



Nursing Individual Health Plan, Monthly Follow-Up Report Service Detail Record

Only a licensed RN or LPN may use this form

Student Name: _____		DOB: _____	School Name: _____	Current IHP Date: _____
Licensed Nurse (Print): _____		Title: _____	Licensed Nurse (Signature): _____	

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Nursing Service (Detailed Below)</th> </tr> <tr> <td style="width: 20px; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">New or Updated IHP</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Monthly Follow-Up Check</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Quarterly Follow-UP Check</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Skilled Nursing Service</td> </tr> </table>	Nursing Service (Detailed Below)		<input type="checkbox"/>	New or Updated IHP	<input type="checkbox"/>	Monthly Follow-Up Check	<input type="checkbox"/>	Quarterly Follow-UP Check	<input type="checkbox"/>	Skilled Nursing Service	<p style="text-align: center;">Oversight/Supervision of LPN (if applicable)</p> <p>Supervising RN Signature: _____ RN Review Date: _____</p> <p>Notes: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
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- 1) An IHP is billed once per year. An IHP is required to bill for Nursing or PCS and must be attached to the IEP.
- 2) PCS-Supervising RN visit is required at least quarterly.
- 3) The RN monthly visit is to monitor tasks, document student's response and to make any adjustments or accommodations of the PCS service listed on the IHP.
- 4) Nursing Services must be in the IEP/Care Plan and only include services that require skilled nursing by a licensed RN or LPN.
- 5) Nursing services cannot be delegated to paraprofessionals and do not include emergency care, first aide, or non-routine medication administration not identified in the IHP. LPN must practice at the direction of RN or licensed physician.
- 6) Oversight/Supervision and Social History will be performed by an RN.
- 7) Personal Care Services are tasks that can be delegated to unlicensed personnel who follow a plan of care included in the IEP.

Date: <input style="width: 50px;" type="text"/> <div style="background-color: #e0e0e0; padding: 2px; border: 1px solid black; margin-top: 5px;"> Skilled Nursing Services <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Start Time</th> <th style="width: 20%;">End Time</th> <th style="width: 20%;">Duration</th> </tr> <tr> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> </tr> </table> </div>	Start Time	End Time	Duration	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Nursing Services</th> <th style="width: 50%; text-align: right;">Notes:</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> _____</td> <td rowspan="3" style="vertical-align: top; padding: 5px;">Initial: <input style="width: 50px;" type="text"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> _____</td> </tr> </table>	Nursing Services	Notes:	<input type="checkbox"/> _____	Initial: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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