



**Private Duty Nursing Hours Scoring Tool**

<b>Technology</b>	<b>Frequency</b>	<b>Points</b>	<b>Score</b>
Ventilator	Continuous	50	
Ventilator	Intermittent	45	
Ventilator	Weaning	55	
Tracheostomy		43	
C-PAP, BiPAP		25	
C-PAP, BiPAP	Weaning	30	
Oxygen	Intermittent	5	
Oxygen Continuous	Continuous	15	
Oxygen	Unstable Sats	35	
Peritoneal Dialysis		45	
J/G Tube	Continuous	15	
J/G Tube Continuous	With Reflux	35	
NG Tube	Continuous	40	
NG Tube	Bolus	25	
IV Therapy	Continuous	40	
<b>Subtotal Technology Score</b>			
<b>Nursing Needs</b>	<b>Frequency</b>	<b>Points</b>	<b>Score</b>
Tracheal or Pharyngeal Suctioning	>Q1 hour	5	
	Q1-4 hours	3	
	Q4 hours and/or PRN	2	
Enteral Feedings	Continuous	5	
	Q2 hours	4	
	Q3 hours	3	

	Q4 hours	2	
Daily Medications excluding Nebulizers	3 or less meds	2	
	4-5 meds	4	
	6 or more meds	8	
Intermittent Catheter	Q4 hours	8	
	Q8 hours	6	
	Q12 hours	4	
	Q Day or PRN	2	
Dressings	Q8 hours or less	3	
	>Q8 hours	2	
Tracheostomy Care		5	
IV/Hyperal	Continuous	8	
	8-16 hours	6	
	4-7 hours	4	
	<4 hours	2	
Special Treatments (Nebs, chest PT)	QID	8	
	TID	6	
	BID	4	
	Q Day	2	
Special Monitor I&O		5	
Other			
<b>Subtotal Nursing Score</b>			
<b>Total Technology and Nursing Score</b>			

### Scoring

1. Points will be assigned based on the information received from the requesting provider.
2. Ventilator dependent children also receive a technology score for tracheostomy.
  - Continuous Mechanical Ventilation is a mode of ventilation characterized by a ventilator that makes no effort to sense patient breathing effort
  - Intermittent Mandatory Ventilation (IMV) refers to **any mode of mechanical ventilation** where a regular series of breaths are scheduled but the ventilator senses patient effort and reschedules mandatory breaths based on the calculated need of the patient.

- Weaning from mechanical ventilation is the process of abruptly or gradually withdrawing ventilatory support. This usually implies the discontinuation of mechanical ventilation and removal of any artificial airway.
  - If a child is being weaned off of the ventilator, they are to be scored only for weaning, and not weaning and intermittent or continuous.
3. Oxygen is considered continuous when needed at least 8 hours per day. Increased points are awarded for unstable oxygen if children have continuous 24 hour oxygen, and any two (2) of the following conditions:
    - Diuretics use
    - Albuterol treatments at least q4hrs around the clock
    - Weight is below 15th percentile for age and gain does not follow normal curve for height
    - Greater than three (3) hospitalizations in the last six (6) months for respiratory problems
    - Daily desaturations below physician ordered parameters and requiring nursing intervention
    - Physician ordered fluid intake restrictions
  4. Children qualify for increased J/G-tube (with reflux) points with one (1) of the following documented:
    - Swallow study that documents reflux within the last six (6) months
    - Treatment for aspiration pneumonia in the past twelve (12) months
    - Need for suctioning due to reflux a least daily (not oral secretions)
  5. Suctioning is defined as pharyngeal or tracheal suctioning requiring a suction machine and flexible catheter. Nursing needs are assigned points based on the frequency of the need for the activity, i.e. trach suctioning q1hr. The child's nursing record must support the chosen frequency. Suctioning frequency should not be based on a period when a child has an infection or other acute respiratory illness but when he/she is at their normal baseline status. A child is ineligible for points in the suctioning category if he/she is able to suction their own trach.
  6. Medication points are awarded based on the complexity of the child's medication regimen. Children on one (1) or two (2) routine medications not requiring dosage adjustment based on the child's condition receive "simple medication" points. Children on more than two (2) medications, one or more of which require close monitoring of dosage and side effects, (ie-seizure medications) will receive "moderate medication" points. Greater than six (6) medications given on different frequency schedules or children who require close monitoring of dosage or side effects of more than 4 medications receive "complex medication" points.

UnitedHealthcare Community Plan must receive documentation showing a child is actually receiving PRN medications on a frequent basis for PRN medications to qualify for "complex" points. Nebulizer treatments, ointments, vitamins and mineral supplements do not count as medications.

7. Sterile dressing points are assigned depending on frequency of care for sterile dressing changes and wound care for stage 3 or stage 4 wounds. Dressing change points are not assigned for trachs as these points are included in the trach care section.
8. Special treatments include routine nebulizer treatments, chest PT etc. Treatments must require a skilled professional. ROM or splint applications are not considered special treatments. Treatments that are done together, such as nebulizer treatments followed by chest PT three times per day (TID), would be assigned TID points (6 pts.) Children with multiple treatments given at different schedules totaling more than four (4) treatments per day would receive QID points (8 pts.) Children receiving single or multiple different treatments four (4) or more times per day would receive QID points (8pts.) The maximum awarded in this category is eight (8) points no matter how many treatments are performed.
9. Specialized I/O monitoring is reserved for those who need careful monitoring of intake and output due to significant conditions such as kidney problems, severe dumping syndrome or peritoneal dialysis. Children are eligible for these points if I & O results require action on the part of the nurse to make adjustments in tube feeding amounts or IV fluid rates. Normally this monitoring would be due to the need for replacement fluids if the output is too high.
10. The “Other” category is for major procedures that are not covered elsewhere on the form. Children with needs that are not covered on the referral form will be discussed between the UnitedHealthcare Community Plan Pediatric Private Duty Case Manager and a Medical Director Reviewer who will assign a point score for the “Other” category.
11. Skilled private duty nursing must be provided during the hours or shifts when skilled needs equal 50 points or more.
12. Skilled nursing hours should decrease when there is a decrease in a child’s total points indicating medical improvement.

### **Score Categories**

- A 50-56 points – maximum 10 hours per day
- B 57-79 points – maximum 12 hours per day
- C 80 or more points – maximum 16 hours per day