequency of a nursing assessment or intervention? ☐ Yes ☐ No
Comments:_____

Has the child's family structure significantly changed, impacting the delivery of care? ☐ Yes ☐ No
Comments:_____

The child needs skilled nursing services related to (check all that apply):
____ Altered Respiratory Function/ High Risk of Aspiration (specify)_____
____ High Risk of Injury/Death Related to Seizure Disorder (specify)_____
____ Medication Management and Evaluation of Medication Management (specify)_____
____ Alteration in Mobility/Potential for Skin Breakdown (specify)_____
____ Alteration in Nutrition (specify)_____
____ Alteration in Elimination (specify)_____
____ Other (specify) _____

Please provide the following information:
Vital sign ranges:_____ Seizure activity: _____
Oxygen saturation ranges:_____ Oxygen settings: _____
Progress towards therapy goals: _____

Additional comments: _____
_____
_____
_____

Status Update for (circle one): 1st Quarter 2nd Quarter 3rd Quarter

_____ _____ _____ _____
Private Duty Nurses Signature Date Private Duty Agency Date

The above information has been reviewed with: _____ _____
Family or Legal Guardian Signature Date