District or Program Diapering Log

Student	DOB	School/	Grade	
Name		District		
Parent/	Phone	Physician/	Phone	
Guardian	Number/s	NP/PA		
Order Start	Order End	IHCP on	ICD-10	
Date	Date	file	Code	

Date	Time	Time done	Condition of skin	Appearance & estimated amount of stool:	Appearance & estimated amount of urine:	Family or RN Contacted:	Care given
	started		OK (normal, healthy looking);	Formed, hard, soft, loose, watery	Color (light or dark yellow, etc.)	(Reason)	by:
			Red, Irritated, rash present, etc.	Small, medium, large	- Lightly saturated or heavily saturated	. ,	(Initials):
			Other	_	Unusual odor		

I certify that the information provided on this form is true and accurate and that the services were provided in accordance with federal and state laws applicable to Medicaid. Delegation of nursing tasks is in accordance with the Colorado Nurse Practice Act.

Nurse/Delegator	Nurse/Delegator Signature	Provider/procedure code: S01/X0205 Date
Health Tech/Delegatee	Please PrintTech/Delegatee Signature	Initials Provider/procedure code: S18/X0225
Health Tech/Delegatee	Please PrintTech/Delegatee Signature	Provider/procedure code: S18/X0225
Health Tech/Delegatee	Tech/Delegatee Signature	Initials Provider/procedure code: S18/X0225

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