

# SPECIALIZED PROCEDURES REQUEST COVER SHEET

DS 1851 (New 8/2004) Electronic Version

**Please send this cover sheet with your request for approval of Specialized Procedures.  
Please use one sheet per procedure.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FACILITY NAME**

\_\_\_\_\_  
**CORPORATION**

\_\_\_\_\_  
**RN/INSTRUCTOR**

**TEACHING METHOD: (select one)**

\_\_\_\_\_  
**REGIONAL CENTER**

- Lecture
- Lecture/Video
- Lecture/Literature
- Other: \_\_\_\_\_

**TOPIC: (select one)**

- Apnea monitoring
- Colostomy care
- Gastrostomy feeding and care
- Medication administration via a gastrostomy tube
- Tracheostomy care and light suctioning
- Oxygen therapy
- Intermittent positive-pressure breathing
- Catheterization - clean technique
- Wound care - simple dressing changes
- Other: \_\_\_\_\_

\_\_\_\_\_  
**DESIGNATED FACILITY REPRESENTATIVE**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**FAX**

\_\_\_\_\_  
**DDS APPROVAL**

\_\_\_\_\_  
**DATE**