

July 5, 2022

Re:
DSCC#:
Birthdate:

To Whom it May Concern:

The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) operates the Home Care Program on behalf of the Department of Healthcare and Family Services (HFS). Through this program, we partner with families, healthcare providers and others to help children with medical complexity who require-in-home shift nursing to thrive in their home.

As the managing physician for an applicant, you play an important role in providing current medical reports and details to support the need for in-home nursing and Home Care services.

Our goal is to help you provide information needed to properly assess the applicant's needs. The accuracy of your documentation helps to ensure the continued safety of your patient and assists in the resource determination most appropriate to the applicant's needs.

One way to provide this information is through a letter or other statement explaining the medical needs to be met with in-home skilled nursing care. Important topics to cover include, if applicable:

- the applicant's medical conditions and current medications;
- the applicant's clinical needs that require skilled nursing care in the home, particularly needs such as trach care, airway clearance, ventilator management, nutritional needs, seizure precautions, ADL assists, and medication administration needs; and
- other details or circumstances that are important to know when considering the applicant's need for nursing in the home.
- Please note this letter must be signed by an MD, DO, APRN or PA (Electronic signatures are acceptable.)

To help you in this process, following this cover page, DSCC has developed sample letters of medical necessity for home nursing. These samples are based on letters provided by other physicians. Although you are not required to use these exact samples, they provide a helpful template for the information needed and a series of examples of our participants' common care needs.

Your timely response will help us to arrange for home nursing services most appropriate for the applicant's needs. Please contact me if you need further assistance to develop this letter of medical necessity. I am also happy to share more information about DSCC's programs and services and how we can partner to serve families.

Thank you for your time and help with this request.

Sincerely,

Please note, these examples use fictional participants.

May 26, 2022

Re: Susy Wright
DSCC#:
Birthdate:

To Whom it May Concern:

This letter is written to request in-home skilled nursing for Suzy Wright.

Suzy was born prematurely at 26 weeks and is now 6 months old, weighing 4 kg. Suzy has remained hospitalized since birth due to a difficult course including inability to wean from the ventilator and history of sepsis X 3 requiring IV antibiotics. Additional diagnoses include Bronchopulmonary Bronchopulmonary Dysplasia, Laryngomalacia, Retinopathy of Prematurity, Dysphagia and Gastroesophageal Reflux Disease.

On May 5, 2020, Suzy was taken to the OR where a tracheostomy tube and gastrostomy feeding tube were placed. Suzy has successfully weaned off of the ventilator and currently requires use of humidified trach collar with 25% oxygen at all times. Feeding regimen includes bolus gastrostomy tube feeds of Enfamil 24, 68 mLs every 3 hours for a total of 8 feedings daily. These care needs are expected to reflect her home care needs.

Suzy will require private duty nursing in order to ensure airway patency, provide daily cleaning of tracheostomy and g-tube site, suctioning every 4 hours and as needed, daily change of tracheostomy ties, monitoring of oxygen saturation and adjustment of oxygen flow as needed for desaturation, changing of tracheostomy tube every two weeks, and emergency airway management as needed. Suzy will also require administration of bolus tube feeds while positioned upright to prevent aspiration. Suzy will require ongoing assessment of airway patency, respiratory status, tolerance of feedings, response to medications (please see attached medication list), monitoring of skin integrity, attention to personal hygiene and elimination needs, and promotion of growth and development.

Suzy will be discharged to the care of her parents George and Martha Wright, who appreciate the assistance of skilled nursing to ensure Suzy's safety in the home. George works full-time outside of the home and Martha works part-time as well as cares for the family's 4- and 6-year-old children. Skilled home nursing is required to ensure she is safe in the home and to support her family in her care.

Suzy will require follow up by multiple specialists including Pulmonology (Dr. K. Mack at Y Hospital), Otolaryngology (Dr. W. Payton at Y hospital), Neurology (Dr. A. Miller at Y Hospital), and General Pediatrics (Dr. T. Cohen at X Community Hospital).

Thank you for your attention to the needs of my patient. Please feel free to contact me if further information is needed

Sincerely,

Dr. W. Payton
Attending Physician, Y Hospital

Carmen Perez, RN, BSN, CPN
NICU Case Manager

Please note, these examples use fictional participants.

TPN sample LOMN

Participant requires continuous IV infusion of TPN/lipids for 16 hours daily via Broviac line. Central line care includes weekly sterile dressing changes and whenever soiled; flushing before and after infusions with saline/heparin. Weekly central line blood draws are required to monitor electrolytes and ensure appropriate composition of TPN as well as occasional additional blood draws to follow up on abnormal lab results or concerning symptoms. In addition, participant receives continuous j tube feeds of pediasure 20 mL per hour with venting of g tube. Caregiver must monitor stool output and if it exceeds 200 mL per shift, must be replaced with IV Lactated Ringers solution during the time TPN is not running.

Caregiver must monitor participant closely for signs of infection including fever, redness or discharge at central line site as this may be sign of central line associated blood stream infection requiring immediate attention. Participant must also be monitored closely for signs of dehydration or electrolyte derangement. Perineal skin must be monitored and treated for breakdown due to excessive stooling. Feeding tolerance must be monitored and feeds may need to be adjusted for tolerance.

Tracheostomy sample LOMN

Participant has a 4 French Shiley tracheostomy with cuff inflated to 2 mL during sleep. HME is used during the day/awake times and humidified trach collar with room air is used during sleep. Daily trach care includes cleaning and monitoring of site and changing of trach ties. The tracheostomy tube is changed once every two weeks and whenever it is or could be obstructed. Suctioning is needed every 8 hours and prn. Pulse oximeter is required whenever participant is not directly observed and during sleep.

Caregiver must ensure airway patency at all times and be prepared to provide emergency care including suctioning, bagging, oxygen administration, and replacement of tracheostomy tube, including placement of stepdown tube if unable to insert standard tube. Participant must be with trained, skilled caregiver who is prepared to provide emergency tracheostomy care at all times.

Ventilator sample LOMN

Participant is ventilator dependent 24 hours per day secondary to chronic respiratory failure with hypercapnia. Participant is stable on the LTV 1150.

Ventilator settings (may attach flow sheet or progress note containing this information instead):

Mode: Assist control/Pressure control LTV

Respiratory rate (set) 34 bpm

FiO₂ (%) 27% (0.5 LPM bleed in)

PEEP (cm H₂O): 6 cm H₂O

Peak Pressure: 28 cm H₂O

Flow Rate: 0.5 LPM

I time: 0.5 sec

Participant must be monitored continuously by skilled home care nurse or trained caregiver to ensure proper ventilator function, response to alarms, patent airway, oxygenation, and need for emptying of water from tubing. Pulse oximeter required when not under direct observation or when sleeping.

Please note, these examples use fictional participants.

Tube feeding sample LOMN

Participant requires enteral feeding due to dysphagia with aspiration. Feeding regimen consists of pediasure 1.0 given by bolus feeds during the day (250 mL fed over one hour followed by 20 mL flush of water) and continuous overnight feeds 9 pm-7 am (500 mL given at 50 mL per hour continuously followed by 20 mL flush) via gastrostomy feeding tube. Participant has history of reflux requiring use of proton pump inhibitor prophylaxis daily and venting of the tube with Farrell bag to prevent aspiration.

Participant requires care by skilled home care nurse to monitor feedings and tolerance, respond to episodes of emesis, hold feeds if needed and recalculate schedule and volume. Gastrostomy site care is required including daily cleansing, ensuring proper balloon inflation, and changing/replacing g tube every 3 months or as necessary.

Peritoneal dialysis sample LOMN

Participant requires nightly peritoneal dialysis due to end stage renal disease, hypertension, hyperparathyroidism, and anemia of renal disease. Participant is required to be on an automated cyclor nightly for 10-12 hours per night. Volume of fluid infused and returned must be carefully monitored. Peritoneal dialysis will be required until participant receives a successful kidney transplant; this will not be an option for at least one year due to age and size.

Nursing care includes daily cleaning, care and dressing of the peritoneal dialysis catheter (clean). Participant must be closely monitored for fever, abdominal distension/tension, discomfort, and drainage from dialysis catheter as indicator of peritonitis. Blood pressure and weight must be monitored daily for indication of renal function; this is a challenging process in an infant or young child. Any deviation must be reported to and discussed with his dialysis team. Reporting parameters for blood pressure are systolic BP <60 or >120. Weight change of greater than 2 pounds per day must be reported to provider. Adjustments in blood pressure medication, diasylate preparation, or concomitant medications may be indicated.

Extensive wound care sample LOMN

Participant is a 16-year-old s/p gunshot wound to the back resulting in spinal cord injury below T6. As a result, participant is paraplegic and insensate below the waist with diminished function of hands. Participant suffers from autonomic dysreflexia requiring careful monitoring and management of blood pressure daily. Participant has neurogenic bowel and bladder requiring daily bowel program of stool softener, administration of suppository and timed evacuation. Participant requires clean intermittent catheterization every 4 hours while awake with no more than an 8-hour interval at night without catheterization. Eight daily medications are required (see attached list).

Due to insensate skin and developmental status, participant has developed stage 4 pressure ulcers throughout lower extremities and pelvis, including bilateral hips, knees, and sacrum up to 8 by 10 cm in size with osteomyelitis of right trochanter and sacrum. Participant underwent multiple courses of IV antibiotics, use of wound vac, and finally flap procedure to close sacral wound and underwent extensive rehabilitation with training of participant and caregiver on pressure relief and positioning. Despite this participant continues to experience new wounds and poor healing. Participant is non-compliant with catheterization and has been hospitalized for multiple urinary tract infections and worsening wounds.

Please note, these examples use fictional participants.

Mental health services have been provided including medication support and ongoing counseling. Intermittent nursing has been provided but with no improvement in participant's status.

Participant requires twice daily wet to dry sterile dressing changes of 6 wound sites and is dependent for personal hygiene, clean intermittent catheterization, wound care, monitoring of wounds, reinforcement of pressure relief and positioning. Participant is at risk of worsening wounds, life threatening wound infection, recurrent UTI/pyelonephritis, and amputation of lower extremities or possibly hemicortectomy. Private duty home nursing is required to ensure appropriate assessment and care of wounds and adherence to treatment plan to maintain participant safely in his home.

Neurologic instability care sample LOMN

Participant is a 12-year-old previously healthy child with asthma and obesity at baseline. On June 13, he suffered status asthmaticus resulting in prolonged cardiac arrest and diagnosis of hypoxic ischemic encephalopathy with poorly controlled seizures and neurostorming. Participant required prolonged intubation eventually weaning to room air but requiring airway clearance including CPT, nebulizer, and suctioning twice daily and prn. Participant has gastrostomy feeding tube through which he receives bolus gastrostomy tube feeding of pediasure 240 mL 4 times daily at a rate of 200 mL per hour. Additional diagnoses include gastroesophageal reflux disease and dysautonomia. Participant requires continuous administration of clonidine via patch; daily administration of gabapentin and beta blocker are needed to treat dysautonomia. Participant has episodes of tachycardia, sweating, and hypertension lasting up to one hour every 1-2 days requiring prn usage of enteral Ativan with dose escalation if needed and administration of additional fluids. In addition, participant has clusters of seizures requiring 3 daily anticonvulsants and use of diastat every 1 to 3 weeks.

Participant requires skilled home nursing to ensure airway clearance and patency, stable blood pressure, management of neurostorming episodes, seizure management ensuring adequate hydration, and tolerance of feedings.