



## **Medically Fragile & Technology Dependent Children's Waiver (MFTD)**

### **INSTRUCTIONS FOR USE OF THE LEVEL OF CARE (LOC) TOOL**

#### **General Requirements**

1. A child must receive points in both the Technology and Care Needs sections for a minimum score of 50 points to be eligible or remain on the waiver.
2. For renewals or reassessments, enter the previous points in the appropriate column. Enter the new score in the current column.
3. Documentation to support specific scores can be found in physician letters, medical reports, nursing agency summary reports, plan of care, hospital discharge notes, nursing agency medication sheets or ventilator sheets. If the information being reported differs from the current physician orders, then score according to the most recently dated document. For example, a child is being discharged from the hospital and there are new discharge orders. The discharge orders are more current than the Plan of Care (POC) written prior to the hospital admission. Score the LOC on the new discharge orders.
4. Primary diagnosis - list the primary home care diagnosis.
5. Date of Initial LOC - enter the date the first LOC was completed and submitted to HFS.
6. Date of Current LOC - enter the date you complete the current LOC.
7. Date of Previous LOC - enter the date the prior LOC was completed.

#### **LOC Screening – Technology Needs**

1. Children must receive a score in the Technology Needs section of the form to qualify for MFTD Waiver services.
2. Points in the Technology Needs section reflect the risk of death or disability if the technology is not provided, as well as the degree of care assessment/judgment needed to operate the technology.
3. Only assign points for technology provided in the home.
4. In the "# /Freq. " columns, indicate the number of times or hours and the frequency a technology is utilized according to the frequency key. If a child is on a ventilator 18 hours per day, enter "18" in the # column and "H" in the Frequency column. If a child has oxygen saturation checked every two (2) hours, enter "2" in the # column and "H" in the Frequency column.
5. All points assigned must be justified in the "Justification" column. Indicate where information was obtained such as the plan of care, nursing notes or physician letter.
6. Items followed by a text box (e.g., Type), enter the appropriate information. Enter any other pertinent information in the Justification column.
7. Compute Technology Needs Subtotal.

#### **LOC Screening – Care Needs**

1. Children must receive a score in the Care Needs section of the form to qualify for MFTD Waiver services.
2. Points in the Care Needs section reflect the time needed to perform the skill and the need for care.
3. Check the appropriate yes/no box if the child can do his/her own care. If the child can do his/her own care, points are not allocated.
4. Several areas in the Care Needs section assign points based on the frequency of the need for the activity, (e.g., tracheotomy suctioning q1hr.). The nursing notes must support the chosen frequency. If there is a discrepancy between nursing notes/supervisory notes and the Plan of Care; contact the nursing agency for clarification. Explain the discrepancy in the cover letter and reference in justification column.
5. In the "# /Freq. " columns, indicate the number of times and the frequency the care is provided according to the frequency key. If a child has a tracheotomy and tracheotomy care is given twice a day, enter "2" in the # column and "D" in the Frequency column.
6. All points assigned must be justified in the "Justification" column. Indicate where information was obtained, such as the plan of care, nursing notes or physician letter. Additional information such as the seizure interventions or the care taken for complex feedings can be added to the Justification column.
7. Complete the "History of Hospital/Emergency Room Visits and Emergency Hours" section.
8. Compute Care Needs Subtotal.

## Level of Care Score

1. After assigning the points in all the relevant categories, total the scores and record in the Total LOC Score box.

### ***Suggestions***

#### ***Review the nursing agency Plan of Care (POC) first***

- This gives you information that shapes your thinking for your review of the daily notes
- Highlight anything on the Plan of Care (POC) for which you will give a point

#### ***Review the supervisory reports/doctor's letter***

- Cross-check to see if there are similarities and differences between Plan of Care (POC) and supervisory notes
- Cross-check to see if there are differences between the last doctor's letter on the last medical report and the Plan of Care/supervisory report
- Review supervisory reports and medical reports for ER visits/hospitalizations in the previous 6-month period

#### ***Read the daily notes***

- Highlight, flag, or underline: suctions, seizures (meds/precautions), oxygen, feeding, elevation of head/foot of bed, CPR, nebs, or the use of the vest or other interventions

# I. TECHNOLOGY NEEDS

## A. Ventilator Support

Dependent (16 or more hrs/day)	50	A child is on the ventilator for 16 or more hours per day.	Children will not receive additional technology points for CPAP/BIPAP or tracheotomy if on a ventilator.
Intermittent (less than 16 hrs/day)	45	A child is on a ventilator for less than 16 hours per day (e.g., uses ventilator at nighttime only).	If the ventilator is stored in the home, but not used daily, no points are allocated.

## B. CPAP/BIPAP/NON INVASIVE VENTILATION

Via tracheotomy (non-ventilator)	45	CPAP/BIPAP is administered per tracheotomy every day using a closed system other than a ventilator and requires an alarm system.	Children will not receive additional technology points for tracheotomy or ventilator if receiving CPAP/BIPAP.
Via mask, pneumo-belt or sip and puff device	35	CPAP/BIPAP is administered via a mask that covers the mouth and nose every day. There is no tracheotomy. The child may use a pneumo-belt or a sip and puff device to expand their lungs at least once per day.	

## C. Tracheotomy

Tracheotomy	43	Children with a tracheotomy are allocated points.	Children will not receive additional technology points for tracheotomy if on a ventilator or using CPAP/BIPAP.
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## D. Nasal Stents

Nasal Stents	20	Nasal stents used as post-surgical dilators of nares.	
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## E. Oxygen Therapy

Continuous, unstable (12 or more hrs/day)	35	Continuous oxygen at variable levels is received at least 12 hours per day based upon a pulse oximeter reading that measures oxygen saturation.	The amount varies per oximeter saturation level. Allocate 3 points under vital signs instability. No points are allocated if oxygen is only administered during an acute illness.
Intermittent-based on O2 sats (less than 12 hrs/day)	20	Oxygen administered at least daily but less than 12 hours per day based upon a pulse oximeter reading.	No points are allocated if oxygen is only administered during an acute illness, when suctioned or during CPT. Allocate 3 points under vital signs instability located under "Care Needs."
Continuous, stable (6 or more hours)	15	Oxygen is received at least 6 hours per day or required for sleep.	The amount of oxygen is consistent and does not change. 21% oxygen is room air. High humidity trach collar (HHTC) is room air with extra moisture unless otherwise specified.

## F. IV Infusion

IV Infusion	40	IV fluid infusing for 6 or more hours daily in a 24-hour period.	Total Parenteral Nutrition is also referred to as hyperalimentation.
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# I. TECHNOLOGY NEEDS CONTINUED

Continuous Feeding			
Continuous (6 or more continuous hrs/day)	40	An infusion of a feeding for 6 or more continuous hours in a 24-hour period.	Children will not receive additional technology points for bolus feeding if the child is already receiving technology points for continuous feedings.
Bolus	25	A feeding that takes less than 6 hours to be administered.	
G-Tube and/or Jejunum			
Continuous feeding with reflux (6+ continuous hrs/day)	35	A continuous G-tube feeding with reflux is an infusion for 6 or more continuous hours in a 24-hour period.	<ul style="list-style-type: none"> <li>• Children will not receive additional technology points for bolus feeding if the child is already receiving technology points for continuous feedings.</li> <li>• The child must have one of the following: <ul style="list-style-type: none"> <li>• Diagnosis of reflux or GERD</li> <li>• History of fundoplication (add the date to the "events" screen in CHIMS).</li> <li>• Treatment for aspiration such as aspiration pneumonia; or</li> <li>• Medication for reflux such as Pepcid, Prevacid, Reglan or Zantac.</li> </ul> </li> </ul>
Continuous feeding without reflux (6+ continuous hrs/day)	15	A continuous G-tube feeding is an infusion for 6 or more continuous hours in a 24-hour period.	No reflux
Bolus feeding with reflux	10	A feeding with reflux that takes less than 6 hours to be administered in a 24-hour period.	<ul style="list-style-type: none"> <li>• The child must have one of the following: <ul style="list-style-type: none"> <li>• Diagnosis of reflux or GERD</li> <li>• History of fundoplication (add the date to the "events" screen in CHIMS).</li> <li>• Treatment for aspiration such as aspiration pneumonia; or</li> <li>• Medication for reflux such as Pepcid, Prevacid, Reglan or Zantac.</li> </ul> </li> <li>• No points are allocated if the child has a G-tube used only for medications.</li> <li>• Children will not receive additional technology points for bolus feeding if the child is also receiving technology points for continuous feeding given at another time during the day.</li> </ul>
Bolus feeding	5	A feeding that takes less than 6 hours to be administered.	Children will not receive additional technology points for bolus feeding if receiving points for continuous feeding.
Peritoneal Dialysis			
Peritoneal Dialysis	35	Required peritoneal dialysis in the home.	

## II. CARE NEEDS

### A. Suctioning Frequency

Suctioning Frequency	3	The child requires suctioning at least once per day; every day.	<ul style="list-style-type: none"> <li>Points are not allocated if the child is able to suction himself/herself.</li> <li>Points are not allocated when the child is experiencing an acute illness and this is the only time the child is suctioned.</li> </ul>
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### B. Tracheotomy Care

Tracheotomy Care	5	Points are allocated if the child has a tracheotomy and requires care.	<ul style="list-style-type: none"> <li>Points are not allocated if the child is able to do his/her own tracheotomy care.</li> </ul>
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### C. Vital Signs Instability

Vital Signs Instability	3	The child experiences fluctuations in vital signs that require interventions. Vital signs include temperature instability, blood pressure or heart rate fluctuations, oxygen adjustments, or blood glucose monitoring. Interventions could include the use of a warming blanket, stimulation for bradycardia, administration of oxygen, insulin or a feeding either IV, oral or enteral.	<ul style="list-style-type: none"> <li>If technology points are allocated for oxygen therapy (continuous, unstable or intermittent), allocate points for vital signs instability.</li> <li>Points are not allocated for routine monitoring of vital signs, but are allocated if unstable vitals are indicated in the supervisory report or medical report and interventions are listed on the Plan of Care.</li> <li>In the # and Frequency column, indicate how often vital signs are checked.</li> </ul>
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### D. Special Treatments

Special Treatments		<p>A maximum of 8 points can be awarded in this category no matter how many treatments they receive (e.g., nebulizer treatments, chest PT, cough assistive device, bladder irrigation, treatment of a bed sore using clean technique, ethanol treatment to a central line or other treatments that require a skilled professional.) Each individual treatment is counted even if one follows another.</p> <p>Points are allocated for nebulizer treatments ordered every other month according to the frequency such as b.i.d. or q. am.</p>	<ul style="list-style-type: none"> <li>Range of motion, applying splint applications, routine tracheotomy and G-tube care are not considered special treatments.</li> <li>A bowel program is not considered a special treatment.</li> <li>If a daily sterile dressing is required to treat a bed sore, do not score under "D. Special Treatment." Allocate points under "N. Dressings, Sterile."</li> </ul>
4 or more times per day	8	Points are allocated if the child receives multiple treatments that add up to a total of four or more treatments per day or the child receives one special treatment at least four times per day (e.g., a child receives chest PT BID and specialized ostomy care TID.)	<ul style="list-style-type: none"> <li>Indicate special treatments under Justification column. For example, CPT b.i.d. and nebulizer treatment every 12 hours.</li> </ul>

## II. CARE NEEDS (Continued)

D. Special Treatments (Continued)			
3 times per day	6	Points are allocated if the child receives multiple treatments that add up to a total of three treatments per day or the child receives one treatment at a maximum of three times per day.	<ul style="list-style-type: none"> <li>If the nurses are providing care 8 hours, CPT is documented twice but the ordered is for 3x per day, you can allocate points for CPT three times since the parent would be doing the other treatment.</li> </ul>
2 times per day	4	Points are allocated if the child receives multiple treatments that add up to a total of two treatments per day or one treatment given twice a day.	
Once per day	2	A child receives a special treatment at a maximum of one time per day.	
E. Medication			
Medication		Points are allocated based on the number of prescribed medications, vitamins, minerals, herbs and/or supplements that the child receives on a regular basis. This can include prescribed medicated shampoo or medicated mouth wash. Puffs on an inhaler count as a medication, not as a special treatment.	<ul style="list-style-type: none"> <li>If baclofen pump is listed under medications, it can be counted as a medication. If it is listed somewhere else on the Plan of Care (POC), it does not count.</li> <li>Nebulizer treatments are not included in Medications because they are included in Special Treatments.</li> </ul>
Complex (7 or more routine medications)	8	Children who receive 7 or more routine medications.	<ul style="list-style-type: none"> <li>PRN medications are included if they are taken daily.</li> </ul>
Moderate (3-6 routine medications)	4	Children who receive 3 - 6 routine medications.	<ul style="list-style-type: none"> <li>If ointments are applied routinely, they are counted.</li> </ul>
Simple (1 - 2 routine medications)	2	Children who receive 1 - 2 routine medications.	<ul style="list-style-type: none"> <li>If medication is prescribed weekly, you count the medication if given every week.</li> <li>If the same medication is given but at different doses or times, it only counts as one (1) medication.</li> <li>Synagis, Heparin flush, or other medications administered once per month are not counted.</li> </ul>
F. IV/Total Parenteral Nutrition			
IV/Total Parenteral Nutrition		Points are allocated based on the total number of hours the intravenous (IV) fluid is infusing in a 24-hour period.	Unable to allocate more than 8 points.
Continuous (16 or more continuous hrs/day)	8	IV fluid infusing continuously 16 or more hours during a 24-hour period.	
8 - 15 hours per day	6	IV fluid infusing more than 8 hours and less than 16 hours during a 24-hour period.	
4 - 7 hours per day	4	IV fluid infusing more than 4 hours and less than 8 hours during a 24-hour period.	
Less than 4 hours per day	2	IV fluid infusing less than 4 hours per 24-hour period.	

**G. NG/GT Feeding**

NG/GT Feeding		Points are allocated based on the frequency of the NG or GT feeding.	<ul style="list-style-type: none"> <li>• Unable to allocate more than 5 points.</li> </ul>
Continuous (6 or more continuous hrs/day)	5	Continuous feeding is defined as infusion of a feeding for 6 or more hours within a 24-hour period.	<ul style="list-style-type: none"> <li>• If bolus feeding occurs during the day and continuous feedings at night for more than 6 continuous hours, only allocate points for continuous feeding.</li> </ul>
Every 2 hours	4	An infusion of a feeding that occurs every 2 hours within a 24-hour period.	
Every 3 hours	3	An infusion of a feeding that occurs every 3 hours within a 24-hour period.	<ul style="list-style-type: none"> <li>• If a child is fed 6 a.m., 9 a.m., 12 p.m., 3 p.m., 6 p.m., 9 p.m., and does not receive a feeding until the next morning, two (2) points are allocated, because child's feeding does not occur every three (3) hours around the clock.</li> </ul>
Every 4 or more hours	2	An infusion of a feeding that occurs every 4 or more hours within a 24-hour period.	<ul style="list-style-type: none"> <li>• Points can be allocated if a child receives a G-tube or NG-tube feeding less than every 6 hours (e.g., once a day).</li> </ul>

**H. Aspiration Precautions with NG/GT Feeding**

Aspiration Precautions with NG/GT Feeding	2	Points are allocated when a child requires techniques to prevent vomiting or aspiration (e.g., raising the head of the bed, venting the G-tube, using a wedge or reflux harness, stopping the feeding because the child is gagging or the child has a Farrell bag.)	<ul style="list-style-type: none"> <li>• Points are not allocated if the child is only on medication and no other intervention is needed.</li> <li>• Points are allocated if the Plan of Care specifies an action other than "aspiration precautions", the supervisory report indicates an intervention is taken or the nurses notes document HOB is elevated.</li> </ul>
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**I. Specialized I/O Monitoring**

Specialized I/O Monitoring	5	Points are allocated if the nurse weighs the diapers, measures the intake and output accurately and is required to intervene, if the volume is too small or too large. Interventions may include IV replacement fluids, feeding volume adjustments, or catheterization that does not occur daily (e.g., children with renal problems, short gut syndrome, traumatic brain injury).	<ul style="list-style-type: none"> <li>• Points are not allocated for normal daily measurement of intake and output without the need to assess for replacement.</li> <li>• Points are allocated if the child requires intermittent catheterization once or twice a week due to urine retention; the nurses are monitoring the amount of urine excreted.</li> </ul>
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**J. Intermittent Catheterization**

Intermittent Catheterization	4	Points are allocated if a child is catheterized daily.	<ul style="list-style-type: none"> <li>• Points are not allocated for an indwelling fole or if the child is able to do this task himself/ herself.</li> </ul>
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**K. Seizure Precautions Required**

Seizure Precautions Required	1	Points are allocated if the child requires seizure precautions (e.g., helmet, padded side rails, magnets for vagal nerve stimulation treatment, Ketogenic diet or receives anti-convulsive medications.)	
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## II. CARE NEEDS (Continued)

B. Seizures/Repositioning/ventilation			
Daily	3	Points are allocated if the child has a seizure every day and requires an intervention other than observation.	<ul style="list-style-type: none"> <li>Points are not allocated for febrile seizures.</li> <li>Interventions include suctioning, administration of oxygen and medications, or emergency room visit due to an uncontrolled seizure.</li> </ul>
Less than daily but more than once per month	2	Points are allocated if the child has a seizure less than every day but more often than once per month and requires an intervention other than observation.	<ul style="list-style-type: none"> <li>Points are not allocated for observation only.</li> <li>Points are not allocated for febrile seizures.</li> </ul>
Less frequently than once per month but within the past year	1	Points are allocated if the child has a seizure less than once per month requires an intervention other than observation within the past year.	<ul style="list-style-type: none"> <li>Repositioning the child or raising a child's chin is not considered an intervention</li> </ul>
C. Dressing/Style			
3 times per day or more	3	Points are allocated if the child requires sterile dressing changes daily 3 or more times per day.	<ul style="list-style-type: none"> <li>Does not include tracheotomy or G-tube care.</li> </ul>
Less than 3 times per day	2	Points are allocated if the child requires sterile dressing changes daily but no more than 2 times per day.	<ul style="list-style-type: none"> <li>Points are not allocated for Central line or PICC line dressings that are changed once a week.</li> </ul>
D. Hospitalizations/ER Visits/Emergency Hours			
Hospitalizations – If the plan was approved for 6 months, the 12 months begins 12 months prior to the date the renewal is due to HFS. If the plan was approved for a year, the 12 months begins on the date the last renewal was submitted. If an extension is requested and a hospitalization occurs during this time, this hospitalization is added to the next LOC submitted.	5	Points are allocated if the child has been: <ul style="list-style-type: none"> <li>Hospitalized since birth for at least 3 months and going home for the first time; or</li> <li>Had cumulative admissions for a total of 90 days or longer in the past 12 months; or</li> <li>Admitted to the hospital 4 or more times in the last 12 months; or</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient procedures such as bronchoscopy and/or sleep studies do not count as a hospitalization.</li> <li>Provide information regarding hospitalizations and emergency room visits including dates and reasons in Section III. History of Hospital/Emergency Room Visit(s) and Emergency Hours.</li> <li>Points are not allocated if hospitalized due to failed home care because of the lack of nursing or unstable home. It does not address medical fragility.</li> </ul>
Emergency Room Visits		<ul style="list-style-type: none"> <li>Went to the emergency room for an acute illness 4 or more times in the last 12 months; and/or</li> </ul>	<ul style="list-style-type: none"> <li>If ER visit occurs and leads to a hospital admission, it counts as one (1) hospitalization. Only list the hospitalization.</li> <li>Hospitalizations/ER visits, and emergency hours that occurred in the waiver application or previous renewal can be counted if they occurred within the past year</li> </ul>
Emergency Hours		<ul style="list-style-type: none"> <li>Received emergency hours 4 or more times in the last 12 months to prevent hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalizations, emergency room visits, or emergency hours can be added to the events table in CHIMS to track.</li> </ul>



## II. CARE NEEDS (Continued)

### Hospitalization/ER Visit/Emergency Hours (continued)

Combinations		<ul style="list-style-type: none"> <li>• If the child was admitted to the hospital two times and had two other ER visits, allocate five (5) points.</li> <li>• If the child was admitted to the hospital one time, had two ER visits and received emergency hours, allocate five (5) points.</li> <li>• Other combinations can occur and points can be allocated if four or more hospital admissions, ER visits or emergency hours occur.</li> </ul>	
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**Appendix A: Home Care Medical Definitions**

<b>TERMINOLOGY</b>	<b>Abbrev</b>	<b>DEFINITION OF TERM</b>
<b>Apnea</b>		Breathing stops and starts.
<b>Artificial nose</b> <i>a.k.a. Breath aid/humivent</i>	HME	Heat and moisture exchanger. A device that warms and moistens the air the child breathes in.
<b>Aspiration</b>		The entry of secretions or foreign material into the trachea or lungs. The material may be inhaled or blown into the lungs.
<b>Bi-level Positive Airway Pressure</b>	BiPAP	The BiPAP machine helps push air into the lungs and to hold the lungs open to allow more oxygen to enter the lungs. Each time the patient breathes, the BiPAP machine applies air pressure to the lungs while the patient is breathing out (exhaling or expiration) in order to hold open the air sacs in the lungs.
<b>Bolus feedings</b>		Feeding given over 30 minutes to several hours several times during the day. Runs in by gravity, pushed in with a syringe, or infused with a feeding pump.
<b>Bowel Program</b>		Following an injury or medical condition, bowel habits often change. A daily routine helps managing the bowels and prevents constipation or impactions.
<b>Cannula</b>		The tube part of the tracheostomy tube.
<b>Cartilage</b>		The tough tissue rings which surround the wind pipe.
<b>Colostomy</b>		A surgical connection of a part of the colon onto the anterior abdominal wall, leaving the patient with an opening on the abdomen called a stoma. In a colostomy, the stoma is formed from the end of the large intestine, which is drawn out through the incision and sutured to the skin.
<b>Concentrator</b>		Provides oxygen therapy to a patient at substantially higher concentrations than those of room air. Used as an alternative to oxygen tanks.
<b>Continuous feedings</b>		Feeding is given 6 to 24 hours per day. May be given via NG tube, G-tube or J-tube. A feeding pump is usually used.
<b>Continuous positive airway pressure</b>	CPAP	Continuous positive airway pressure given through a mask or through the trach by a machine. It can also be given through a ventilator attached to a trach. CPAP works by pushing air through the airway passage at a pressure high enough to prevent apnea and can be prescribed for both obstructive and central sleep apnea.

<b>TERMINOLOGY</b>	<b>Abbrev</b>	<b>DEFINITION OF TERM</b>
<b>Coughalator</b>		A mechanical device that alternates positive and negative airway pressure to stimulate cough (also known as In-Exsufflator, Cofflator, or cough machine). This takes approximately 15-30 minutes per treatment.
<b>Cuff</b>		The inflatable balloon on some tracheostomy tubes.
<b>Diaphragm</b>		The big muscle below the lungs that controls breathing.
<b>Drip feeding</b>		Feeding given slowly over time. May be regulated by a feeding pump. May be given via NG tube, G-tube or J-tube.
<b>Encrustation</b>		Hard, crusty, dried mucus.
<b>End Tidal CO2</b>		The level of carbon dioxide in the air exhaled from the body, the normal values of which are 4% to 6%; that is equivalent to 35 to 45 mm Hg of CO <sub>2</sub> in the blood.
<b>Enteral nutrition</b>		Liquid nutrition delivered by tube into stomach or small intestine.
<b>Farrell Bag</b>		A closed system connected to a gastrostomy tube with a one-way valve to allow release of air from the stomach and a reservoir bag to contain gastric contents.
<b>Gastroesophageal reflux</b>	GER/GERD	Contents of stomach flow backward into esophagus. May be resolved by medications, changes in feeding, position, methods, or formula.
<b>Gastrostomy button, "Mickey" button</b>	G-tube button	A small plastic device that is surgically placed in the stomach wall that allows the G-tube to be removed between feedings.
<b>Gastrostomy tube</b>	GT/G-tube	A flexible rubber catheter that is surgically placed into the abdominal wall. This tube is clamped between feedings to prevent leakage.
<b>High flow oxygen</b>		Oxygen delivered at greater than or equal to 6 L/min.
<b>Humidifier</b>		A device for supplying or maintaining humidity.
<b>Humidifier collar, Trach collar</b>	HHTC	Small mask worn around neck over trach connected to a humidifier. Provides direct humidification to the trachea (HHTC).
<b>Hydrogen peroxide</b>		A disinfecting agent which is mixed with water and used to clean around trachea area.
<b>Hyperalimentation</b>	Hyperal	Same as Total Parenteral nutrition. Amino acids, vitamins and fluids are given intravenously through a central line.
<b>Indwelling catheter</b>		A catheter which is inserted into the bladder and allowed to remain in the bladder. A common type of indwelling catheter is a Foley. A Foley catheter has a balloon attachment at one end. The balloon prevents the catheter from leaving the bladder.

TERMINOLOGY	Abbrev.	DEFINITION OF TERM
<b>Intermittent catheter</b>		Intermittent catheters are hollow tubes used to drain urine from the bladder. They are inserted at intervals throughout the day, or when you feel the need to go to the toilet. Once the urine has drained out, the catheter is removed.
<b>Jejunostomy tube</b>	J-tube	Tube inserted into surgical opening in abdominal wall and threaded into upper small intestines. Feedings are infused continuously.
<b>Lumen</b>		Inside part of the trach tube where the air goes in and out.
<b>Mucus</b>		Slippery fluid that's produced in the lungs and windpipe. This dries and sticks to any surface and forms a crust. Can block trachea tube so no air passes.
<b>Nasogastric tube</b>	NG tube	Tube threaded into one nostril down the throat, esophagus, and into the stomach. Tube is usually taped in place
<b>Nasopharyngeal</b>		An area in the back of the nose toward the base of skull. The nasopharynx is a box-like chamber that lies just above the soft palate in back of the entrance into the nasal passages.
<b>Nebulizer</b>	Neb	A machine that provides moisture and/or medicine inhaled into the lungs. This takes approximately 15-30 minutes
<b>Obturator</b>		The semi-rigid stick you put into the tracheostomy tube to help guide it into the opening in the neck. Must be removed after trach tube is changed to allow air exchange.
<b>Peritoneal dialysis</b>		A fluid is entered into the patient's abdominal (Peritoneal) cavity (the "belly"), which is covered by a thin membrane, containing many small blood vessels. This membrane, called the peritoneum, is like a big bag that keeps the stomach, intestines, liver, and other organs in place. The dialysis fluid will make water, salts, and the waste products move from the blood into the fluid (also called solution). As the fluid gets saturated after a while, the solution must be exchanged regularly.
<b>Pulse oximeter</b>	O <sub>2</sub> sat	Measures the amount of oxygen in the blood.
<b>Saline</b>		Salty solution similar to water found in the body.
<b>Secretions</b>		Another word for mucus or body fluids excreted from a wound.
<b>Speaking valve</b> <i>a.k.a. Passy-Muir Valve</i>		A one-way valve that lets air come in through the tracheostomy tube, but then sends it out past the vocal cords and mouth to make talking possible.
<b>Stent</b>		A straw-like tube that is inserted into the nasal passageway to secure an open airway
<b>Stoma</b>		Hole in the neck where the tracheostomy tube is inserted or hole in abdomen where G-tube is inserted.
<b>Sterile</b>		Free from germs.

<b>TERMINOLOGY</b>	<b>Abbrev.</b>	<b>DEFINITION OF TERM</b>
<b>Suction</b>	<b>SX</b>	Clean or evacuate by the force of suction such as removing mucus from an airway.
<b>Swaddle</b>		To wrap a baby like a mummy with only its head sticking out.
<b>Syringe</b>		The instrument the doctor uses to give shots, only there is no needle on it.
<b>Total parenteral nutrition</b>	<b>TPN</b>	Intravenous nutrition.
<b>Tracheostomy or tracheotomy</b>	<b>trach</b>	An operation where they cut a hole in the neck to make breathing easier.
<b>Tracheostomy (Trach) tube</b>		Artificial airway. A curved plastic tube which is inserted into the trachea to aid breathing. It comes in different sizes and different types and brands.
<b>Ventilator</b>	<b>Vent</b>	A machine that helps a person breathe or breathes for a person.
<b>Venting</b>		Allows abdominal gas to escape by unclamping the tube or using a syringe.
<b>Vesicostomy</b>		It is an opening in the abdomen that allows urine to drain continuously from the bladder.
<b>Water-based lubricant</b>		Used on end of NG tubes and trach tubes to ease insertion.