Low Air-Loss Therapy Systems

Washington State Health Care Authority

The nursing staff must complete all spaces.

All information must be current within 30 days of service dates. You must keep appropriate documentation to substantiate this information in your files.

A current dated photo of the decubitus/decubiti must accompany this form.

1 Contact information

Client name

Client ID

Facility name

Telephone

Fax

RX Physician

Telephone

Fax

2 Diagnostic information

Diagnosis/Specific Disabilities

Prognosis/Life Expectancy

Client height

Client weight

Ideal body weight

Rate the following Mental/Behavioral

Alert	Always	Sometimes	Never
Oriented	Always	Sometimes	Never
Compliant with care	Always	Sometimes	Never

Comments

Health Care Authority (HCA) policy states: *The client's medical condition requires them to be bed-confined 20 hrs/day during rental of therapy system*.

How many hours/day is client in bed?

How many hours/day is client up in wheel chair?

Comments

Wound Evaluation

Must be current stage, not "healing stage"

1.
   - Location
   - Size
   - Depth
   - Stage
   - Tunneling
   - Drainage

2.
   - Location
   - Size
   - Depth
   - Stage
   - Tunneling
   - Drainage

3.
   - Location
   - Size
   - Depth
   - Stage
   - Tunneling
   - Drainage

Turning and repositioning schedule

List all medications

List all treatments/dressings

3 Nutrition Dietary Status

Fluid Intake

Feeding

Tube fed

Self-fed

Total daily calories

Number of calories needed for healing

List all nutritional supplements given

4 Labs

Date drawn

Albumin

Hematocrit

Hemoglobin

Additional comments

If this request is for an extension beyond three months' rental of the therapy system and there has not been a substantial improvement in wound status, please provide an explanation, including what changes in treatment are being implemented to improve healing potential.

Nursing staff signature

Date

Title