



Australian Government  
Department of Health and Ageing

# Aged Care Funding Instrument (ACFI)

Answer Appraisal Pack



# Aged Care Funding Instrument

## Application for Classification

Effective from 20 March 2008

### Section 1: Particulars of person being appraised

<b>Surname</b>	<b>Given Names</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Date of Birth:</b> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> /19	<b>Care recipient No. (if known):</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	

<b>Reason for this Application</b>	
<b>New Admission:</b>	
<input type="checkbox"/> Initial appraisal (new to residential care, or transfer from another facility > 28 days)	Date of admission: <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> /20
New Admission from Hospital: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Mandatory Re-Appraisal:</b>	
<input type="checkbox"/> Return from extended hospital leave	Date of re-admission <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> /20
<input type="checkbox"/> 6 months after admission from hospital (including 6 months after return from extended hospital leave)	
<input type="checkbox"/> 6 months after significant change in dependency	
<input type="checkbox"/> Re-appraisal at request of Department	
<input type="checkbox"/> RCS expired	
<b>Voluntary Re-Appraisal:</b>	
<input type="checkbox"/> Significant change in dependency	
<input type="checkbox"/> Re-appraisal of lowest classification resident (\$0)	
<input type="checkbox"/> Re-appraisal > 12 months after last appraisal	
<input type="checkbox"/> Transfer from another facility ( 28 days or less between facilities)	

### Section 2: Particulars of Service

<b>Service Number:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Service Name:</b> <input style="width: 95%;" type="text"/>

### Section 3: Declaration

<b>Declaration:</b> I certify that the particulars given in this application are true and correct		
<b>Name:</b> (BLOCK LETTERS)	<b>Position held:</b>	<b>Telephone No.:</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of approved provider or authorised agent:		<b>Note:</b> The Aged Care Act 1997 provides penalties for the provision of false or misleading information on this form.
<input style="width: 95%;" type="text"/>	Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> /20	

### Section 4: For office use only

Rejection Code: <input style="width: 100px;" type="text"/>	Keyed (initials) <input style="width: 50px;" type="text"/>	Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> /20
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## Mental and Behavioural Diagnosis

Indicate which sources of evidence have been filed in the ACFI Appraisal Pack	Tick if yes
Aged Care Client Record (ACCR)	<input type="checkbox"/> D1.1
GP comprehensive medical assessment	<input type="checkbox"/> D1.2
General medical practitioner notes or letters	<input type="checkbox"/> D1.3
Geriatrician notes or letters	<input type="checkbox"/> D1.4
Psychogeriatrician notes or letters	<input type="checkbox"/> D1.5
Psychiatrist notes or letters	<input type="checkbox"/> D1.6
Other medical specialist notes or letters	<input type="checkbox"/> D1.7
Other—please describe	<input type="checkbox"/> D1.8

	Mental and Behavioural Disorders Checklist	Tick if YES
0	No diagnosed disorder currently impacting on functioning	<input type="checkbox"/>
500	Dementia, Alzheimer's disease including early onset, late onset, atypical or mixed type or unspecified	<input type="checkbox"/>
510	Vascular dementia e.g. multi-infarct, subcortical, mixed	<input type="checkbox"/>
520	Dementia in other diseases, e.g. Pick's Disease, Creutzfeldt-Jakob, Huntington's, Parkinson's, HIV	<input type="checkbox"/>
530	Other dementias, e.g. Lewy Body, alcoholic dementia, unspecified	<input type="checkbox"/>
540	Delirium	<input type="checkbox"/>
550A	Depression, mood and affective disorders	<input type="checkbox"/>
550B	Psychoses e.g. schizophrenia, paranoid states	<input type="checkbox"/>
560	Neurotic, stress related, anxiety, somatoform disorders e.g. post traumatic stress disorder, phobic and anxiety disorders, nervous tension/stress, obsessive-compulsive disorder	<input type="checkbox"/>
570	Intellectual and developmental disorders e.g. intellectual disability or disorder, autism, Rhett's syndrome, Asperger's syndrome etc	<input type="checkbox"/>
580	Other mental and behavioural disorders e.g. due to alcohol or psychoactive substances (includes alcoholism, Korsakov's psychosis), adult personality and behavioural disorders.	<input type="checkbox"/>

### Evidence requirement

Enclose diagnostic source material.

**Note:** For categories 540, 550A, 550B, and 560 the diagnosis/ provisional diagnosis or reconfirmation of the diagnosis must have been completed in the past twelve months.

## Medical Diagnosis

Indicate which sources of evidence have been filed in the ACFI Appraisal Pack	Tick if yes
Aged Care Client Record (ACCR)	<input type="checkbox"/> D2.1
GP comprehensive medical assessment	<input type="checkbox"/> D2.2
General medical practitioner notes or letters	<input type="checkbox"/> D2.3
Geriatrician notes or letters	<input type="checkbox"/> D2.4
Psychogeriatrician notes or letters	<input type="checkbox"/> D2.5
Psychiatrist notes or letters	<input type="checkbox"/> D2.6
Other medical specialist notes or letters	<input type="checkbox"/> D2.7
Other—please describe	<input type="checkbox"/> D2.8

Medical Diagnosis Checklist: see Appendix 1 of the ACFI User Guide for ACAP medical condition codes—long

CODE	If no diagnosis tick one of the following, otherwise provide full details below
0	<input type="checkbox"/> No diagnosed disorder currently impacting
9998	<input type="checkbox"/> No formal diagnosis available
9999	<input type="checkbox"/> Not stated or inadequately described
CODE	Description of condition(s)/ disease(s)

### Evidence requirement

Enclose diagnostic source material.

## ACFI 1 Nutrition

<b>Nutrition Checklist</b> Checklist must be completed	<b>Assistance level</b> (Tick one per care need)
<b>1. Readiness to eat</b>	<input type="checkbox"/> 0 (Independent/NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<b>2. Eating</b>	<input type="checkbox"/> 0 (Independent/NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

### ACFI 1 Rating key

**Rating**

- RATING A = 0 in both care needs (readiness to eat and eating)
- RATING B = 0 in readiness to eat AND 1 in eating
- RATING B = 1 in readiness to eat AND 0 in eating
- RATING B = 1 in readiness to eat AND 1 in eating
- RATING B = 2 in readiness to eat AND 0 in eating
- RATING C = 2 in readiness to eat AND 1 in eating
- RATING C = 0 in readiness to eat AND 2 in eating
- RATING C = 1 in readiness to eat AND 2 in eating
- RATING D = 2 in readiness to eat AND 2 in eating

## ACFI 2 Mobility

<b>Mobility Checklist</b> Checklist must be completed	<b>Assistance level</b> (Tick one per care need)
<b>1. Transfers</b>	<input type="checkbox"/> 0 (Independent/NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance) <input type="checkbox"/> 3 (Mechanical Lifting Equipment)
<b>2. Locomotion</b>	<input type="checkbox"/> 0 (Independent/NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

### ACFI 2 Rating key

**Rating**

- RATING A = 0 in both care needs (transfers and locomotion)
- RATING B = 1 or 2 in transfers AND 0 in locomotion
- RATING B = 0 in transfers AND 1 or 2 in locomotion
- RATING C = 1 or 2 in transfers AND 1 in locomotion
- RATING C = 1 in transfers AND 2 in locomotion
- RATING D = 2 in transfers AND 2 in locomotion
- RATING D = 3 in transfers

## ACFI 3 Personal Hygiene

<b>Personal Hygiene Checklist</b> Checklist must be completed	<b>Assistance level</b> (tick one per care need)
<b>1. Dressing and undressing</b>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<b>2. Washing and drying</b>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<b>3. Grooming</b>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

### ACFI 3 Rating key

**Rating**

- RATING A = 0 in all care needs (dressing and washing and grooming)
- RATING B = 1 in any of the three care needs (dressing, washing, grooming)
- RATING C = 2 in any of the three care needs (dressing, washing, grooming)
- RATING D = 2 in all three care needs (dressing and washing and grooming)

## ACFI 4 Toileting

<b>Toileting Checklist</b> Checklist must be completed	<b>Assistance level</b> (tick one per care need)
<b>1. Use of toilet</b>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<b>2. Toilet completion</b>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

### ACFI 4 Rating key

**Rating**

- RATING A = 0 in both care needs (use of toilet and toilet completion)
- RATING B = 1 in one or two care needs (use of toilet, and/ or toilet completion)
- RATING C = 2 in one care need (use of toilet or toilet completion)
- RATING D = 2 in both care needs (use of toilet and toilet completion)

## ACFI 5 Continence

Continence Assessment Summary	Tick if yes
No incontinence recorded	<input type="checkbox"/> 5.1
3-day Urine Continence Record	<input type="checkbox"/> 5.2
7-day Bowel Continence Record	<input type="checkbox"/> 5.3

### Checklist must be completed

You must tick one selection from items 1–4 and one selection from items 5–8.

### Evidence requirement

For a rating of B, C or D you must complete and enclose the Continence Record

Continence Checklist		Tick if YES
Urinary continence		
1	No episodes of urinary incontinence or self-manages continence devices	<input type="checkbox"/> 1
2	Incontinent of urine less than or equal to once per day	<input type="checkbox"/> 2
3	2 to 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input type="checkbox"/> 3
4	More than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input type="checkbox"/> 4
Faecal continence		
5	No episodes of faecal incontinence or self-manages continence devices	<input type="checkbox"/> 5
6	Incontinent of faeces once or twice per week	<input type="checkbox"/> 6
7	3 to 4 episodes weekly of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 7
8	More than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 8

### ACFI 5 Rating key

Rating
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RATING A = yes to (item 1) and (item 5)

RATING B = yes to (item 2) or (item 6): You must complete and enclose the Continence Record

RATING C = yes to (item 3) or (item 7): You must complete and enclose the Continence Record

RATING D = yes to (item 4) or (item 8): You must complete and enclose the Continence Record

## ACFI 6 Cognitive Skills

<b>Cognitive Skills Assessment Summary must be completed</b>	<b>Tick if yes</b>	
No PAS undertaken—and nil or minimal cognitive impairment	<input type="checkbox"/> 6.1	
Cannot use PAS due to severe cognitive impairment or unconsciousness	<input type="checkbox"/> 6.2	
Cannot use PAS due to speech impairment	<input type="checkbox"/> 6.3	
Cannot use PAS due to cultural or linguistic background	<input type="checkbox"/> 6.4	
Cannot use PAS due to sensory impairment	<input type="checkbox"/> 6.5	
Cannot use PAS due to resident's refusal to participate	<input type="checkbox"/> 6.6	
Clinical report provides supporting information for the ACFI 6 appraisal	<input type="checkbox"/> 6.7	
Psychogeriatric Assessment Scales—Cognitive Impairment Scale: enter score	<input type="checkbox"/> 6.8 ⇒	<b>SCORE</b>

<b>Cognitive Skills Checklist Checklist must be completed</b>	<b>Tick if yes</b>
<b>1 No or minimal impairment</b> PAS = 0–3 including a decimal fraction below 4	<input type="checkbox"/> 1
<b>2. Mild impairment</b> PAS = 4–9 including a decimal fraction below 10	<input type="checkbox"/> 2
<b>3 Moderate impairment</b> PAS = 10–15 including a decimal fraction below 16	<input type="checkbox"/> 3
<b>4 Severe impairment</b> PAS = 16–21	<input type="checkbox"/> 4

### ACFI 6 Rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3)

RATING D = yes to (item 4)

Rating
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### Evidence requirement

For a rating of B, C or D you must complete and enclose the PAS (if appropriate).

## ACFI 7 Wandering

Wandering Assessment Summary		Wandering Checklist	
	Tick if yes		Tick if yes
No behaviours recorded	<input type="checkbox"/> 7.1	Problem wandering does not occur or occurs less than once per week	<input type="checkbox"/> 1
Interfering while wandering	<input type="checkbox"/> 7.2	Problem wandering occurs at least once in a week	<input type="checkbox"/> 2
Trying to get to inappropriate places	<input type="checkbox"/> 7.3	Problem wandering occurs at least six days in a week	<input type="checkbox"/> 3
		Problem wandering occurs twice a day or more, at least six days in a week	<input type="checkbox"/> 4

### Evidence requirement:

- Assessment summary must be completed
- Checklist must be completed
- For a rating of B, C or D you must complete and enclose the **Wandering Behaviour Record**.

### ACFI 7 Rating key

Rating

RATING A = yes to item 1

RATING B = yes to item 2: you must complete and enclose the behaviour record

RATING C = yes to item 3: you must complete and enclose the behaviour record

RATING D = yes to item 4: you must complete and enclose the behaviour record

## ACFI 8 Verbal Behaviour

Verbal Behaviour Assessment Summary		Verbal Behaviour Checklist	
	Tick if yes		Tick if yes
No behaviours recorded	<input type="checkbox"/> 8.1	Verbal behaviour does not occur or occurs less than once per week	<input type="checkbox"/> 1
Verbal refusal of care	<input type="checkbox"/> 8.2	Verbal behaviour occurs at least once in a week	<input type="checkbox"/> 2
Verbal disruption to others	<input type="checkbox"/> 8.3	Verbal behaviour occurs at least six days in a week	<input type="checkbox"/> 3
Paranoid ideation that disturbs others	<input type="checkbox"/> 8.4	Verbal behaviour occurs at least twice a day or more, at least six days in a week	<input type="checkbox"/> 4
Verbal sexually inappropriate advances	<input type="checkbox"/> 8.5		

### Evidence requirement:

- Assessment summary must be completed
- Checklist must be completed
- For a rating of B, C or D you must complete and enclose the **Verbal Behaviour Record**.

### ACFI 8 Rating key

Rating

RATING A = yes to item 1

RATING B = yes to item 2: you must complete and enclose the behaviour record

RATING C = yes to item 3: you must complete and enclose the behaviour record

RATING D = yes to item 4: you must complete and enclose the behaviour record

## ACFI 9 Physical Behaviour

Physical Behaviour Assessment Summary		Physical Behaviour Checklist	
	Tick if yes		Tick if yes
No behaviours recorded	<input type="checkbox"/> 9.1	Physical behaviour does not occur or occurs less than once per week	<input type="checkbox"/> 1
Physically threatening or doing harm to self, others or property	<input type="checkbox"/> 9.2	Physical behaviour occurs at least once in a week	<input type="checkbox"/> 2
Socially inappropriate behaviour impacts on other residents	<input type="checkbox"/> 9.3	Physical behaviour occurs at least six days in a week	<input type="checkbox"/> 3
Constantly physically agitated	<input type="checkbox"/> 9.4	Physical behaviour occurs at least twice a day or more, at least six days in a week	<input type="checkbox"/> 4

### Evidence requirement:

- Assessment summary must be completed
- Checklist must be completed
- For a rating of B, C or D you must complete and enclose the **Physical Behaviour Record**.

### ACFI 9 Rating key

Rating

RATING A = yes to item 1

RATING B = yes to item 2: you must complete and enclose the behaviour record

RATING C = yes to item 3: you must complete and enclose the behaviour record

RATING D = yes to item 4: you must complete and enclose the behaviour record

## ACFI 10 Depression

<b>Symptoms of Depression Assessment Summary Assessment summary must be completed</b>	<b>Tick if yes</b>	<b>Score</b>
No Cornell Scale for Depression (CSD) undertaken	<input type="checkbox"/> 10.1	
Cornell Scale for Depression (CSD)–enter score	<input type="checkbox"/> 10.2	
Clinical report provided supporting information for the ACFI 10 appraisal Note: Cornell Scale for Depression must be completed	<input type="checkbox"/> 10.3	

<b>Symptoms of Depression Checklist Checklist must be completed</b>	<b>Tick if yes</b>
CSD = 0–8 or no CSD completed Minimal symptoms or symptoms did not occur	<input type="checkbox"/> 1
CSD = 9–13 Symptoms caused mild interference with the person’s ability to participate in their regular activities	<input type="checkbox"/> 2
CSD = 14–18 Symptoms caused moderate interference with the person’s ability to function and participate in regular activities	<input type="checkbox"/> 3
CSD = 19–38 Symptoms of depression caused major interference with the person’s ability to function and participate in regular activities	<input type="checkbox"/> 4
There is a diagnosis or provisional diagnosis of depression completed or reconfirmed in the past twelve months (diagnosis evidence required as per Mental and Behavioural Diagnosis)	<input type="checkbox"/> 5
Diagnosis or provisional diagnosis of depression being sought and will be made available on request within three months of the appraisal date	<input type="checkbox"/> 6

### ACFI 10 Rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2): you must complete and enclose the Cornell Scale for Depression (CSD)

RATING C = yes to (item 3) AND (item 5 or item 6): you must complete and enclose the CSD

RATING D = yes to (item 4) AND (item 5 or item 6): you must complete and enclose the CSD

### Rating

### Evidence requirement

For a rating of B, C or D you must complete and enclose the **Cornell Scale for Depression**.

# ACFI 11 Medication

## Source materials

Medication chart to be filed with ACFI Appraisal Pack
Name of person(s) authorising medication(s)
Profession
Date completed

## Medication administration time

Medication round: circle applicable rounds	Administration time (minutes)
Early morning	
Middle of day	
Afternoon/ evening	
Others	
	<b>Total time</b>

Medication Checklist Checklist must be completed	Tick if yes
No medication	<input type="checkbox"/> 1
Self-manages medication	<input type="checkbox"/> 2
Application of patches at least weekly, but less frequently than daily	<input type="checkbox"/> 3
Needs assistance for less than 6 minutes per 24 hour period with daily medications	<input type="checkbox"/> 4
Needs assistance for between 6 and 11 minutes per 24 hour period with daily medications	<input type="checkbox"/> 5
Needs assistance for more than 11 minutes per 24 hour period with daily medications	<input type="checkbox"/> 6
Needs daily administration of a subcutaneous drug	<input type="checkbox"/> 7
Needs daily administration of an intramuscular drug	<input type="checkbox"/> 8
Needs daily administration of an intravenous drug	<input type="checkbox"/> 9

### ACFI 11 Rating key

Rating

RATING A = yes to (item 1) or (item 2)

RATING B = yes to (item 3) or (item 4): you must enclose a copy of the medication chart

RATING C = yes to (item 5): you must enclose a copy of the medication chart

RATING D = yes to (item 6) or (item 7) or (item 8) or (item 9):

you must enclose a copy of the medication chart

### Evidence requirement

For a rating of B, C or D you must enclose a copy of the **medication chart**.

## ACFI 12 Complex Health Care

**Complete all complex health care procedures relevant to the resident**

### **ACFI 12 Rating key**

RATING A = score of 0 (no procedures)

RATING B = score of 1–4: enclose evidence for procedures as described in the requirements column

RATING C = score of 5–9: enclose evidence for procedures as described in the requirements column

RATING D = score of 10 or more: enclose evidence for procedures as described in the requirements column

<b>Rating</b>
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### **Evidence requirement:**

For a rating of B, C or D enclose evidence for procedures as described in the *required evidence* column on the next page.

Score	Complex health care procedures	Requirements RN = registered nurse NP = nurse practitioner MP = medical practitioner AHP = allied health professional	Tick if yes
3	Blood pressure measurement for diagnosed hyper/ hypotension is a usual care need AND frequency at least daily	1. MP directive AND on request: record	<input type="checkbox"/> 1
3	Blood glucose measurement for the monitoring of a diagnosed medical condition e.g. diabetes, is a usual care need AND frequency at least daily	1. MP directive AND on request: record	<input type="checkbox"/> 2
1	Pain management involving therapeutic massage or application of heat packs AND frequency at least weekly AND involving at least 20 minutes of staff time in total	1. Directive [RN or MP or AHP] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 3
3	Complex pain management by an allied health professional or registered nurse. This will involve therapeutic massage and/ or pain management involving technical equipment specifically designed for pain management AND frequency at least weekly AND involving at least 20 minutes of staff time in total You can only claim one item 4—either 4a or 4b	1. Directive [RN or MP or AHP] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 4a
6	Complex pain management by an allied health professional. This will involve therapeutic massage and/ or pain management involving technical equipment specifically designed for pain management AND frequency at least 4 times per week. You can only claim one item 4—either 4a or 4b.	1. Directive [MP or AHP] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 4b
3	Complex skin integrity management for residents with compromised skin integrity who are confined to bed and/ or chair, or cannot self ambulate. The management plan must include repositioning at least 4 times per day.	1. Directive [RN or MP or AHP] AND 2. Skin integrity assessment	<input type="checkbox"/> 5
3	Management of special feeding administered by an RN, on a one-to-one basis, for people with severe dysphagia, excluding tube feeding. Frequency at least daily.	1. Diagnosis or ACCR AND 2. Directive [RN or MP or AHP] AND 3. Swallowing assessment	<input type="checkbox"/> 6
1	Administration of suppositories or enemas for bowel management is a usual care need. The minimum required frequency is 'at least weekly'	1. Directive [RN or MP] AND On request: record	<input type="checkbox"/> 7
3	Catheter care program (ongoing); excludes temporary catheters e.g. short term post surgery catheters.	1. Diagnosis or ACCR AND 2. Directive [RN or MP]	<input type="checkbox"/> 8
6	Management of chronic infectious conditions <ul style="list-style-type: none"> <li>• Antibiotic resistant bacterial infections</li> <li>• Tuberculosis</li> <li>• AIDS and other immune-deficiency conditions</li> <li>• Herpes Zoster</li> <li>• Infectious hepatitis</li> </ul>	1. Diagnosis or ACCR AND 2. Directive [RN or MP]	<input type="checkbox"/> 9
6	Management of chronic wounds, including varicose and pressure ulcers and diabetic foot ulcers.	1. Diagnosis or ACCR AND 2. Directive [RN or MP or AHP] AND 3. Wound assessment AND on request: record	<input type="checkbox"/> 10
6	Management of ongoing administration of intravenous fluids, hypodermoclysis, syringe drivers and dialysis.	1. Directive/ prescription [authorised NP or MP]	<input type="checkbox"/> 11
3	Management of oedema, deep vein thrombosis or arthritic joints or chronic skin conditions by the fitting and removal of compression garments, compression bandages, tubular elasticised support bandages, dry dressings and/ or protective bandaging.	1. Diagnosis or ACCR AND 2. Directive [RN or MP or AHP]	<input type="checkbox"/> 12
3	Oxygen therapy not self managed.	1. Diagnosis or ACCR AND 2. Directive [RN or MP]	<input type="checkbox"/> 13
10	Palliative care program involving end of life care where ongoing care will involve very intensive clinical nursing and/ or complex pain management in the residential care setting.	1. Directive by CNC/ CNS in pain or palliative care or MP AND 2. Pain assessment	<input type="checkbox"/> 14
1	Management of ongoing stoma care. Excludes temporary stomas e.g. post surgery. Excludes supra pubic catheters (SPCs)	1. Diagnosis or ACCR AND 2. Directive [RN or MP]	<input type="checkbox"/> 15
6	Suctioning airways, tracheostomy care.	1. Diagnosis or ACCR AND 2. Directive [RN or MP]	<input type="checkbox"/> 16
6	Management of ongoing tube feeding.	1. Diagnosis or ACCR AND 2. Directive [RN or MP or AHP]	<input type="checkbox"/> 17
3	Technical equipment for continuous monitoring of vital signs including Continuous Positive Airway Pressure (CPAP) machine.	1. Directive [RN or MP] AND on request: record	<input type="checkbox"/> 18