

PDN  
Acuity Scale  
Training

# PDN ACUITY SCALE

- PDN Acuity determines if the consumer has continuous skilled nursing needs - requires > 4 hours/nursing shift.
- Areas of needs are 'weighted' with a points system based upon the complexity/intensity of the care required.

# PDN ACUITY SCALE

- Acuity Scale – The Point Totals:
  - determine if the individual qualifies for Private Duty Nursing – meaning the individual requires nursing care for shifts greater than 4 hours in duration.
  - provide an estimation of the total hours of nursing care needed/week

# PDN ACUITY SCALE

## Skilled Nursing Needs

### 1. Pulmonary Care

- a) Unstable  
Airway
- b) Tracheostomy
- c) Suctioning
- d) Oxygen

## Skilled Nursing Needs

- e) Humidification
- f) Ventilators
- g) BiPAP/CPAP
- h) Nebulizer  
Treatments
- i) Chest PT, HFCWO,  
Cough Assist Device

# PDN ACUITY SCALE - CONTINUED

## 2. Medication Administration

- a) Number of medication dose administration(s)
- b) IV Access
  - i. Peripheral
  - ii. Central
  - iii. Transfusion of Blood Products
  - iv. Total Parenteral Nutrition

## 3. Blood Draws – Frequency

- a) Peripheral – at least 2x/week
- b) Central – at least 2x/week

# PDN ACUITY SCALE - CONTINUED

## 4. Nutrition:

- a) Difficult Feeding by Nurse
- b) Enteral Feeding
  - i. Routine bolus OR continuous
  - ii. Combination bolus AND continuous

## 5. Seizures:

- a) Mild -> no intervention
- b) Mild -> 4x/week, minimal intervention
- c) **Moderate** -> daily with minimal intervention
- d) **Moderate** -> 2-5/day with minimal intervention
- e) **Severe** - > 10/month all requiring intervention
- f) **Severe** -> at least 1x/day requiring IV/IM/Rectal intervention
- g) **Severe** -> greater than 1/day requiring IV/IM/Rectal intervention

## PDN ACUITY SCALE - CONTINUED

### 6. General Assessments

### 7. Elimination Needs

- a) Incontinence of Bowel OR Bladder
- b) Incontinence of Bowel AND Bladder
- c) Catheterization
- d) Ostomy Care: Bowel and Bladder
- e) Peritoneal Dialysis

### 8. Wound Care

- a) Wound Vac
- b) Stage 1-2, Wound care at least daily (including tracheostomy, G/J tube site care)
- c) Stage 3-4, Multiple Wound sites

## PDN ACUITY SCALE - CONTINUED

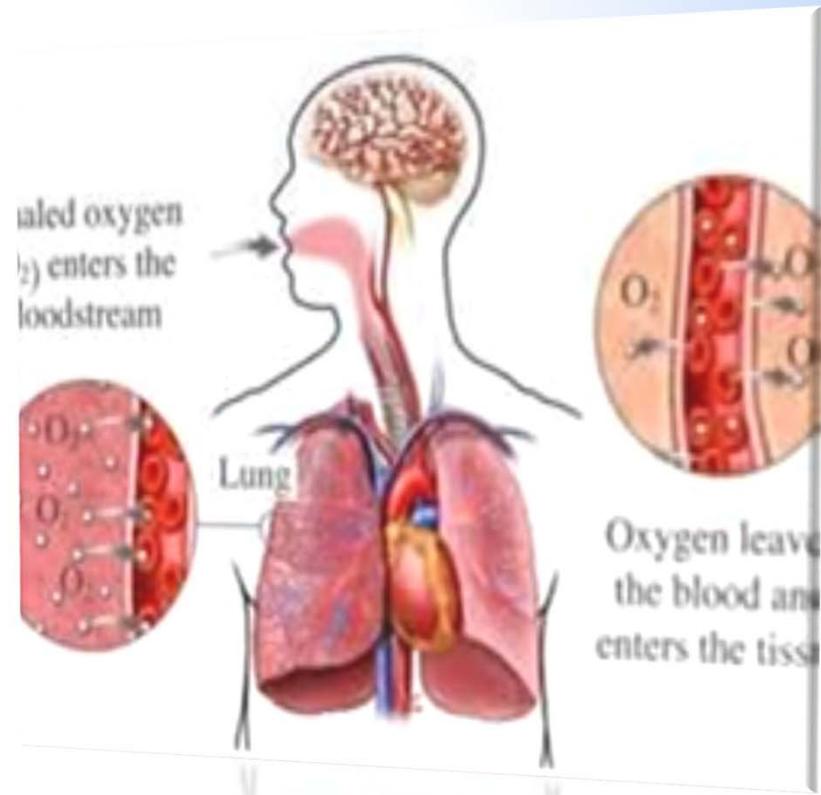
### 9. Therapies

- a) Passive Range of Motion
- b) Splinting schedule requires remove or replace every shift
- c) Splinting schedule requires remove or replace at least 2x/shift

### 10. Issues Interfering with Care

- a) Unwilling or unable to cooperate
- b) Weigh > 100 lbs. or immobility increases care difficulty
- c) Unable to express needs and wants

- \* Airways
- \* Tracheostomy (Trach)
- \* Suctioning
- \* Oxygen
- \* Humidification
- \* Ventilator
- \* BiPAP/CPAP
- \* Nebulizer Treatments
- \* Chest Percussion
- \* HFCWO/Cough vest



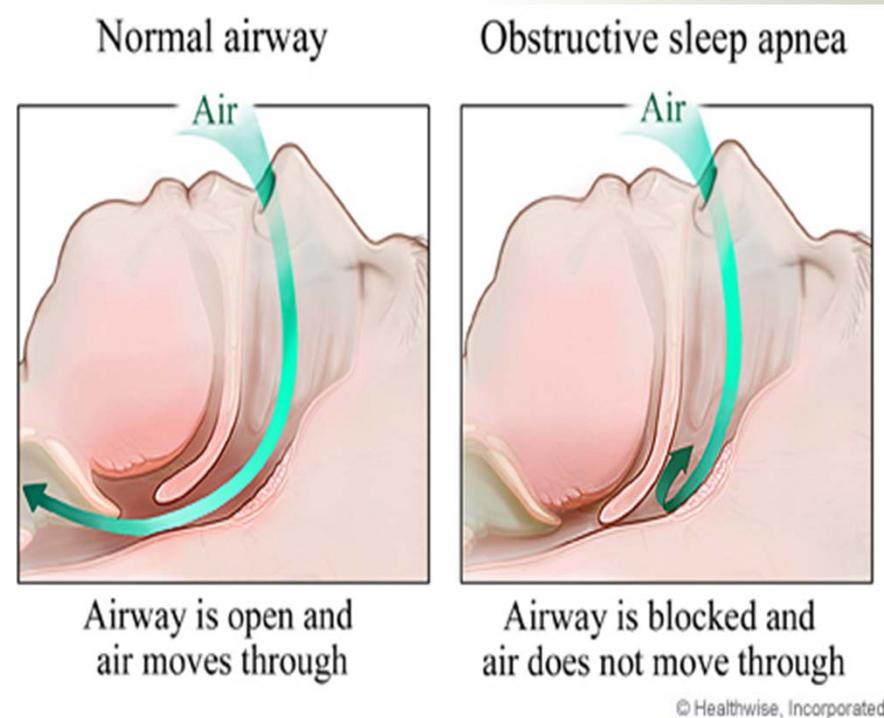
## \* 1. Respiratory/Pulmonary Measurement Components

Unstable Airway with desaturation of oxygen levels:

Oxygen desaturation – decreased oxygen in the blood.

Potential causes:

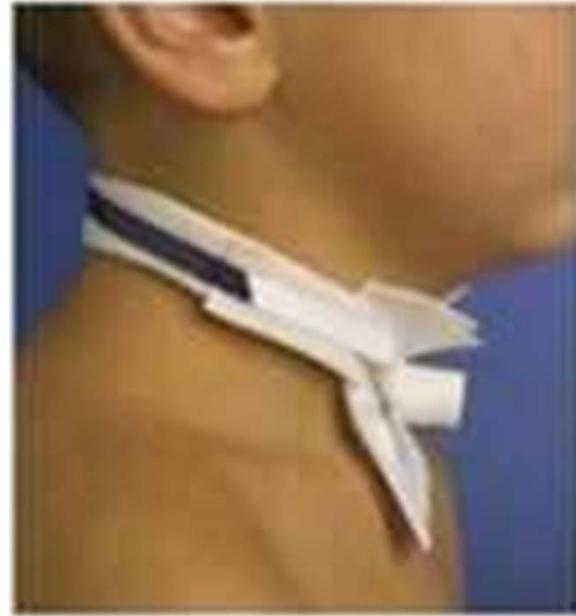
- environmental issues
- breathing problems such as:
  - asthma,
  - sleep apnea,
  - bronchial infections
  - chronic lung diseases



Indicate on Acuity Scoring if Unstable Airway

\* a) Unstable Airway

- \* Daily care of the trach site is needed to prevent infection and skin breakdown under the tracheostomy tube and ties.
- \* Some tracheostomies have inner cannulas which are disposable. These should be changed daily, discarding the old cannula. Check with your equipment vendor regarding disposable cannulas.



## b) Tracheostomy — Routine Care



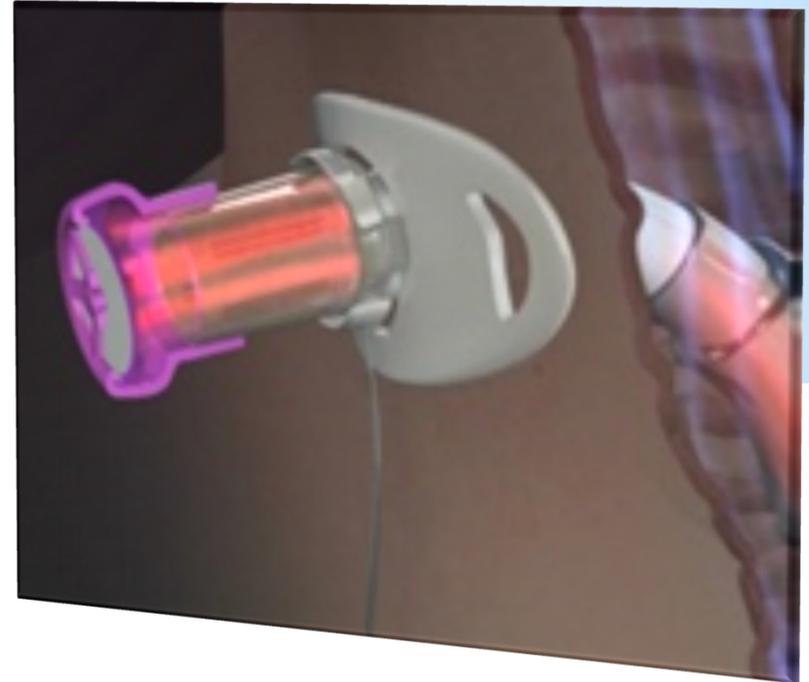
Use Acuity scoring to indicate special care needed for tracheostomy

- \* Frequent Trach tube changes
- \* Trach site infection requiring frequent care
- \* Tracheal irritation
- \* Mucus Plugs
- \* Trach cuff pressure measurement with episodic inflating/deflating of cuff
- \* Mucosal Bleeding
- \* Weaning

## \* b) Tracheostomy – Special Care

Passy-Muir® Valve is a simple device used by tracheostomy and ventilator patients. The Passy-Muir Valve redirects air flow enabling voice and improved communication. Other clinical benefits include:

- improved swallowing,
- secretion management, and
- oxygenation.



\* **b) Tracheostomy -**  
Bonus Information

## \* c) Suctioning

What is it?

Why is it done?



- \* Suctioning is removing mucus and fluids from the nose, mouth, or back of the throat with a bulb syringe or a catheter (thin flexible tube).
- \* Suctioning is usually done when someone has mucus or fluids that s/he is unable to cough up, which may block air passages.

## \*Suctioning

NasoOroPharyngeal  
(nose/mouth/throat)  
suctioning-individual is  
able to cough effectively  
but is unable to clear  
secretions by  
expectorating .

Indicate on Acuity scoring  
if this is required > 10x/day.



Yankauer Suction

Flexible Suction Catheter



## \*c) Suctioning

\* **Tracheal suctioning** – performed through the tracheostomy to remove excess secretions.

(secretions do not allow for proper ventilation and oxygenation)

\* Suction Catheters

\* In-Line Catheters

\* Flexible Catheters – sterile

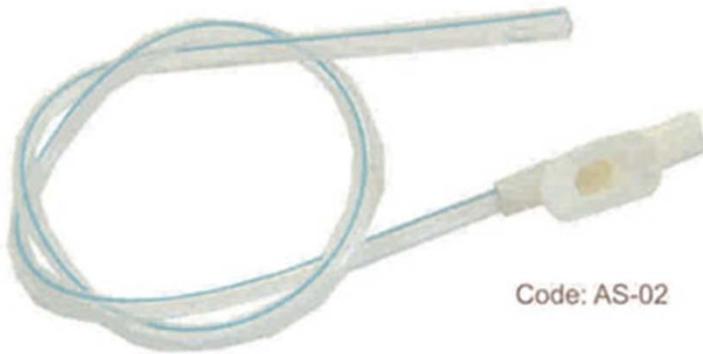
Indicate on Acuity Scoring:

Suctioning 2-10x/day

Suctioning > 10x/day



In-Line Catheter

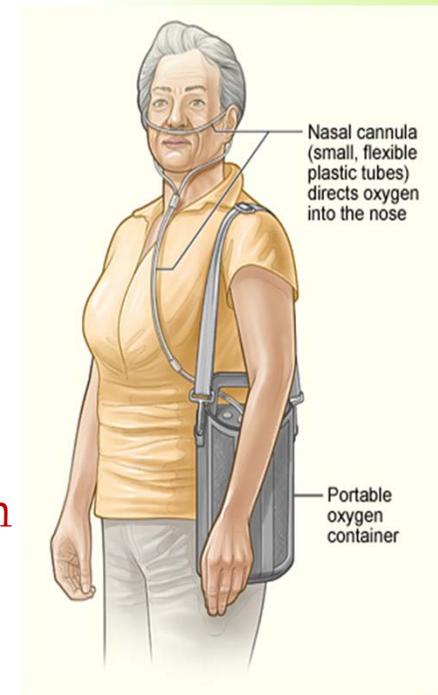


Code: AS-02

\* **c) Suctioning**

Flexible Catheter

- Oxygen therapy is the administration of oxygen at concentrations greater than that in room air to treat or prevent hypoxemia (not enough oxygen in the blood).
- Oxygen can be administered by nasal cannula, mask, ventilator, BiPAP or CPAP.
- Oxygen is considered a drug and should be listed on the Medication Profile
- Acuity Measurement is based upon the order for administration, either continuous or determined by oxygen saturation levels.



## \* d) Oxygen

- \* Pulse oximetry is a simple non-invasive method of monitoring the percentage of hemoglobin (Hb) which is saturated with oxygen.
- \* 'Pulse Ox' help assess whether a patient's oxygen therapy is adequate.
- \* They do have limitations in the assessment of patients developing respiratory failure due to CO<sub>2</sub> retention.
- \* The readings should always be interpreted in association with the patient's clinical condition.



\* d) Oxygen - Pulse Oximetry



- Patients must be advised *not to change the flow rate* of oxygen unless directed to do so by the physician.
- Oxygen supports combustion, therefore no open flame or combustible products should be permitted when oxygen is in use. These Include:
  - ✓ petroleum jelly,
  - ✓ oils,
  - ✓ aerosol sprays.
  - ✓ a spark from a cigarette, electric razor, or other electrical device which could easily ignite oxygen-saturated hair or bedclothes around the patient.
- ❖ There should be a functioning smoke detector and fire extinguisher in the home at all times

## \*Oxygen Precautions - Bonus Information

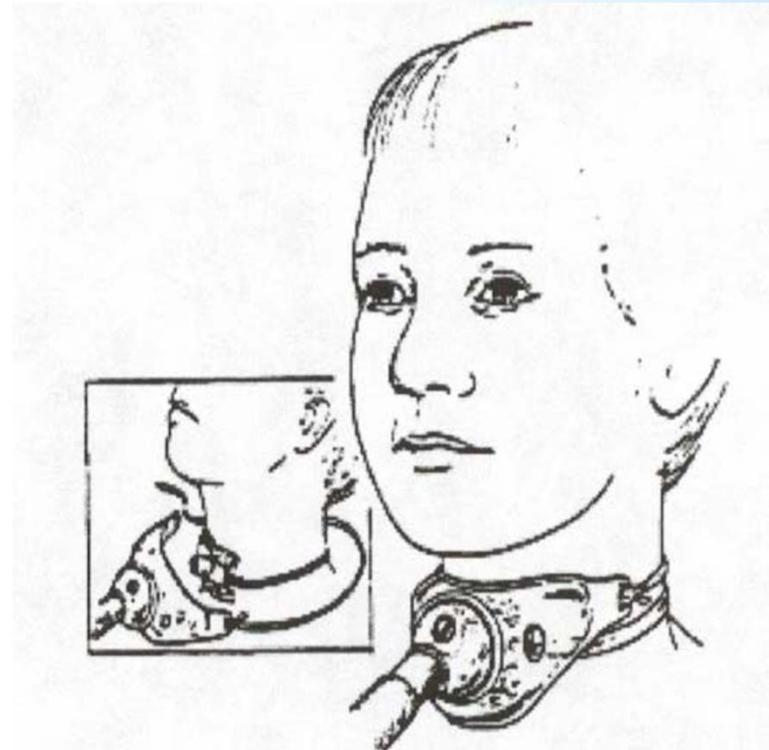
- Why is humidification needed?  
Normally, the nose and mouth provide warmth, filtering and moisture when we breathe. With a tracheostomy -these mechanisms are bypassed. Humidification must be provided to keep secretions thin and to avoid mucus plugs..
- One method for providing the needed moisture is with the **Heat Moisture Exchanger (HME)** added to the trach tube.



Heat Moisture Exchanger

\* e) Humidification - HME

- Another method to add moisture/warmth is with a Trach Collar.
- The trach collar keeps a pocket of moist air at the opening of the trach tube.
- Acuity measurement is based upon the need for Humidification treatment



\* e) Humidification –  
Trach Collar

Mechanical ventilation is a method for using machines to help patients breathe when they are unable to breathe sufficiently on their own.

\* A variety of medical conditions can impair the ability of these muscles to accomplish this task, including:

- muscular dystrophies
- motor neuron disease
- damage to the brain's respiratory centers
- polio
- myasthenia gravis
- myopathies affecting the respiratory muscles
- scoliosis



Mechanical ventilation may be required only at night, during limited daytime hours, or around the clock, depending on the patient's condition. Acuity Scale measurements based on hours of ventilator support needed.

## f) Ventilators

- Electrical company notification in order that the individual be placed on emergency reconnect status
- An emergency generator may be needed. Most home ventilators have a battery pack as a backup to electricity.
- Back-Up Ventilator in the event of mechanical failure
- Emergency Equipment including Ambu-Bag, Oxygen, Suctioning Equipment

## \* Ventilator Safety





\* BiPAP or Bi-level Positive Airway Pressure is used to restore the volume left in the lungs at the end of a resting exhalation. This allows more efficient gas exchange, improving oxygenation.

\* Acuity measurement based on hours used/day.

## \*g) BiPAP Therapy

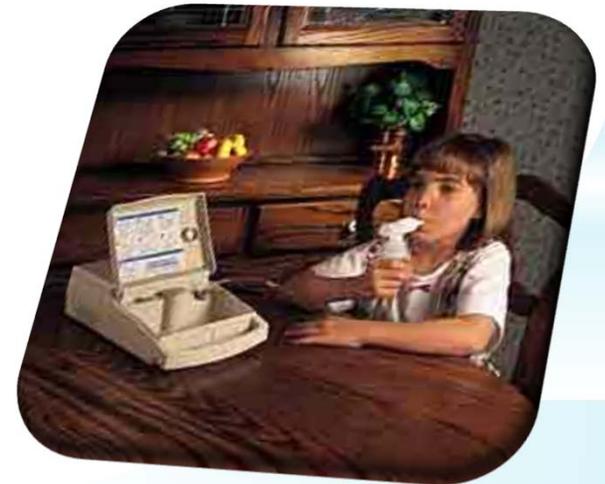
- \* CPAP, or continuous positive airway pressure, is a treatment that uses mild air pressure to keep the airways open. – Sleep Apnea
- \* CPAP also may be used to treat preterm infants whose lungs have not fully developed. For example, doctors may use CPAP to treat infants who have respiratory distress syndrome (RDS) or bronchopulmonary dysplasia (BPD)



\* g) CPAP Therapy

- \* Nebulizer treatments are given to treat respiratory conditions, such as asthma, bronchitis, emphysema and lung infections.
- \* A liquid medication is placed inside a nebulizer cup and attached to a nebulizer, or air compressor, which vaporizes the medication so it can be inhaled into the lungs.
- \* Acuity measurement is based upon number of treatments administered by nurse.

## \* h) Nebulizer Treatments

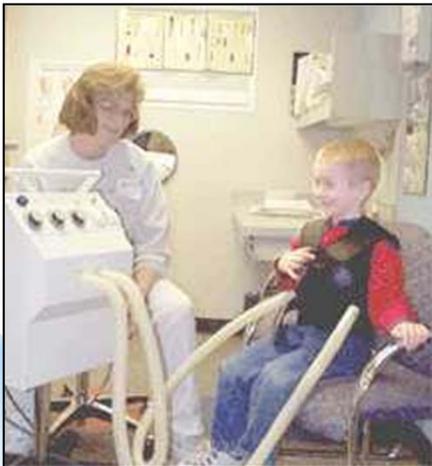




HFCWO



Nebulizer



Cup-shaped hand



Percussion

Positive Pressure



Percussion/Postural Drainage

- \* **What does it do?** Induces coughs to clear airway of secretions so that the individual can receive increased oxygenation.
- \* **Who needs it?** Anyone with weakened respiratory muscles, such as:
  - \* Cystic Fibrosis
  - \* Pneumonia
  - \* Neuromuscular Disorders: ALS, Muscular Dystrophy, Multiple Sclerosis, Myasthenia Gravis
  - \* Spinal Cord Injury
- \* **How does it work?** Clears secretions by increasing positive pressure then cycling rapidly to a negative pressure. This rapid shift stimulates 'cough'.



\* i) Chest PT, HFCWO, Cough Assist

- \* **Purpose** of HFCWO is to keep airways clear of secretions.
- \* **How?** The person wears a vest which fits over the entire torso and is connected to an air compressor. The compressor generates oscillating air pulses that are transmitted to the lungs, thereby mobilizing secretions.

- \* **Who?**
- \* Cystic Fibrosis
- \* Muscular Dystrophy
- \* Multiple Sclerosis
- \* Scoliosis
- \* Pneumonia
- \* Quadriplegia

\* **High Frequency Chest Wall Oscillation -  
Percussion Vest**



Acuity measurement is based upon the frequency of the treatments

## 2. a) Medication Administration

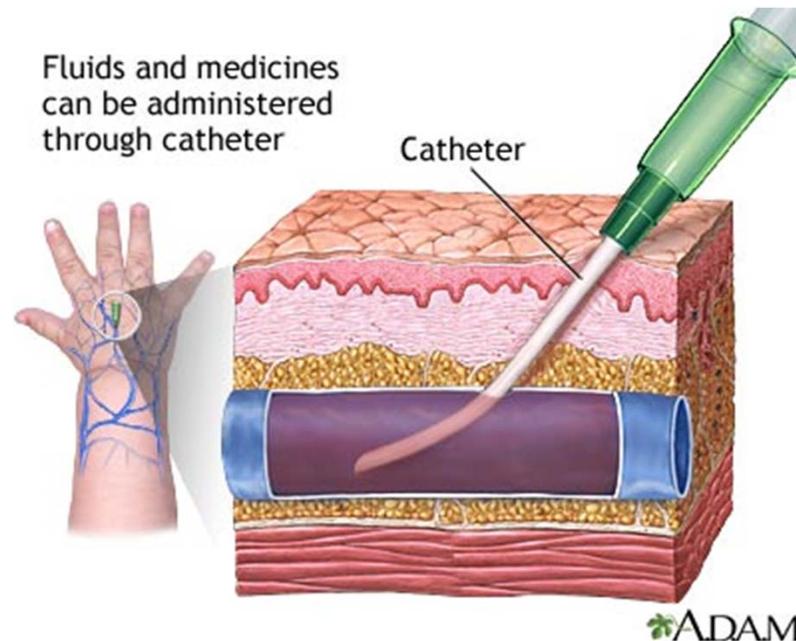
Medication is measured in the number of *administrations*/shift and **NOT** the number of medications/shift.

\*This measurement does not include oxygen or nebulizer administration.

- Medication administration 2-6 x/shift
- Medication administration > 7 x/shift

## 2. b) i) IV Therapy

- Acuity measurement is based upon the presence of Peripheral IV access or Central line IV access
- Peripheral IV:





## 2. b) ii) Central Lines

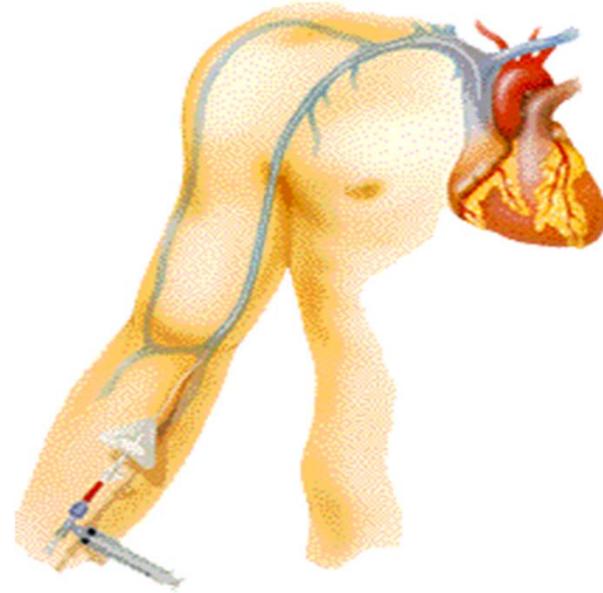
- Why are central lines inserted?
  - a) A central venous catheter can be left in place far longer than a peripheral IV
  - b) Give long-term medicine treatment for pain, infection, or cancer, or to supply nutrition.
  - c) Take frequent blood samples without having to "stick" someone with a needle.
  - d) To receive kidney dialysis if you have kidney failure.



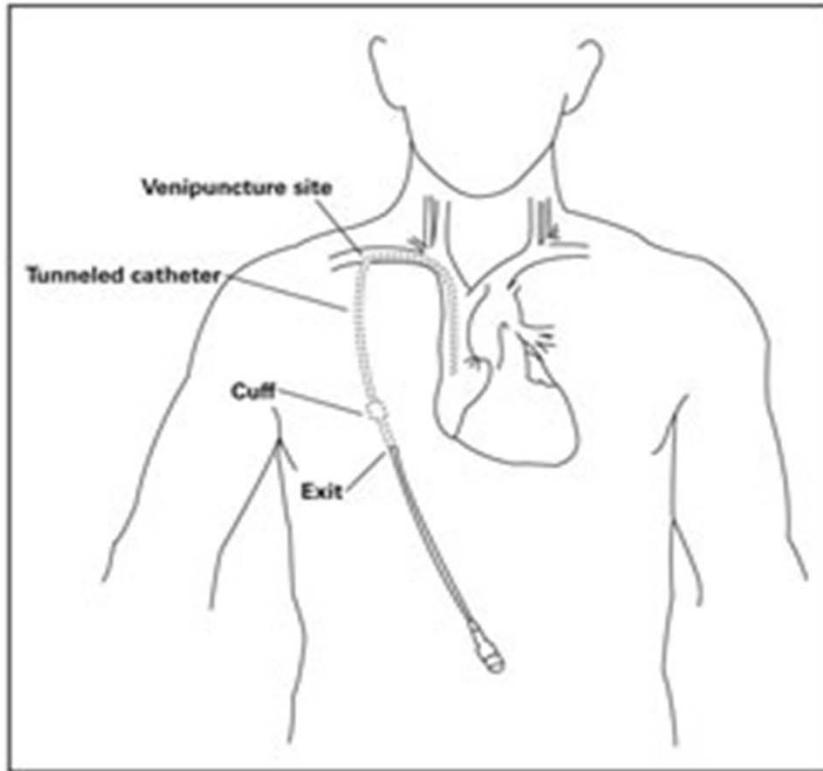
## 2. b) ii) Central Line

- **PICC line.** A peripherally inserted central catheter is a central venous catheter inserted into a vein in the arm rather than a vein in the neck or chest.
- **Tunneled catheter.** This type of catheter is surgically inserted into a vein in the neck or chest and passed under the skin. Only the end of the catheter is brought through the skin through which medicines can be given.
- **Implanted port.** This type is similar to a tunneled catheter but is left entirely under the skin. Medicines are injected through the skin into the catheter.

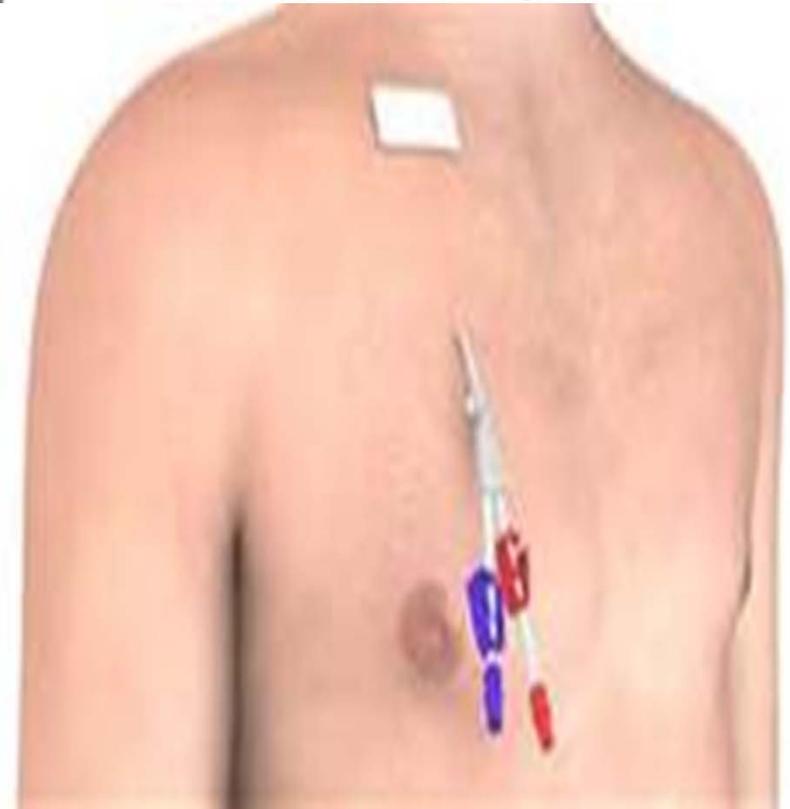
# PICC Lines



Site Care/Flush

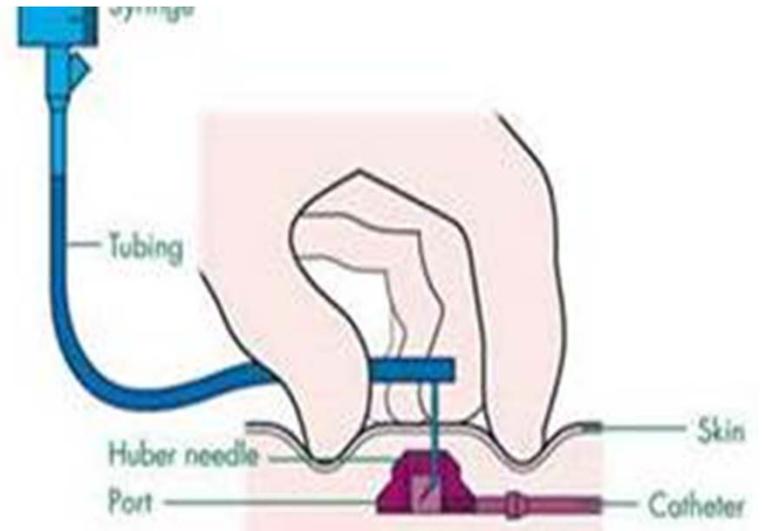


Broviac, Hickman, Groshong



Site Care/Flush

# Tunneled Central Catheters



Porta-cath, Infusaport and  
Medi-port

# Implanted Ports



IV Medication/Transfusion **less** than daily but **more** than weekly.

IV Medication administration every 4 hours or **LESS** often

- IV Medication administration every 4 hours or **MORE** often

TPN – Total Parenteral Nutrition

## **ACUITY SCALE MEASUREMENTS FOR IV ADMINISTRATION**

## 2. b) iii) Transfusions - Products

- ✓ Whole Blood Products
- ✓ Cryoprecipitate
- ✓ Packed Cells
- ✓ Albumin
- ✓ Platelets
- ✓ Factor VIII
- ✓ FFP (fresh frozen plasma)
- ✓ Immunoglobulin

## 2. b) iv) TPN

### Total Parenteral Nutrition

- TPN is used for those who cannot, or should not, get their nutrition through eating. Your TPN may include a combination of sugar and carbohydrates (for energy), proteins (for muscle strength), lipids (fat), electrolytes, and trace elements.
- Disorders include: •Infection or problems in your pancreas, intestines (bowel), or other body organs•Enteral feedings cannot give you enough nutrition. •AIDS •Some types of cancer. •Anorexia •Serious burns

# 3. Blood Draws

- Peripheral Blood Draw: at least 2x/week

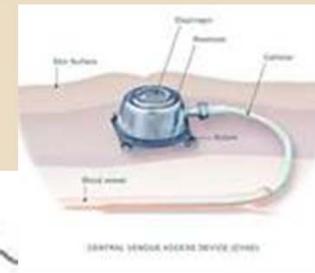
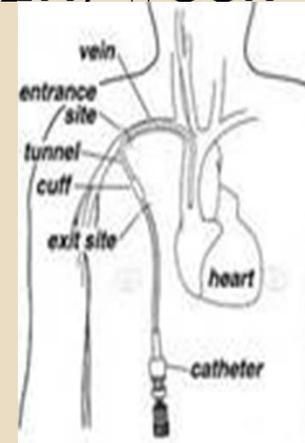
Acuity measurements based upon number of 'blood draws per week



- Central Blood Draw: at least 2x/week



PICC  
Peripherally Inserted  
Central Catheter



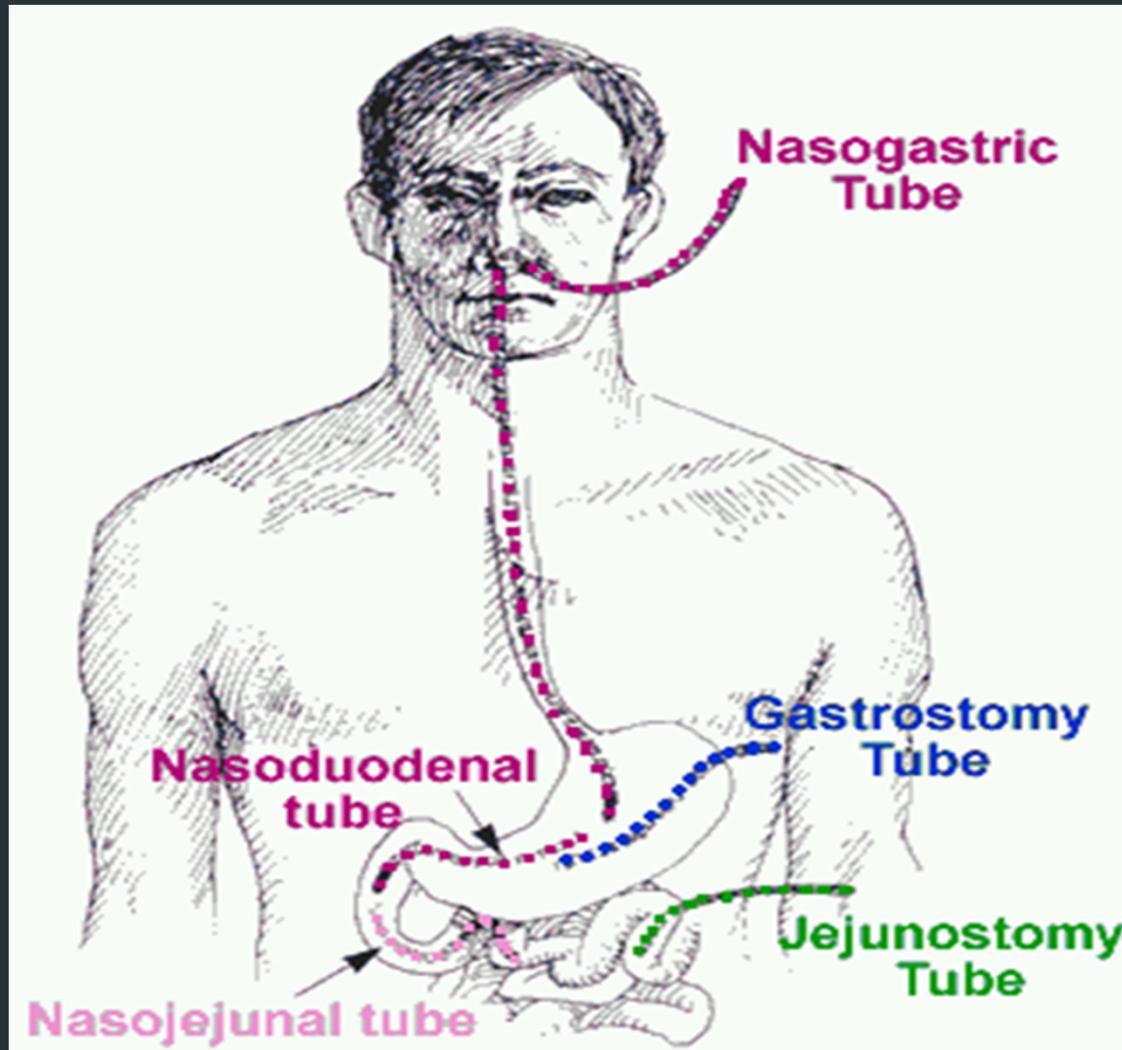
## 4. Nutrition

- Malnutrition can be a problem associated with difficulty in chewing, swallowing, and/or cooperation with feeding. Poor nutritional intake can lead to slower wound-healing, higher rates of infection and pressure ulcer development. Among the causes of inadequate food intake are 'feeding problems', difficulty transferring food from plate to mouth and swallowing it.
- **Acuity measures are based upon the difficulties with feeding faced by the NURSE.**

## 4. a) Potential Sources of Difficulty with Eating

- The loss of teeth and ill-fitting dentures can make chewing uncomfortable.
- Reduced smell and taste may tend to render food bland and unappetizing.
- Changes in saliva production may make swallowing difficult.
- Reflux due to incomplete closure of gastro-esophageal sphincter.
- Swallowing problems can be those with cancer, issues affecting the motor cortex, and neuromuscular disorders.
- Some medications can change taste/appetite and ability to swallow properly.,
- Cognitive issues which may range from refusal to eat, turning the head away, keeping the mouth closed, spitting out food to leaving the mouth open and not swallowing.

# 4. b) Enteral Feedings

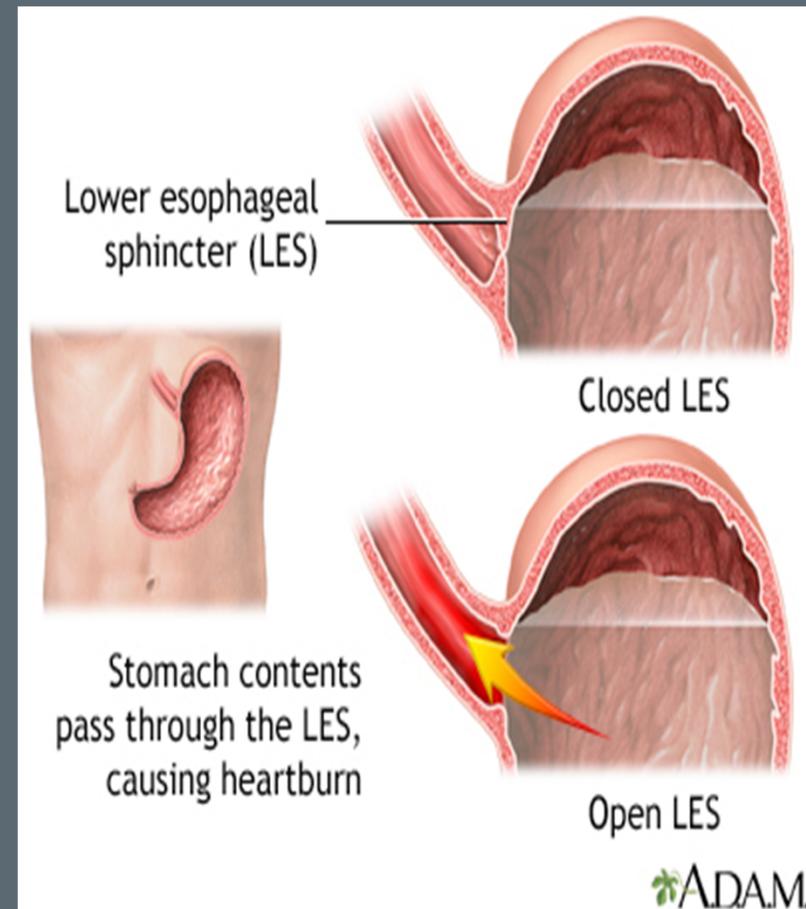


## 4. b) Enteral Feedings

1. Tube Feeding: Routine bolus OR Continuous
  2. Tube Feeding: Bolus AND Continuous
  3. Complicated Tube Feedings: required residual checks, aspiration precautions, postural changes, frequent adjustment of infusion rates.
- **Acuity Measures are based upon the complexity of the enteral feeding and the associated care needed from the nurse.**

# Digestion Complications - Bonus

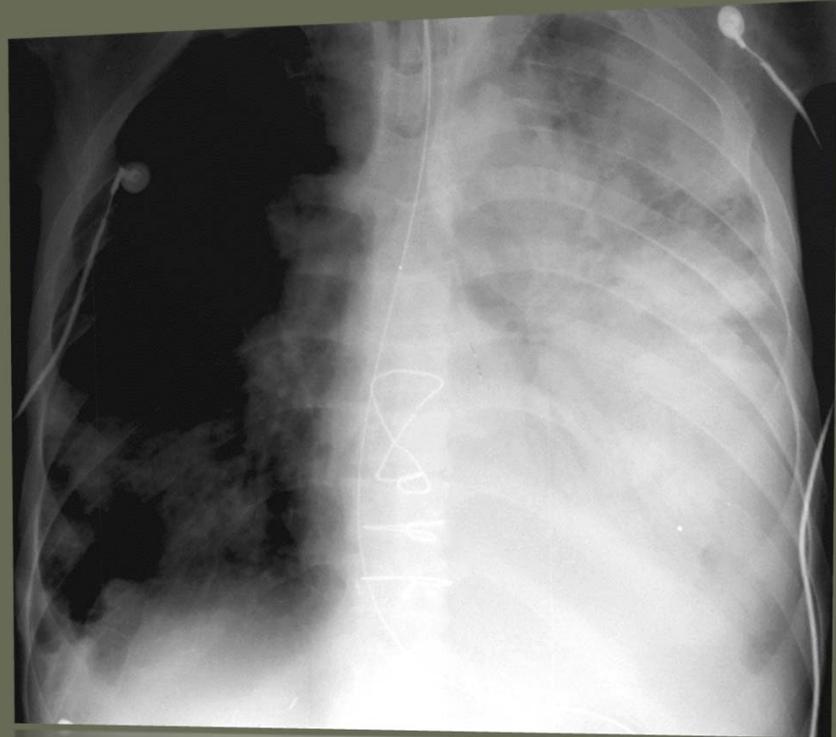
- **Reflux** = is a condition in which the stomach contents (food or liquid) leak backwards from the stomach into the esophagus
- **Dysphagia** = Difficulty swallowing means it takes more time and effort to move food or liquid from your mouth to your stomach



# Aspiration

- Aspiration pneumonia is inflammation of the lungs and airways to the lungs from breathing in foreign material. Aspiration pneumonia occurs when foreign materials (usually food, liquids, vomit, or fluids from the mouth) are breathed into the lungs or airways leading to the lungs.
- Risk factors:
  - Being less alert due to medicines, illness, or other reasons
  - Disorders of the esophagus, the tube that moves food from the mouth to the stomach (esophageal stricture, gastroesophageal reflux)
  - Poor gag reflex in people who are not alert (unconscious or semi-conscious) after a stroke or brain injury
  - Problems with swallowing

Chest  
X-Ray:  
Post  
Aspiration



## 5. Seizure Activity and Intervention

Acuity measurement is based upon the frequency of the seizure activity, the severity of the seizure activity, intervention(s) required

- a) **Mild** ~ may be daily but no intervention required
- b) **Mild** ~ at least 4x/Week with requiring *minimal* intervention
- c) **Moderate** ~ at least 1x/Day with each requiring *minimal* intervention
- d) **Moderate** ~ at least 2-5/Day with each requiring *minimal* intervention

# Seizures

- e) **Severe** ~ > 10/Month all requiring intervention
- f) **Severe** ~ at *least* 1x/Day requiring IV/IM/Rectal medication intervention
- g) **Severe** ~ > **1x/Day** requiring IV/IM/Rectal medication intervention

# Seizures

- **Postictal State** - is the abnormal condition occurring between the end of an epileptic seizure and return to baseline condition.
- **Diastat** - is the brand name used in the United States and Canada for the seizure medicine with the generic name diazepam (aka: Valium). It is available in a gel form that is inserted rectally to stop a cluster of repeated seizures.

Terms associated with Seizure

# Types of Seizures

**Generalized Seizures**  
(Produced by the entire brain)

**Symptoms**

**1. "Grand Mal" or Generalized tonic-clonic**

Unconsciousness, convulsions, muscle rigidity

**2. Absence**

Brief loss of consciousness

**3. Myoclonic**

Sporadic (isolated), jerking movements

**4. Clonic**

Repetitive, jerking movements

**5. Tonic**

Muscle stiffness, rigidity

**6. Atonic**

Loss of muscle tone

## 6. General Assessments

- There is an expectation that a complete assessment be performed at least daily.
- Additional **complete** assessments/nursing shift can be ordered to be completed on a scheduled basis.
- Acuity measurements are based upon the frequency of the need for complete assessments and the documentation of the complete assessment.



# 6. Assessments

- If at least two of the four areas of assessment listed below are ordered (and documented) to be done more often, additional points will be measured:
  - ❖ Vital Signs
  - ❖ Glucose Levels
  - ❖ Respiratory System
  - ❖ Neurological System

# 7. Elimination

Acuity measurements are based upon the **assistance needed by the individual** as it relates to bowel and bladder function

## 7. a) & b) Uncontrolled Incontinence

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- ⦿ **0 points** - Uncontrolled incontinence BUT the individual is 3 years or younger.
- ⦿ **1 point** - Uncontrolled incontinence of bowel OR bladder function in an individual older than 3 years.
- ⦿ **2 points** - Uncontrolled incontinence of bowel AND bladder function in an individual older than 3 years.

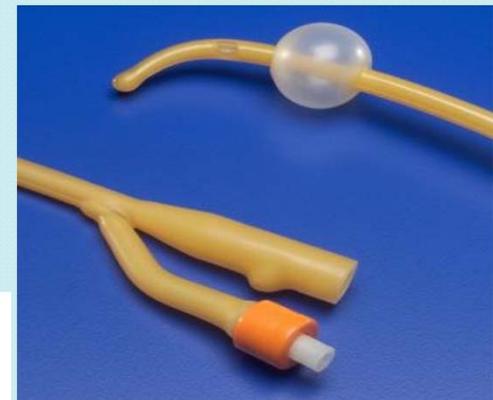
## 7. c) Urinary Catheterizations

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- Intermittent Straight Catheterizations (In & Out Cath.): allow you to completely empty your bladder at regular intervals, protect your kidneys from infection and damage, lower the risk of distending (stretching) the bladder, and eliminate the need for wearing a continuously draining catheter.

## 7.c) Indwelling catheters

- Indwelling catheters (Foley) stay in place in the bladder by inflating a balloon with sterile water through the inflation port after insertion. Stabilization is very important when it comes to securing the catheter to avoid pulling on the urethra and experiencing subsequent pain and injury.
- Potential complications: Infections, Bladder Spasms, Occlusions



## 7. c) Suprapubic Catheter

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- A Suprapubic catheter is a tube inserted through an opening in your abdomen and into your bladder.

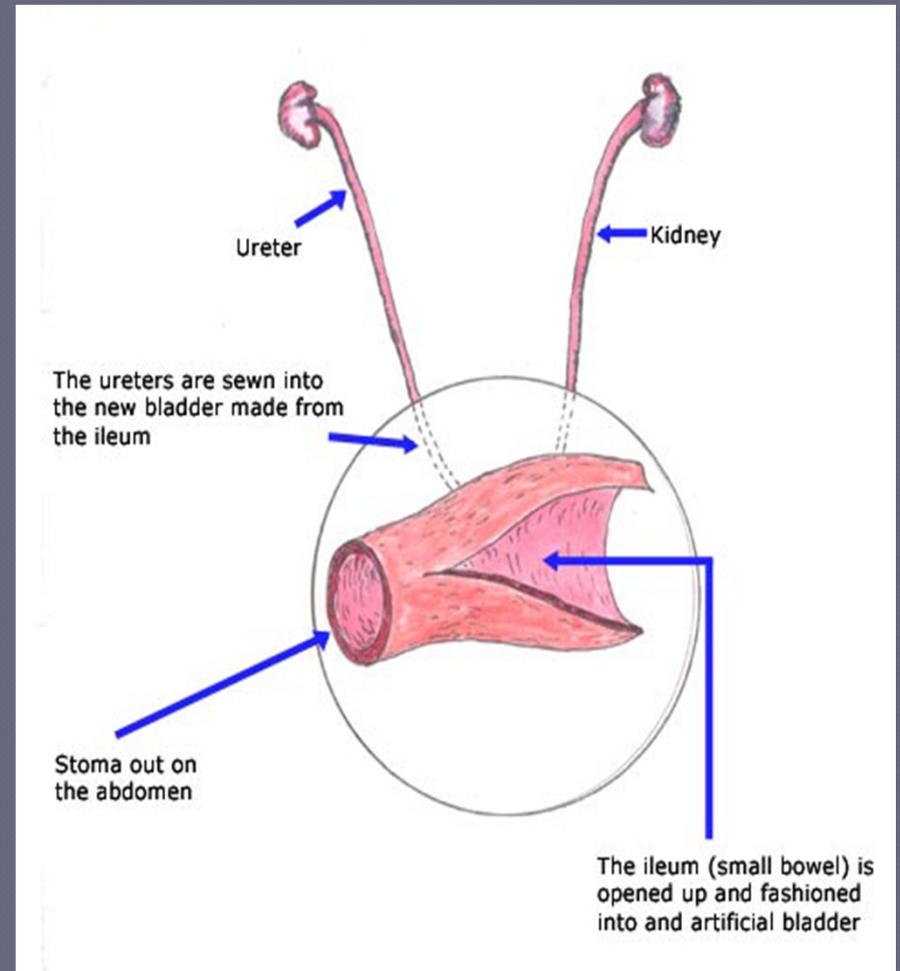


- Advantages:
  - catheter is less likely to be sat on and 'pulled',
  - easier to maintain hygiene around the site,
  - site is more accessible than the urethra, so you can be independent with the care,
  - freedom for sexual activity

# Mitrofanoff

## Appendicovesicostomy

- Mitrofanoff is a small tunnel from the bladder to the outside of the body. This tunnel is used to empty the bladder with a catheter. A catheter is put into the bladder through the Mitrofanoff.



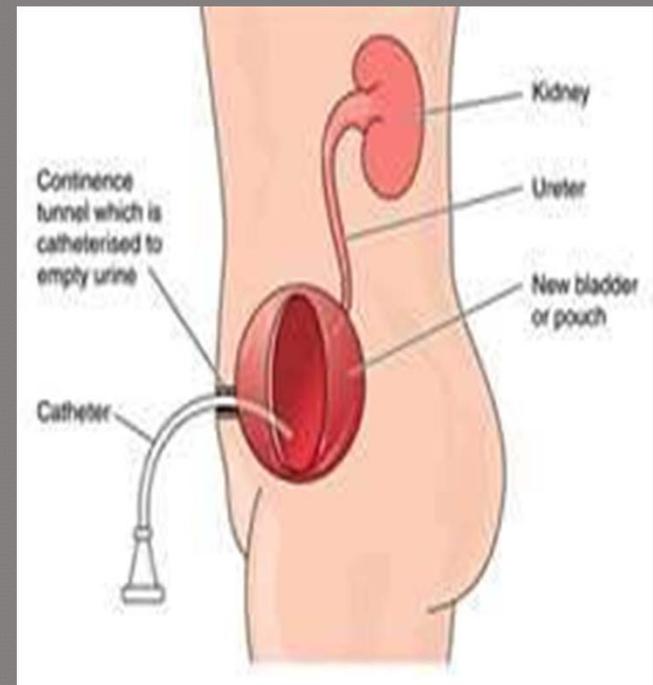
# Mitrofanoff

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## ⦿ Advantages:

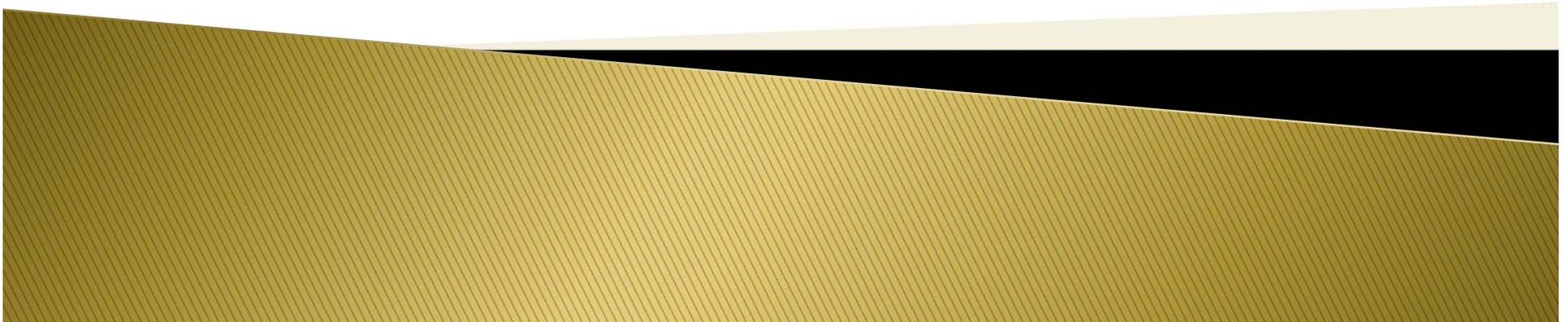
- no indwelling Foley tube or no collection bag,
- the stoma is visible and accessible,
- making it easier than trying to insert a catheter into the urethra.
- enables a person with limited hand dexterity to manage the bladder independently.
- the stoma is so easy to see and reach, 'cathing' can be accomplished from the chair.

# Mitrofanoff Appendicovesicostomy



# 8. WOUND CARE

WOUNDS, OSTOMY CARE, WOUND VACS    **Acuity**  
**measurements are based upon the assistance needed by the**  
**individual**



# 8. Wound Care (a) Wound Vacs

- ▶ What is a Wound Vac? A wound dressing system that continuously or intermittently apply sub-atmospheric pressure to the surface of a wound.
- ▶ How does a Wound Vac promote healing?
  - Draws wound edges together
  - Removes exudate and infectious materials
  - Promotes perfusion
  - Promotes granulation tissue formation by facilitating cell migration and proliferation



# Wound Vac.



# Skin/Wound Care

- ▶ Stage 1: wounds do not have any visible skin cuts. The skin can have differences including changes in temperature, firmness, or color.
- ▶ Stage 2: the topmost layers of skin is severed (epidermis and dermis). There may be some drainage.

# Skin/Wound Care

- ▶ Stage 3: Stage 3 wounds are deeper than stage 2 wounds. They typically go down to the “fat” layer(subcutaneous), but do not extend any further. There may be dead tissue and drainage.
- ▶ Stage 4: These wounds are very serious. These wounds are characterized by going as far down as the bone and muscle. Dead tissue and drainage are almost always present.

# Ostomy Care

- ▶ Common Ostomy Sites:
- ▶ Colostomy – opening into the large intestine. Can be in the Ascending, Transverse, or Descending Colon.
- ▶ Ileostomy – opening at the juncture of the small bowel and large bowel.
- ▶ Urostomy – opening to the ureters to drain the urine, thereby bypassing the bladder
- ▶ Tracheostomy – opening into the trachea
- ▶ Gastrostomy – opening into the stomach



# Ostomy Care

- ▶ Peristomal skin care is care of the skin surrounding the stoma. This skin must be protected from irritating discharge. Carefully cleaning and drying the skin with soap that is residue free, every time the pouch system is changed, is the best way to prevent skin irritation.
- ▶ There are many kinds of pouches for use with an ostomy. With time, individuals can decide what type works best.

# Pressure Wounds

- ▶ A decubitus ulcer is a pressure sore or what is commonly called a "bed sore".
- ▶ They can range from a mild pink coloration of the skin, to a very deep wound extending to and sometimes through a bone into internal organs.
- ▶ These ulcers are also classified in stages according to the severity of the wound.

# THERAPIES

ACUITY MEASUREMENTS ARE BASED  
UPON THE ASSISTANCE NEEDED BY THE  
INDIVIDUAL

# THERAPIES

Passive range of motion, abbreviated as PROM, is the case in which a physical therapist, caregiver or other assistant moves another person's limbs through exercises. Acuity points given if PROM provided at least 1x/nursing provider shift

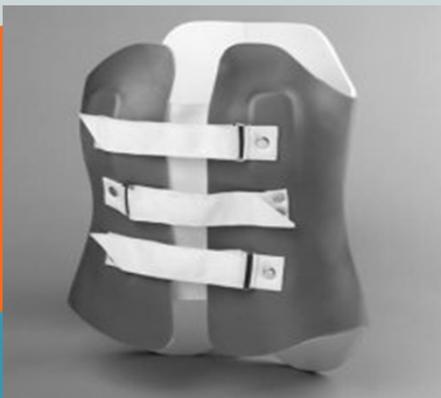


# THERAPIES

Positioning devices are used to maintain the functional position of the wrists, hands, fingers, ankles and other extremities. To prevent hip and knee contractures, the major joints should be placed in extension.

When the body is aligned properly sitting, standing or lying down carry no excessive strain. Patients who are immobile may experience disuse osteoporosis, disuse atrophy, contractures, reduced skin turgor and skin breakdown.

Acuity points given for splint application/removal by the NURSE at least one time/nursing shift. Additional points given if application/removal of splints, by the NURSE, are needed 2 or more times/nursing shift.



# Issues Interfering with Care



- Acuity measurements are based upon the assistance needed by the individual for
  - ▣ Unwilling or unable to cooperate
  - ▣ Weigh > 100 pounds or immobility increases care difficulty
  - ▣ Unable to express needs and wants

## Private Duty Nursing Acuity Scale

Skilled Nursing Needs	Points	Skilled Nursing Need	Point
No tracheostomy, Patent airway	0	No chest PT, HFCWO vest or cough assist device	
No tracheostomy, unstable airway with desaturations and Airway clearance issues	1	HFCWO - High Frequency Chest Wall Oscillation	
Tracheostomy - routine care	2	Chest PT, HFCWO vest, cough assist 1-4x/day	
Tracheostomy - special care (tissue breakdown, frequent tube replacements)	3	Chest PT, HFCWO vest, cough assist MORE than 4x/day	
<b>Medication Needs (# of admin/shift not # of medications)</b>			
No suctioning	0	Does not include oxygen/nebulizer administration	
Nasal/oral/pharyngeal suctioning by nurse	1	Medication delivery 2 dose admin. or LESS/shift	
Tracheal suctioning: 2 - 10x/day	2	Medication delivery 2-6 dose admin/shift	
Tracheal suctioning: > 10x/day	3	Medication delivery MORE than 7 admin/shift	
No oxygen usage	0	No IV Access	
Oxygen - daily use	1	Peripheral IV Access	
Oxygen administration based upon pulse oximetry readings	1.5	Central Line of port, PICC line, Hickman	
Humidification & oxygen - direct (via tracheostomy but not with ventilator)	1.5	No IV medication delivery	
No ventilator, BiPap, or CPAP	0	IV med/Transfusion less than daily but more than weekly	
Ventilator - continuous 24 hours/day	10	IV medication admin. Q4 hours or LESS often	
Ventilator -> 12-24 hours/day	5	IV medication admin. Q4 hours or MORE often	
Ventilator < 12 hours/day	2.5	Total Parenteral Nutrition (TPN)	
BiPap, CPAP by nurse during shift: 8 hours or less	3		
BiPap, CPAP by nurse during shift: more than 8 hours/day	4		
No nebulizer treatments	0	No regular blood draws, or less than 2x/week	
Nebulizer treatments (by nurse) less than daily but at least			

	A	B	C	D	E	F	G	H	I	J	K	L
31	Skilled Nursing Needs					Points	Skilled Nursing Needs					Point
32	Routine oral feeding or No tube-feeding required					0	Continent of bowel and bladder function					
33	Documented difficult/prolonged oral feeding by NURSE					2	Uncontrolled incontinence but < 3 yrs of age					
34	Tube feeding (Routine bolus OR Continuous)					2	Uncontrolled incontinence EITHER bowel or bladder > 3 yrs					
35	Tube feeding (combination Bolus AND Continuous)					3	Uncontrolled incontinence, BOTH bowel and bladder > 3 yrs					
36	Complicated Tube Feeding - required residual checks and aspiration precautions					3.5	Incontinence and intermittent straight catheterization, indwelling, suprapubic, or condom catheter					
37							Ostomy Care - Bowel or Bladder					
38	<b>Seizures</b>						Peritoneal Dialysis - performed by nurse					
39	No seizure activity					0						
40	Mild seizures - at least daily, but no intervention					0	<b>Wound Care</b>					
41	Mild seizures, at least 4/week with each requiring minimal intervention					1	None of the options below apply					
42	Moderate seizures - at least once daily requiring minimal intervention					2	Wound Vac					
43	Moderate seizures - 2 - 5/day with each requiring minimal intervention					2.5	Stage 1-2, wound care at least daily (including tracheostomy, G/J tube site)					
44	Severe seizures - > 10/month all requiring intervention					3						
45	Severe seizures - at least 1x/day requiring IV/IM/Rectal medication intervention					3.5	Stage 3-4, multiple wound sites					
46	Severe seizures - > 1/day requiring IV/IM/Rectal medication intervention					4						
47	<b>Assessment</b>						<b>Therapies</b>					
48	Initial assessment/shift					0	Passive Range of Motion at least every shift					
49	Second documented <b>complete</b> assessment/shift					1	Splinting schedule requires nurse to remove/replace every shift					
50	Three or more complete assessments/shift					2						
51	<b>Choose one if at least 2 of the 4 are ordered and documented</b>						Splinting schedule requires nurse to remove/replace at least 2x/shift.					
52	VS/Glucose/Neuro/Resp - assess 1x/day					0						
53	VS/Glucose/Neuro/Resp - assess 1x/shift or less often than every 4 hours					1	<b>Issues Interfering with Care</b>					
54	VS/Glucose/Neuro/Resp - assess at least every 4 hours					2	Unwilling or unable to cooperate					
55	VS/Glucose/Neuro/Resp - assess at least every 2 hours					3	Weight > 100 lbs or immobility increases care difficulty					
56							Unable to express needs and wants					

# QUESTIONS???

COPIES OF PDN ACUITY SCALE TO BE DISTRIBUTED