Skilled Nursing Documentation Record

Complete Nursing Assessment & Interventions in Accordance with Individualized Health Care Plan (IHCP)

Student Name:_____ District:_____ QIII Bldg Location:_____

DOB:_____ Grade:_____ Parent Name:_____ Tel.#:_____

Skilled Nursing Service: _____ ☐IHCP on File

Order Start Date (MM/DD/YY):_____ Order Expiration Date (MM/DD/YY):_____

ICD-10 Code:_____ Physician/NP/PA:_____ Tel.#:_____

Skilled Nursing Services

Date	Time-In	Time-Out	Nursing Service *(other than medication administration (i.e., BP monitoring, Glucose monitoring)*	On IEP Direct	Ind (I) or Group (G)	Name/Signature/Title/Credentials
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		
				☐On IEP Direct		

*All documentation should include date, time, signature, and title

Medicaid Procedure Code: T1002= RN Services up to 15 min. or Medication Administration Procedure Code: T1003= LPN Services up to 15 min.

Supervising SNTP: ☑ **Tammy Barbour**; License #38380588; NPI #1285901827;

RN: ☐**Sharyn Flesher**-License #22338664; NPI #1326426446; ☐**Ann Wemitt-Overly**-License #22179380; NPI #1952776320

LPN: **Colleen Allen**-License #10231399; **Kathleen Balfoort**-License #10122264; **Tammy Gabriel**-License #10153434; **Kathleen Hitt-Nielsen**-License #10300442; **Jessica Kidney**-License #10316758; **Kristi Maldonado**-License #10331339; **Mary Ann Miller**-License #10233841; **Pam Ryan**-License #10167575; **Deborah Prime (Wasserbach)**-License #10164660; **Terri Wyman**-License #10240165

6/25/14; Rev.1/21/2016; Updated 2/7/17sd