List the medical condition(s) requiring nursing intervention:

- chronic decubitus care
- routine medication administration
- routine chronic treatments
- SAM teaching/monitoring
- other:

List the treatment the individual receives:

- tube feeding(s)
- accuchecks
- colostomy care
- tracheostomy care
- chronic decubitus care
- routine medication administration
- ureterostomy care
- routine chronic treatments
- prosthesis care
- seizure monitoring
- resides in the infirmary
- SAM teaching/monitoring
- other:

List other contributing factors for the individual’s medical condition:

-

Are services provided by (check one or both if applicable): □ RNs  □ LVNs

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<tr>
<th>Task</th>
<th>Frequency</th>
<th>Minutes Per Day</th>
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How were the above minutes determined? ____________________

The following documentation should be included in the LON medical increase packet. Check all the items attached:

- ICAP booklet/scoring sheet
- nurses' narrative notes
- nursing assessments
- physician assessments
- physician orders
- staffing summaries
- current medication treatment sheets
- other: ____________________