

**Ohio Department of Developmental Disabilities  
Nursing Task Assessment Form**

Individual: \_\_\_\_\_  
 Name of assessor: \_\_\_\_\_  
 Contact Phone and Email: \_\_\_\_\_  
 Name(s) of informants: \_\_\_\_\_  
 \_\_\_\_\_

DODD#: \_\_\_\_\_  
 Waiver Span: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Budget Type: \_\_\_\_\_

Evidence of the individual's special circumstances must be submitted to DODD along with the skilled needs assessment form. Nursing will only be authorized when the individual's needs cannot be met through unpaid supports, unlicensed personnel with medication administration certification, unlicensed personnel under RN delegation, or state plan nursing. \*\*\*\* Department of Developmental Disabilities (DODD) authorizes PDN for TDD to IO. Ohio Department of Medicaid authorizes PDN for those enrolled on IO and all other DODD waivers.\*\*\*\*

Instructions:  
 Classification: 1. If paid support is required for this task, Nursing could be authorized. 2. Nursing only authorized if extenuating circumstances exist, such as; a. unstable medical condition b. no available provider c. other (explain)

For any task for which Nursing is needed (whether it's met or needed), the assessor must indicate in the "comments/notes" section the times of day to perform each task as well as indicate the proposed Nursing schedule and total authorization needed.  
 "Licensed RN" - Tasks performed only by a Registered Nurse or Licensed Practical Nurse acting within the scope of his/her practice.  
 "Licensed LPN" - Tasks performed only by a Registered Nurse or Licensed Practical Nurse acting within the scope of his/her practice.  
 "RN delegation" - Tasks delegated by an RN in accordance with chapter 5123:2-6 of the Ohio Administrative Code  
 "Non-licensed with family delegation" - Tasks delegated to independent providers who DO NOT possess a Nursing license. Tasks are delegated by family members who live with the individual in accordance with ORC 5123.47.  
 "Non-licensed with certification" - Tasks performed without Nursing delegation by staff who have completed the medication administration curriculum outlined in chapter 5123:2-6 of the Ohio Administrative Code.  
 "Non-licensed" - Tasks that may be performed by paid staff without additional certification, RN delegation, and/or family delegation.  
 "Unpaid natural support" - Tasks performed by unpaid personnel who are appropriately trained to do so by medical professionals managing the individual's care

Care Required	Classifications	How are current needs being met now?	Nursing Requested?	Comments Section: If classified #2, and answered Yes, provide explanation If any Nursing is used for task(s); provide frequency and duration of task(s) performed/day
<b>Tracheostomy</b>				
1) Performing respiratory assessment:	1			
<b>2) Tracheostomy suctioning</b>				
a. Visual inspection of individual at least q 15 minutes to determine need for tracheal suctioning based upon:				
i. Up to 4 hours/day	1			
ii. Between 4 - 8 hours/day	1			
iii. Between 8 - 12 hours/day	1			
iv. Between 12 - 16 hours/day	1			
v. Between 16 - 20 hours/day	1			
vi. Between 20 - 24 hours/day	1			
<b>b. Suctioning procedure typical for tracheostomy</b>				
i. Suctioning required up to 10x/day	1			
ii. Suctioning required more than	1			
<b>3) Tracheostomy Care includes:</b>				
<b>a. Changing tracheostomy ties</b>				
i. Changing ties daily	1			
ii. Changing ties > 1x/day	1			
<b>b. Cleaning tracheostomy</b>				
<b>i. Daily stoma site cleaning</b>				
ii. Cleaning tracheostomy inner cannula daily	1			
iii. Cleaning tracheostomy inner cannula > 1x/day	1			
<b>c. Checking tracheostomy cuff pressure 2-3x/day</b>				
1				
<b>d. Changing Tracheostomy Tubes</b>				
<b>i. Trach tube change weekly</b>				
1				
<b>ii. Trach tube change &gt; 1x/week</b>				
1				
<b>Humidification (do not include built-in oxygen humidification)</b>				

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1. Applying tracheostomy mist collar	2			
2. Applying heat moisture exchanger (HME)	1			
<b>Oxygen Administration</b>				
1. Applying oxygen cannula/mask	2			
2. Flow rate				
a. Setting flow rate	2			
b. Adjusting flow rate intermittently within clearly defined and documented parameters	2			
c. Adjusting flow rate intermittently based upon clinical assessment	1			
<b>Pulse Oximetry</b>				
1. Monitoring/recording oxygen saturation levels	2			
2. Checking skin (probe site) for any signs of skin irritation or breakdown	2			
3. Changing pulse oximeter probe	2			
<b>Suctioning (other than tracheostomy suctioning)</b>				
1. Nasopharyngeal suctioning	1			
2. Oropharyngeal suctioning	1			
3. Oral suctioning	2			
<b>Ventilator-Support</b>				
1. Assessing respiratory status for PRN ventilatory support	1			
2. Setting ventilator parameters as per physician orders	1			
3. Assessing respiratory status and managing potential complications while on ventilator				
a. Ventilator support - continuous 24 hr/day	1			
b. Ventilator Support - 12 to 23 hrs/day	1			
c. Ventilator Support - less than 12 hr/day	1			
<b>BIPAP (bilevel)/CPAP (continuous) positive airway pressure</b>				
1. Technical set-up and operation apply mask				
a. Room air only	2			
b. Oxygenation	2			
Applying Percussion Vest (HFCWO)	2			
Using Cough Assist Device-Insufflator	2			
<b>Chest Physiotherapy - Percussion/Postural Drainage</b>				
1. Performing P&PD 1 - 4 x per day	1			
2. Performing P&PD more than 4xper day	1			
<b>Nebulizer Treatments</b>				
Administering nebulizer treatments > or = to every 4 hours	1			
Administering nebulizer treatments < every 4 hours weekly	1			
<b>Glucose Level Measurements</b>				
1. Performing Glucose Monitoring - using a glucometer	2			
<b>Vital Sign Monitoring</b>				
1. Measuring Blood	2			
<b>Medication Regimen</b>				
1. Administering oral medications (including topical applications, suppositories, enemas, eye/ear/nose drops)	2			
a. Nasal Versed	2			
2. Administering medications via G/J feeding tube	2			

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<b>3. Administering inhalation medications</b>				
a. Multi-dose inhaler	2			
b. Inhaled insulin	2			
<b>4. Administering intramuscular injections</b>				
<b>5. Administering subcutaneous injections</b>				
a. Insulin/Insulin Pump	2			
i. Routine Administration	2			
ii. Sliding scale administration within clear parameters	2			
iii. Sliding scale administration based upon clinical assessment	1			
b. Epi-Pen Emergency Treatment	2			
c. Glucagon	2			
d. All other SQ/IM injections	1			
<b>6. Administering intravenous therapy</b>				
a. Central line therapy	1			
b. Total Parenteral Nutrition	1			
c. Peripheral	1			
d. IV Medications				
IV medications every 4 hours or MORE often	1			
IV medications LESS often than every 4 hours	1			
IV medications less than daily but more than weekly	1			
<b>Blood Draws - Venipuncture</b>				
1. Peripheral venipuncture	1			
2. Blood sample obtained from central catheter or implanted venous access device	1			
<b>Enteral Feeding</b>				
1. Providing nutrition via feeding tubes				
a. Nasogastric	1			
b. Nasoduodenal	1			
c. Nasojejunal	1			
d. Gastrostomy (including Mic-key)	2			
e. Jejunostomy	2			
2. Caring for stoma	2			
3. Placing feeding tube	1			
4. Venting of G-Tube	2			
<b>Seizure Precautions</b>				
1. Activating VNS if applicable	2			
2. Administering EMERGENCY DIASTAT as ordered for seizure activity	2			
<b>Bowel Function</b>				
1. Bowel protocols - (Laxative/suppositories/enema included above)				
a. Rectal Stim	1			
b. Disimpaction	1			
2. Ostomies				
a. Colostomy care - Applying device and cleaning stoma	2			
b. Ileostomy care - Applying device and cleaning stoma	2			
c. Cecostomy care	2			
d. Emptying ostomy collection bags	2			
e. Irrigating ostomies	1			

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f. Administering antegrade enemas	2			
<b>Bladder Function</b>				
<b>1. Catheterization</b>				
a. Performing in/out straight catheterization	2			
b. Routine insertion of indwelling catheter	1			
c. Applying condom catheter	2			
d. Emptying collection bag	2			
e. Performing catheterization via Vesicostomy (Mitrofanoff)	2			
<b>2. Urostomy</b>				
a. Emptying Urostomy bag	2			
b. Changing of Urostomy bag	2			
Monitoring weights	2			
Measuring/recording abdominal girth	2			
Monitoring fluid restrictions	2			
<b>Peritoneal Dialysis</b>				
1. Preparing/setting up for dialysis treatment	1			
2. Performing dialysis procedure	1			
3. Follow post-dialysis protocol	1			
4. Document amount and type of dialysate, dwell time, and amount/character of drainage	1			
<b>Topical Applications to Intact Skin -</b>				
1. Sun screen	2			
2. Lotions	2			
3. OTC ointments	2			
4. OTC Patches	2			
<b>Dressing Application/Care</b>				
1. Simple Bandage - > Band-Aid, Gauze, Tape	2			
2. Basic first aid to minor cuts or skin irritations	2			
Wound Care	1			
Wound Vacuum-Assisted Closure Device	1			

Proposed Nursing Hours: Duration of visit (how many hours per visit/day) Distinguish the nursing services: Waiver, State Plan HHS, State Plan PDN

Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	