(Skilled Nursing Procedure) Documentation Record

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

Nursing Goal:

Student Name		**DOB**		**School/ District**		**Grade**	
Parent/ Guardian		**Phone**		**Physician/ NP/PA**		**Phone**	
Order Start Date		**Order Exp Date**		**IHCP on File**		**ICD-10 Code**	__ __ __ __ __

Date/Times			Name of Procedure					Complications/Assessment	Signature/Title	*Code
Date	Start Time	Stop Time								

***Medicaid Procedure Code: Code T1002 – RN Services up to 15 minutes – Code T1003 – LPN Services up to 15 minutes**

To be completed by Attending Provider (School Nurse/RN): **NOTE: LPN must use supervising RN's NPI number**

Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____

Student Health Flow Sheet for Additional Comments on Student Response to xxxxxxxxxxxx Procedure

Date	Time	Complications/Assessment	Signature/Title