DIVISION OF SPECIALIZED CARE FOR CHILDREN

NURSING SUPERVISORY SUMMARY

Child's Name:_____
Nursing Supervisory Summary for the Dates of_____To:_____

Nursing Agency_____ Nursing Supervisor_____

Child's Age_____Birthdate_____DSCC#_____
List of therapies provided_____ Community_____ Home Based_____
Primary Diagnosis_____ Secondary Diagnosis_____
Primary Physician_____

Social Services:

- Family issues: (any issues that have transpired during the past 60 days)

  _____

  _____
- Staffing issues from the parents' perspective:_____

  _____
- Change in family structure: (i.e., parent left the home, death, separation, additional foster placement)

  _____

  _____
- Structural change to dwelling:_____
- Loss of gas, electrical or phone service:_____
  - If so, what action was taken: _____
- Sibling issues:_____
- Transportation difficulties:_____
- Identify any additional agencies working with the child/family:_____

  _____
- Are there any changes in current list of trained caregivers?_____

Nursing Services:

- Amount of nursing hours/week or allocation prescribed for above time period?_____
- Average amount of nursing hours/allocation provided per week for above time period?_____
- Amount of respite provided for the above time period? _____
- Number of nurses with less than 1 year's experience staffing case? _____
- Number of nurses with pending Illinois licenses staffing case? _____
- Usual days of service ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Varies
- Usual times of service: A.M. from_____ to_____; P.M. from_____ to _____
- Does nurse accompany child to school? ☐ Yes ☐ No ☐ N/A If yes, are nursing services paid by DSCC or the school district?_____ # of days unable to attend school:_____
- Please explain any reasons for unfilled shifts:_____

  _____
- Any changes in insurance benefits: ☐ No ☐ Yes If so, what has changed?_____

  _____

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Hospitalizations For Above Time Period: *(If more than one admission/ER visit, please list on a separate sheet)*

- Date of Admission_____ Date of Discharge_____

  Reason_____
- Date of ER visit_____ Reason_____
- Last M.D. appointment date_____ With whom_____
- Next M.D. appointment date_____ With whom_____
- Any appointments missed?_____

Clinical Status: (Indicate child's status and changes over the past 60 days include ventilator parameters; use of Bipap or CPap; oxygen flow rate or percentage changes; hyper-al and lipids or central line changes.)

_____

_____

_____

_____

Note any developmental or educational changes over the past 60 days:_____

_____

_____

Head to Toe Assessment: (May use agency assessment document and attach.)

Respiratory:_____

_____

Cardiovascular:_____

_____

Musculoskeletal:_____

_____

Gastrointestinal/Genitourinary:_____

_____

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Neurological: _____

_____

Skin Integrity: _____

_____

Medications & Dosage: Indicate any changes in the medications over the past 60 days.

_____

_____

Diet/Nutrition: (Include route; type; intake and output; restrictions; and tolerance):

Route/s?_____ Type of tube?_____ Appetite and tolerance? _____

Diet: _____

Is child followed by a nutritionist?_____

Reflux?_____ If yes, what aspiration precautions are taken?_____

Ht._____ Wt._____

Describe Most Recent Supervisory Visit (date, who was there, issues discussed, when case conference was held, when next one is scheduled):

Date: _____

Who attended: _____

_____

Discussed: _____

_____

_____

_____

_____

Unable to do home visit at scheduled time because:_____

_____

_____

Attach a copy of the current Plan of Care

_____ _____

Nursing Supervisor Signature Date