

8.3 Definitions for Particular Health-Related Services

This table lists conditions and needs with frequency of help needed. See “8.4 Frequency of Help/Services Needed” for instructions on how to fill in the frequency rows on the HRS table.

Medical or Skilled Nursing Need	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
BOWEL or OSTOMY - Related SKILLED Tasks (digital stim, changing wafer, irrigation) Does not include site care.	<input checked="" type="checkbox"/> Parents report that child receives one or more of the treatments listed. <input checked="" type="checkbox"/> Parents perform “skilled” tasks, including changing the wafer (which adheres to the skin and needs to be cut to proper size to avoid skin breakdown around the ostomy) and/or irrigations. <input type="checkbox"/> Child receives suppositories, laxatives, or other medications. <input type="checkbox"/> Child is on a “toileting schedule” but has none of tasks listed in the row. <input type="checkbox"/> Someone empties the ostomy bag a few times a day. (This is not a skilled task.) <input type="checkbox"/> Child has urinary ostomy from the bladder. (See Urinary Catheter row.) <input type="checkbox"/> <i>Site care and dressings for ostomy is captured in the wound care row, not here.</i>
DIALYSIS (hemodialysis or peritoneal, in home or at clinic)	Dialysis is usually every other day, or three days a week. That should be the frequency checked for this row; do not check higher frequencies for general monitoring of blood pressure, fluid and diet, and so on. <input checked="" type="checkbox"/> Child goes to a dialysis clinic every other day or receives treatment in home under same frequency. (Check “4-7 days/week” frequency.) <input checked="" type="checkbox"/> Home health nurse or parents administer “peritoneal dialysis” every night. (Check “2 or more times/day” frequency for hooking up and disconnecting the dialysis system.) <input type="checkbox"/> <i>Site care and dressings to the dialysis shunt (an IV-like line for access to blood vessels) is captured in the wound care row, not here.</i>
IVs - peripheral or central lines - fluids, medications, transfusions. Infusion pumps related to diabetic care Does not include site care.	Lines: <input checked="" type="checkbox"/> Child goes to outpatient hospital or clinic to receive IV treatments. <input checked="" type="checkbox"/> Parent flushes child’s central line once a day. <input checked="" type="checkbox"/> Child has a port that is accessed twice a week for chemotherapy. <i>Definition: “flush.” If an IV does not have fluids dripping in, it needs a “flush”- a tiny injection of blood thinner or saline to keep it from clotting closed.</i> <input type="checkbox"/> <i>Site care and dressings for IVs and ports is captured in the wound care row, not here.</i> Insulin Pump: Must be a continuous infusion. Mark the frequency of skilled help needed with insulin pump. <input checked="" type="checkbox"/> Child is not independent with programming the pump or changing the insulin bag. <input type="checkbox"/> Does not include periodic insulin injections or periodic insulin bolus. <input type="checkbox"/> Does not include monitoring glucose.

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	<p><input type="checkbox"/> Site care and changing the needle or dressing for insulin pump is captured in the wound care row, not here.</p>
<p>OXYGEN and/or deep SUCTIONING – With Oxygen to include only SKILLED tasks such as titrating oxygen, checking blood saturation levels, etc. Includes use of pulse oximeter and apnea monitor</p>	<p><input checked="" type="checkbox"/> “Deep” suctioning (down the back of the throat or through a trach into the windpipe) is being done. <input checked="" type="checkbox"/> Child wears oxygen while napping and overnight. Parent needs to apply it. The child’s vital signs are assessed when applying and discontinuing oxygen supply. (Check “2 or more times/day” box.) <input checked="" type="checkbox"/> Child gets short of breath easily and needs someone to monitor for that and apply oxygen if needed. Over the past few months, child has needed oxygen on average more than half the days, and it is needed several times each day. Two or more times a day is the most accurate average frequency for them. <input checked="" type="checkbox"/> Child is on oxygen and needs continual monitoring of it. (Check 2 or more times a day.) <input type="checkbox"/> “Oral” or pharyngeal suctioning (just in the mouth) is being done. <input type="checkbox"/> Bulb suctioning in infant’s nostrils.</p>
<p>RESPIRATORY TREATMENTS: Chest PT, C-PAP, Bi-PAP, IPPB treatments (does NOT include inhalers or nebulizers)</p>	<p>Use this row to record frequency for respiratory treatments such as “C-PAP” or “Bi-PAP” and chest physiotherapy and postural drainage. <input checked="" type="checkbox"/> Child receives chest PT and respiratory therapy from a respiratory therapist. <i>Definition: “Chest PT” is chest physiotherapy to help move mucous up out of the lungs. It includes someone clapping on the child’s back, or vests or machines that shake or tap on the torso.</i> <input checked="" type="checkbox"/> Parents and school aides do chest PT and postural drainage twice every day. <input checked="" type="checkbox"/> Child uses C-PAP or Bi-PAP during sleep times. <i>Definition of C-PAP and Bi-PAP: Non-invasive airway support using a facemask, Unlike the ventilator, this machine does not breathe for the child; it creates extra pressure when the child takes a breath to help open the child’s airway structures.</i> <input checked="" type="checkbox"/> Child receives IPPB treatments one to four times a day depending on their breathing status. On average over the past few months, they receives IPPB treatments twice a day. (Check “2 or more times/day” box.) <i>Definition: IPPB treatments involve pouring a precise amount of liquid medicine into an aerosolizing machine.</i> <input type="checkbox"/> An adult administers hand-held inhalers or aerosols.</p>

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<p>TPN (total parenteral nutrition) Does not include site care.</p>	<p><i>Definition: This is when the child gets all their nutrition through an IV (intravenous) line. This is not a feeding into the stomach, i.e., g-tube.</i></p> <p>TPN is always run via an IV pump for precise infusion rate control. It requires close monitoring, so the screener would check the “2 or more times a day” column.</p> <p><input checked="" type="checkbox"/> The child is not meeting their nutritional requirements via their intestinal system (oral or through a feeding tube) so they receive TPN intravenously to meet their nutritional needs. Check “2 or more times a day.”</p> <p>Note: Children may take some nutrition through their intestinal system while receiving TPN (e.g. to keep interest in foods or stimulate the intestines) but it is not enough to support all of their nutritional needs.</p> <p><input type="checkbox"/> Child has continual IVs, which parent calls “sugar water,” but the IV bags contain clear fluid, parent has never heard of “TPN,” and child eats food. <i>This is IV fluid with just a little sugar, not complete nutrition; it is not TPN.</i></p> <p><input type="checkbox"/> <i>Site care and dressings for IVs and ports is captured in the wound care row, not here.</i></p>
<p>TUBE FEEDINGS Does not include site care</p>	<p><i>Definitions</i></p> <p><i>NG (nasogastric): A feeding tube down the nose (or mouth) and esophagus to the stomach. NG tubes are temporary, due to risk of aspiration into lungs, discomfort in nose and throat, and skin breakdown of the nostrils.</i></p> <p><i>G-tube (gastrostomy): A feeding tube goes through the abdomen into the stomach.</i></p> <p><i>J-tube (jejunostomy): A feeding tube goes through the abdomen into the intestine just below the stomach.</i></p> <p><i>G and J tubes require a special button apparatus to hold the-tube in place. Common buttons are “Mic-key button” and “AMT Mini-one button”</i></p> <p>The screener does not need to separate out every single task if several are done at the same time. Instead, indicate the general number of times a day that the tube feeding is changed, started, and stopped. Do not include flushing the tubing after medication administration.</p> <p><input checked="" type="checkbox"/> Young child is on a continuous tube feeding. The skilled tasks (checking for proper placement, starting a new bag of feeding, running the pump, and so on) are most often done many times a day. Check the “2 or more times a day” column.</p> <p><input checked="" type="checkbox"/> Child is starting to eat, but receives an eight-hour tube feeding two or three times a week. To properly account for starting/stopping feeds, check “4 to 7 times/week” column.</p> <p><input checked="" type="checkbox"/> Child can eat by mouth but receives needed hydration through a G-tube. Check frequency of tube feedings for liquids.</p>

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	<p><input checked="" type="checkbox"/> Child can eat, and the G-tube is being used only for medications. The only skilled task is changing the G-tube every 30 days and as needed. Check “1-3 times/month” column. <input type="checkbox"/> Flushing the tubing after medication administration is not counted as a skilled task.</p>
<p>URINARY CATHETER-RELATED SKILLED TASKS (straight caths, irrigations, instilling meds).</p>	<p><i>Definition: “Straight catheterizations” or “Intermittent urinary catheterizations” are an “in & out” cathing, done usually every four to eight hours.</i></p> <p><input checked="" type="checkbox"/> Child has a vesicostomy (small opening from the bladder out of the lower abdomen), and the parent needs to dilate it. Check the frequency for which it is dilated.</p> <p><input checked="" type="checkbox"/> Child has a suprapubic catheter (through a stoma on the skin into the bladder). Parents “irrigate” (flush) the catheter twice a day. Check “2 or more times/day column.”</p> <p><input checked="" type="checkbox"/> Child has a continuous indwelling catheter. Someone else empties the bag three times a day. The only skilled task is to change the catheter every 30-60 days as ordered by physician, and as needed. Check “1 to 3 times/month.”</p> <p><input checked="" type="checkbox"/> Child has a urinary catheter overnight only. Putting it in and taking it out count as two separate tasks. Check “2 or more times/day.”</p> <p><input checked="" type="checkbox"/> 10-year-old boy with Spina Bifida self-catheterizes six times a day, using “clean” technique (not sterile). Though independent with cathing, his parents still need to assess daily for signs of a urinary tract infection Therefore four to seven times a week frequency is most accurate.</p> <p><input checked="" type="checkbox"/> When a child can self-catheterize, but needs one-to-one direction, this would be considered “skilled nursing help.” Therefore, check the “2 or more times a day” box.</p> <p><input type="checkbox"/> Child has vesicostomy and it is draining without dilation.</p> <p><input type="checkbox"/> Routine “cath care” usually just soap and water as normal part of bathing.</p>