

### 8.3 Definitions for Particular Health-Related Services

See “8.4 Frequency of Help/Services Needed” for instructions on how to fill in the frequency rows on the HRS table.

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| <p><b>Medical or Skilled Nursing Need</b></p>   | <p><input checked="" type="checkbox"/> <b>Indicates that the item on the functional screen should be checked.</b></p> <p><input type="checkbox"/> <b>Indicates that the item on the functional screen should NOT be checked.</b></p>  |
| <p><b>BOWEL or OSTOMY - Related <u>SKILLED</u> Tasks (Digital Stim, Changing Wafer, Irrigation) Does not include site care.</b></p> | <p><input checked="" type="checkbox"/> Mom reports that child receives one or more of the treatments listed in this row.</p> <p><input checked="" type="checkbox"/> Parents do “skilled” tasks include changing the wafer (which adheres to the skin and needs to be cut to proper size to avoid skin breakdown around the ostomy), and irrigations.</p> <p><input type="checkbox"/> Child receives suppositories, laxatives, or other medications.</p> <p><input type="checkbox"/> Child is on a “toileting schedule” but has none of tasks listed in the row.</p> <p><input type="checkbox"/> Someone empties the ostomy bag a few times a day. (This is not a skilled task.)</p> <p><input type="checkbox"/> Child has urinary ostomy from the bladder. (See Urinary Catheter row.)</p>  |
| <p><b>DIALYSIS (hemodialysis or peritoneal, in home or at clinic)</b></p>   | <p><b>Sometimes dialysis is only needed a few times; be sure to confirm the duration of over six months.</b> 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, etc.</p> <p><input checked="" type="checkbox"/> Child goes to a dialysis clinic every other day. (Check “4-7 days/week” frequency.)</p> <p><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.)</p> <p><input type="checkbox"/> 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.</p> |
| <p><b>IVs - peripheral or central lines - fluids, medications, transfusions. Does not include site care.</b></p>                    | <p><input checked="" type="checkbox"/> Child goes to outpatient hospital or clinic to receive IV treatments.</p> <p><input checked="" type="checkbox"/> Parent flushes child’s central line once a day.</p> <p><input checked="" type="checkbox"/> Child has a port that is accessed twice a week for chemotherapy.</p> <p><i>Definition: “flush.” If an IV does not have fluids dripping in, it needs a “flush” - a tiny injection of blood thinner to keep it from clotting closed.</i></p>   |

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| <p><b>OXYGEN and/or deep SUCTIONING – With Oxygen to include only SKILLED tasks such as titrating oxygen, checking blood saturation levels, etc.</b></p> | <p><input checked="" type="checkbox"/> “Deep” suctioning (down the back of the throat into the windpipe) is being done.</p> <p><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.)</p> <p><input checked="" type="checkbox"/> Child gets short of breath easily, and needs someone to monitor for that and apply oxygen if she needs it. Over the past few months, she has needed oxygen on average more than half the days, and each day she needs it, it is several times each day. 2 or more times a day is the most accurate average frequency for her.</p> <p><input checked="" type="checkbox"/> Baby is on oxygen and needs continual monitoring of it. (Check 2 or more times a day.)</p> <p><input type="checkbox"/> “Oral” or pharyngeal suctioning (i.e., just in the mouth) is being done.</p> <p><input type="checkbox"/> Bulb suctioning in infant’s nostrils.</p> <p><input type="checkbox"/> The oxygen vendor’s trips (usually every few weeks) to provide new tanks.</p>  |
| <p><b>RESPIRATORY TREATMENTS: Chest PT, C-PAP, Bi-PAP, IPPB treatments (does NOT include inhalers or nebulizers)</b></p>                                 | <p><b>Use this row to record frequency for respiratory treatments such as “C-PAP” or “Bi-PAP” and chest physiotherapy and postural drainage.</b></p> <p><input checked="" type="checkbox"/> Child receives chest PT and respiratory therapy from a respiratory therapist.</p> <p><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></p> <p><input checked="" type="checkbox"/> Parents and school aides do chest PT and postural drainage twice every day.</p> <p><input checked="" type="checkbox"/> Child uses C-PAP or Bi-PAP during sleep times.</p> <p><i>Definition: A small machine blows air into a facemask, creating extra pressure that keeps the airway and lung more open. The machine does not breathe for the child; it only creates a little extra pressure.</i></p> <p><input checked="" type="checkbox"/> Child receives IPPB treatments 1 to 4 times a day depending on her breathing status. On average over the past few months, she receives IPPB treatments twice a day. (Check 2 or more times/day box.)</p> <p><i>Definition: IPPB treatments and nebulizers involve pouring a precise amount of liquid medicine into an aerosolizing machine.</i></p> <p><input type="checkbox"/> An adult administers hand-held inhalers or aerosols.</p> |

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| <p><b>TPN (Total Parenteral Nutrition) Does not include site care.</b></p> | <p><i>Definition: This is when the child gets all their nutrition through an IV (intravenous) line. (“Parenteral” means outside the gut.)</i></p> <p>The solution is extremely high in sugars, so there is high risk of infection and of dangerously abnormal blood sugars. TPN is always run via an IV pump for precisely controlled infusion rate. It requires close monitoring, so most of the time <b>the screener would check the “2 or more times a day” column.</b></p> <p><input checked="" type="checkbox"/> Child cannot receive nutrition through intestinal system, and receives continual TPN. Check “2 or more times a day.”</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><b>TUBE FEEDINGS Does not include site care</b></p>                     | <p><i>Definitions: NG (nasogastric) A feeding tube down the nose (or mouth) and esophagus to the stomach. NG tubes are now rare and are always temporary, due to risk of aspiration into lungs, discomfort in nose and throat, and skin breakdown of the nostrils.</i></p> <p><i>Definition: G-tube (gastrostomy) A feeding tube goes through the abdomen into the stomach.</i></p> <p><i>Definition: J-tube (jejunostomy) A feeding tube goes through the abdomen into the intestine just below the stomach.</i></p> <p><i>Definition: “Mickey” A special button apparatus to hold a G-tube in place.</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 <b>changed, started, and stopped</b>. 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, etc.) 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 8-hour tube feeding 2 or 3 times a week. Check 4 to 7 times/week column.</p> <p><input checked="" type="checkbox"/> Child can eat by mouth but receives needed hydration through her G-tube. Check frequency of tube feedings for liquids.</p> <p><input checked="" type="checkbox"/> Child can eat and the G-tube is being used only for medications. The only <b>skilled</b> task is changing the G-tube every 30 days or so. Check 1-3 times/month column.</p> |

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|  | <p><input type="checkbox"/> Flushing the tubing after medication administration is not counted as a skilled task.</p>   |
| <p><b>URINARY CATHETER-RELATED SKILLED TASKS (straight caths, irrigations, instilling meds). Does not include site care.</b></p> | <p><i>Definition: "Straight caths" or "Intermittent urinary catheterizations" are an "in &amp; out" cathing, done usually every 4 to 8 hours.</i></p> <p>There is a <b>special exception</b> in this row. Formerly, urinary catheters were changed every 30 days. Now, newer materials allow <b>some catheters to be changed only every 60 to 90 days. For this task only, the screener can check the "1 to 3 times/month" column</b> if someone changes the catheter, regardless of whether it is 30, 60, or 90 days (or somewhere in between).</p> <p><input checked="" type="checkbox"/> Child has a continually indwelling catheter almost all of the time. Someone else empties the bag 3 times/day. The only skilled task is to change the catheter every 60 days. Check 1 to 3 times/month.</p> <p><input checked="" type="checkbox"/> Child has a urinary catheter overnight only. If overnight, putting it in and taking it out count as 2 separate tasks. Check 2 or more times/day.</p> <p><input checked="" type="checkbox"/> 10-year-old boy with Spina Bifida self-catheterizes to empty his bladder six times a day. He has good clean technique and no problems with his self-cathing. His parents need to keep an eye out for signs of a urinary tract infection and call the doctor if they occur. The 4 to 7 times a week frequency is most accurate.</p> <p><input checked="" type="checkbox"/> Child has a suprapubic catheter (through 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"/> 12-year-old boy with Spina Bifida and some learning delays "sort of knows" how to catheterize himself, but he often does not do it, and his technique is not clean enough. He does not watch for or report the symptoms of urinary tract infections. Because of these problems, an adult usually needs to talk him through his self-cathing step-by-step. "Skilled nursing help" does include step-by-step cueing. Check the "2 or more times a day" box.</p> <p><input type="checkbox"/> Routine "cath care" usually just soap and water as normal part of bathing.</p> |