24-Hour Parent Log Instructions:

The purpose of this form is to determine the direct skilled / intermediate level of care (see level of care definitions in Care Coordinator Manual provided by DPA) services that are being provided for a TEFRA applicant in the home/community setting.

Care Coordinators please have a parent/guardian complete the form below for a "typical" 24-hour period using whatever time segments are appropriate for their situation (i.e. hour, half-hour or quarter-hour) and use as many sheets as necessary to cover their typical day.

Pt. Name: Child's name (fill in on each page)
DOB: Date of Birth
Parent/Guardian Signature: Sign first page and initial each subsequent page

Sample Completed Form: *(Please note – these are only examples of needs / services that may be performed for a TEFRA child)*

Pt. Name:	John Smith		
DOB:	January 1, 2000		
Parent/ Guardian Signature			
Date	**Time**	**Who Provided Care**	**Care Provided**
8/15/07	7:00 A	Mom	Woke (child's name) up – assisted with dressing (ADL)
	7:30 A	Mom	Assessed respiratory and skin breakdown. Administered Combivent and Advair
	8:00 A	Mom	Prepared Ensure and administered through feeding tube
	9:00 A	Mom	Drive child to school. Child uses wheelchair as needed for long distances. One-on-one assistance in classroom.
	2:30 P	Mom	Pick child up from school. Take child to twice/week OT appointment.
	3:30 P	Mom	Performs HEP (home exercise program) 2X/ day for 30 minutes as instructed by PT/OT
	5:00 P	Dad	Suctions secretions from trach (every 3 hours or as needed)
	9:00 P	Mom/Dad	Child put in bed. Turn child every two hours while in bed.

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