

Private Duty Nursing (PDN) Skilled Nursing Task Log

1. DATE

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service
2. Client's Name, Date of Birth (DOB), and ACES Client ID.
3. Under the correct time of day, enter how long it took to provide the service indicated for the row.
4. PDN eligibility requirements and determination of hours per WAC [388-106-1010](#).
5. All other skilled nursing task needs for client being provided. Please write the name of the skilled nursing task being completed and, using the correct time of day, enter how long it took to provide the service indicated for the row.
6. In addition, initial, sign, and indicate role on Page 2 in the last section.

2. CLIENT DOB ACES CLIENT ID	3. AM											PM													
	Enter the time (in minutes) and initial time in the same box.																								
	12 - 12:59	1 - 1:59	2 - 2:59	3 - 3:59	4 - 4:59	5 - 5:59	6 - 6:59	7 - 7:59	8 - 8:59	9 - 9:59	10 - 10:59	11 - 11:59	12 - 12:59	1 - 1:59	2 - 2:59	3 - 3:59	4 - 4:59	5 - 5:59	6 - 6:59	7 - 7:59	8 - 8:59	9 - 9:59	10 - 10:59	11 - 11:59	
4. WAC 388-106-1010 PDN Skilled Nursing Care Needs required for Private Duty																									
(1) Mechanical Ventilation which takes over active breathing due to your inability to breathe on your own due to injury or illness. A tracheal tube is in place and is hooked up to a ventilator that pumps air into the lungs; or																									
(2) Complex respiratory support (minimum of two listed <u>below</u> (a) through (f):																									
a) Postural drainage and chest percussion;																									
b) Application of respiratory vests;																									
c) Nebulizer treatments with or without medications;																									
d) Intermittent positive pressure breathing;																									
e) O2 saturation measurement with treatment decisions dependent on the results; or																									
f) Tracheal suctioning.																									

(3) Intravenous / parenteral administration of multiple medications, and care is occurring on a continuing or frequent basis; or																							
(4) Intravenous administration of nutritional substances, and care is occurring on a continuing or frequent basis.																							
5. Other skilled nursing tasks																							

6. Anyone who provides care on this day (above date) must complete this section. By signing this document, you attest that the information provided is accurate.

INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN	INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN