Health Center Intake
Swine Flu Surveillance

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

With the recent outbreak of swine flu in Mexico, Canada and the U.S., we are asking these questions, to make certain we identify early anyone who has the swine flu, so that we can provide prompt treatment and isolation, to the extent as soon as possible.

1) Have you traveled anywhere in the U.S. or another country in the last 30 days? If you have, where did you travel to and when?

   _____

2) Have you been around anyone who has traveled out of the country or around the U.S. in the last 30 days?

   _____

3) Do you have any of the following symptoms (circle those that apply or circle N/A if none.

   Lethargy-feeling very tired / sleepy
   Lack of Appetite
   Coughing
   Muscle aches / headaches
   Sore throat
   Vomiting
   Diarrhea
   Runny Nose
   Fever
   N/A

   If you have any of these symptoms when did they start?_____

   Inmate Signature:_____

   Staff Signature:_____

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Health Services
Special Diets/Special Passes

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

The following information is to inform you how special diets and extra mattresses work:

Special Passes:

A pass for an extra mattress will ONLY be issued for women in the third trimester of pregnancy.

A pass for low bunk will be issued to persons with one or more of the following:

- Seizure disorder
- Weighing OVER 300 pounds
- Elderly
- Have had surgery within the last month
- Have an artificial limb
- Have an acute Fracture
- Neurological disease such as Parkinson's or MS which significantly impacts function

We will need to verify some things with you outside provider.

- Passes for extra blankets, clothes, or shoes will not be granted from medical

Special diets:

Medical diets such as, low fat, low cholesterol, or diabetic diets will be written by the provider if indicated and you complete a release of information, for an outside provider to verify the information.

Medical can only write for diets that are within the DOC dietary program guidelines. No exceptions!

If you have a food allergy, do not eat that food! You will need to sign a release of information, so we can verify the allergy with an outside provider.

_____

Patient Signature/Date

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Inmate Blood Borne Pathogen
Intake Education

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

The purpose of this information is to help you protect yourself from being exposed to blood borne pathogens.

Jails and prisons have an increased amount of HIV and Hepatitis. You can contract blood borne pathogens by being exposed to blood and body fluids: urine, feces, semen, etc. In general, any body fluid should be considered contaminated.

If you have to clean a cell, bathroom, do laundry, clean booking, or any other area which potentially has body fluid (including that which you cannot see), you should wear protective items such as: goggles, gloves, disposable gowns, face / spit shields, to reduce your risk of exposure. If there are blood spills on a floor, there are special spill kits in the health center that need to be used.

All of the above mentioned items are in the facility for inmate workers and or any inmate cleaning areas that could expose you. You can ask medical and or a correctional officer to get these items for you.

If you are exposed to blood or body fluids, you should report this to the security supervisor and medical immediately. An example of an exposure would be blood being splashed into your eye(s).

Washing your hands for 60 seconds, with warm water and soap after completing any task is a great way to prevent / limit exposure. In this environment, all inmates should wash their hands several times throughout each day, as a precautionary measure – regardless of working or task(s). If soap and water are not readily available, there is plenty of waterless hand sanitizer available for use.

If you have any further questions regarding blood borne pathogens, please ask a medical staff member.

_____

Inmate Signature / Date

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INMATE GUIDE TO MEDICAL SERVICES

CCS CORRECT CARE SOLUTIONS

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

ANSWERS TO QUESTIONS YOU MAY HAVE ABOUT WHAT YOU CAN – AND CAN'T – EXPECT FROM THE MEDICAL DEPARTMENT

What health screening takes place when I arrive at a facility?

A nurse will review your health status when you arrive. It is important that you let us know about any medical, mental health, or dental condition you are being treated for. If your regular doctor has records which we can use, please let us know. You will be asked to sign the necessary permission for us to have copies.

A tuberculosis skin test is done on admission. Please let us know if you have had a positive test before. Later, you will meet with a provider for a further review of your medical history and physical examination.

How do I request medical attention?

Fill in a sick call slip. They can be obtained from your unit officer and are picked up regularly by medical department staff. State in a few words why you want to be seen. You don't need to go into details. Your unit officer or caseworker will assist you if writing the slip is a problem for you. You can keep the yellow copy of the slip for your own records if you wish.

Who will see me in the medical department?

Medical staff includes nurse's aides (LNA's), nurses (LPN's and RN's), and *providers*, who may be nurse practitioners, physician's assistants, or physicians. A nurse can work out many problems, and that will get them taken care of most quickly. Providers are available regularly but do not work full time, so there may be a longer wait for a provider visit. Please do not ask to be scheduled with a particular provider. We work together and try to coordinate our efforts for you, and we cannot make anyone a private patient of any one provider. This applies even if – as sometimes happens – you have been cared for by one of us in the community.

When and where do I get medication?

Location of medication administration will vary from site to site. You will be given site-specific instructions regarding medication administration times and locations at the time of your intake. This information is also posted in the living units. If a medication has been prescribed to take regularly and you do not want to take it, you will be asked to sign a form stating your refusal. If the order is for use "as needed" (the medical term for this is "p.r.n."), you still must take the medication at a med-line time. You should tell the nurse if you feel you need your p.r.n. medication; if you do not take it, you will not have to sign a refusal for it. There must be an order from a provider for any medication you receive.

Can I get a supply of my medication so I don't have to line up to get each dose?

Ordinarily no. Nitroglycerine for heart problems is provided three pills at a time. A few other medicines might be given out to self-carry.

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

What about an emergency?
Notify your unit officer. Medical staff is available in each facility 24/7. Arrangements will be made for you to be seen at a nearby hospital emergency room if there is an emergency which can't wait until a suitable provider is at your facility, or equipment and skills are needed that are not available at the facility.

Can lab tests and x-rays be obtained here?
Yes. Specimens for Lab tests can be obtained at each facility and sent to a Lab. Some facilities have on-site x-ray capability. If your facility does not have this capability, your x-ray, as well as any more elaborate tests ordered, may require a trip to a hospital or elsewhere.

What if I need to be seen by a specialist elsewhere?
The facility provider will arrange for visits to outside specialists if they are needed. For security reasons, we cannot tell you when an upcoming outside appointment is scheduled.

Can I get medical screening tests done?
Many routine screening tests can be done here. These include tests for HIV (the AIDS virus), hepatitis C, syphilis, high cholesterol, and diabetes, among others. Skin testing for tuberculosis is required when you arrive at a facility.

Will I get the medicines I was taking before coming here?
Unless our provider determines otherwise, verified community prescriptions will be continued upon arrival until a provider sees you.

Why would my medication be substituted?
Just like Medicare and most health insurance plans, we have a *formulary*, which is a list of the medications preferred. What you are used to taking may or may not be on our formulary list. If there is good medical reason to depart from the formulary list you may get medication not on the list.

How long will it be between the time I see the provider and the time I get the medication he or she has ordered?
Ordinarily a day or two. Urgent or Emergent medications can be obtained in an expedited fashion should this be required.

Can I get a copy of my medical record?
If your attorney needs a copy of your record, he or she can obtain it by filing a request with the Department of Corrections. The medical department does not make copies of records to give directly to inmates or others. You have a right to see your record and review it with medical staff. You must make an appointment to do so.

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

How do I file a grievance if I don't think I have had proper medical attention?
Grievance forms are available from your housing unit officer. They should be submitted through the facility administration. They will be logged and investigated. You should have a written response within 14 days of submitting the form. If you are not satisfied with the response, you may file a Level Three grievance. These will be assigned to the Inmate Advocate for resolution, if necessary. Copy of grievance process is on file in library.

Will you order a special diet for me?
Special diets are available for patients whose verified medical condition requires such a diet.

How do I get to see a dentist?
File a sick call slip about your need for a dental visit. A nurse will evaluate your request and you will be placed on the Dental list.

Can I get my eyes checked or get glasses if I need them?
There is an optometrist in the facility regularly. A sick call slip specifically asking for this service will get you on the list. Glasses are provided for those who need them and do not have them.

Can I get a Low bunk pass, extra pillow or extra mattress?
These items are available if our medical provider determines that you have a medical condition which requires them.

Can I obtain condoms?
Condoms are available upon request from the medical department.

TYPES OF MEDICINE AND TREATMENT

What sorts of pain medications can I expect to get?
Like any medical decision, choice of pain medication takes various factors about you and your problem into account. We use a lot of caution in prescribing powerful pain medications, including many of the ones, which are often used in the community. The medicines we do prescribe are effective for most problems, which cause pain, but a perfectly safe and effective pain pill has never been invented.

Are psychiatric medicines handled differently?
Psychiatric staff prescribes them, and they have a separate formulary and rules. Mental health staff and medical staff cooperate very closely at all facilities.

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Whom do I ask about getting a sleeping pill?
You will need an evaluation and appt to discuss options for helping you to sleep better.

Can I continue a buprenorphine (Suboxone®) program while at a correctional facility?
Vermont Department of Corrections policy may permit you to continue buprenorphine during an incarceration of thirty days or less. Many factors determine if you will be eligible to continue your suboxone. If you are not eligible to continue on Suboxone, we will work with you on detox efforts while you are here.

Can I get nicotine patches to help with not having cigarettes?
For security reasons, they are not available. The enforced smoking cessation, which comes with incarceration in Vermont, may be uncomfortable, but people actually manage it fairly well.

Can I get supplemental vitamins?
They are available when there is a good medical reason to need them. You can order vitamin supplements from the commissary if you wish.

What about herbal supplements and natural products?
Most of the things sold in these categories are not on our formulary and would not be available unless a strong medical case can be made for needing them.

Received by:

Inmate Signature:_____ Date:_____

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Intake Checklist

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

1) **TB**
   a. Re-Admission: If released for less than 30 days, TB does not need to be replanted
   b. New Admission and Re-Admission after 30 or more days, TB must be planted
   c. Reads **must** be scheduled 3 days from the day of implanted
   d. Schedule next year's TB plant (standard) and Read
2) **Physical (H&P)**
   a. Re-Admission: If inmate has been released for less than thirty (30) days, schedule one year from their last health assessment.
   b. New Admission or Re-Admission after 30 or more days, H&P needs to occur within seven (7) days then annually.
   c. OOS transfers: Schedule based on one year from their last health assessment
3) **Chronic Care**
   a. Re-Admission if inmate has been released for less than thirty (30) days and OOS transfer: maintain the previously scheduled appointment timeframe
   b. New Admission or Re-Admission after 30 or more days, schedule within seven (7) days, coordinated with the H&P
      i. Do not schedule (one) 1 year in advance unless ordered for review in (one) 1 yr.
4) **Dental**
   a. Re-Admissions or OOS transfer: 2 years from last documented exam
   b. New Admissions: Within one month
5) **Appointments Scheduling**
   a. The nurse must review "views" to make sure there is no appointment scheduled for the patient or that scheduled appointments are scheduled for the correct time. If the appointments are not appropriate select the date and update the existing appointment.

	Date	Date Scheduled for next appt	2nd check
1. Last H&P			
2. Last T.B. plant/read			
3. Last Dental Exam			
4. Last CIC			

5. Problem List Completed — Yes / No / NA
6. Allergies documented. on Problem List — Yes / No / NA
7. Any identified issues have appropriate intervention. — Yes / No / NA □□□

HCP Signature / Date / Time

HCP Signature – Second Check / Date / Time

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Intake Nursing Interventions
Asthma / COPD

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. If patient arrives with either an albuterol or Qvar MDI, allow the patient to keep the MDI(s) if allowed by custody and local policy. Instruct the patient on their use as follows: Albuterol MDI 1-2 puffs QID prn SOB (KOP/DOT) x 90days Qvar (40mcg/80mcg) 1 puff BID (KOP/DOT) x 90 days
	3. If the patient arrives with an MDI not listed above, contact the HCP during regular business hours for orders.
	4. Inquire for current cardiac symptoms: Chest Pain, Shortness of Breath, Palpitations, Chest tightness
	5. Perform and document focused cardiac assessment including wheezes.
	6. Obtain and document Oxygen Saturation.
	7. If patient has O2 sat< 92% on room air **or** is currently experiencing adverse symptoms, contact HCP for orders.
	8. Complete and add Asthma/COPD to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Asthma/COPD
	9. If the patient has just been discharged from or transferred from an inpatient hospitalization OR is taking any of the meds listed in #2, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	10. If patient is asymptomatic and has not just been discharged from a hospital, schedule visit with HCP within 30 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Cardiovascular Related Illnesses

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Obtain medication history with particular emphasis on use and dosage of: warfarin (Coumadin), clopidogrel (Plavix), enoxaprin (Lovenox), beta-blockers, or clonidine (Catapres).
	3. Inquire about patient's past cardiac history with attention to MI, angina, CABG, and stents
	4. Inquire for current cardiac symptoms: Chest Pain, Shortness of Breath, Palpitations, Chest tightness
	5. Perform and document focused cardiac assessment including, pedal edema, jugular distention, irregular heart rate, or wheezes.
	6. Obtain and document BP and Oxygen Saturation. If diastolic is above 110 or systolic BP >180, Repeat BP in 10 and 20 minutes. If still elevated, contact HCP and initiate Hypertension Protocol.
	7. If patient reports taking any medications listed in #2 above, has BP>160/100, **or** is currently experiencing adverse symptoms, contact HCP for orders.
	8. Complete and add Cardiac to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Cardiovascular
	9. If the patient has just been discharged from or transferred from an inpatient hospitalization OR is taking any of the meds listed in #2, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	10. If patient is NOT taking any medications listed in #2 above, is asymptomatic, has not just been discharged from a hospital, and has BP<160/100, schedule visit with HCP within 30 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Devices

CCS CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Initiate a Special Needs Request for bottom level / bottom bunk as appropriate.
	3. Complete and add Devices (i.e., crutches, cane, prosthetics) on patient's Master Problem List; (check or list all appropriate problems identified by the patient on the MPL)
	4. Identify and order devices as necessary
	5. After completing all orders place Provider Order in HCP(s) box for signature
	6. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	7. If the patient has a Chronic Care condition related to the device, schedule patient to see the HCP within 7 days.
	8. If the patient has not come from an inpatient hospitalization or does not have a Chronic Care condition related to the device, schedule patient to see HCP within 14 days
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Diabetic-Female

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Schedule patient for at least BID finger-stick glucose monitoring (more often as permitted by facility).
	3. Perform finger-stick glucose check. Call HCP if blood glucose is <60. If glucose is 60 or above, utilize the following **insulin safety net**:

Blood Glucose	Units of Regular Insulin (R) SC	Follow up and Comments
201-250	4	Repeat finger stick glucose in 5-6 hours.
251-300	6	Repeat finger stick glucose in 5-6 hours.
301-350	8	Repeat finger stick glucose in 5-6 hours.
351-400	10	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-6 hours.
>400	14	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-6 hours.

The table provides direction based upon finger stick glucose. The actions are irrespective of time of day or next anticipated meal, and will not provide tight control. If the inmate is in the booking area at a regular meal time, a meal should be provided. Although a meal consistent with a diabetes diet is preferable, if this is not available in the area, food should still be provided.

The patient on the safety net should be reviewed by a HCP within 24 hours if possible; this contact may be delayed until the next business day during weekends or holidays

	4. Schedule a chart review with the HCP within 24 hours (next business day for weekends or holidays) to review finger stick glucose and clarify insulin management (contact by telephone if weekend or holiday)
	5. Schedule urine pregnancy test for women of child bearing age who are not visibly pregnant.
	6. Inform HCP on-call if urine pregnancy test is positive
	7. If a patient comes in actively using an insulin pump or has a verified history of using a non-formulary oral anti-diabetic medication or non-formulary insulin, contact HCP for direction.
	8. Complete and add Diabetes to Master Problem List ; check or list all appropriate problems identified by the patient on the MPL; Place patient on Chronic Care log under Diabetes.
	9. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	10. If the patient has not just been discharged from or transferred from an inpatient hospitalization, schedule a follow up with the HCP within 14 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Diabetic-Male

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Schedule patient for at least BID finger-stick glucose monitoring (more often as permitted by facility).
	3. Perform finger-stick glucose check. Call HCP if blood glucose is <60. If glucose is 60 or above, utilize the following **insulin safety net**:

Blood Glucose	Units of Regular Insulin (R) SC	Follow up and Comments
201-250	4	Repeat finger stick glucose in 5-6 hours until the safety net is terminated.
251-300	6	Repeat finger stick glucose in 5-6 hours until the safety net is terminated.
301-350	8	Repeat finger stick glucose in 5-6 hours until the safety net is terminated.
351-400	10	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-6 hours until the safety net is terminated.
>400	14	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-6 hours until the safety net is terminated.

The table provides direction based upon finger stick glucose. The actions are irrespective of time of day or next anticipated meal, and will not provide tight control. If the inmate is in the booking area at a regular meal time, a meal should be provided. Although a meal consistent with a diabetes diet is preferable, if this is not available in the area, food should still be provided.

The patient on the safety net should be reviewed by a HCP within 24 hours if possible; this contact may be delayed until the next business day during weekends or holidays

4. Schedule a chart review with the HCP within 24 hours (next business day for weekends or holidays) to review finger stick glucose and clarify insulin management (contact by telephone if weekend or holiday)
5. If a patient comes in actively using an insulin pump or has a verified history of using a non-formulary oral anti-diabetic medication or non-formulary insulin, contact HCP for direction.
6. Complete and add Diabetes to Master Problem List ; check or list all appropriate problems identified by the patient on the MPL; Place patient on Chronic Care log under Diabetes.
7. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following:
   - Review materials received from hospital.
   - Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day)
   - Admit to appropriate medical observation housing

   If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
8. If the patient has not just been discharged from or transferred from an inpatient hospitalization, schedule a follow up with the HCP within 14 days.

(Add other orders below as directed by HCP)

☐☐☐**Telephone Orders** ☐☐**Verbal Orders**

Initiate MAR if HCP orders medication(s)

After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
H.I.V.

CCS CORRECT CARE SOLUTIONS

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued. **Do not initiate a partial regimen.**
	2. If the patient brought their current HIV meds to the facility, verify type of medication, date the prescription was last filled, inspect contents of each bottle noting uniformity of pill types within each bottle, and call HCP on-call for further orders. (Depending upon facility practices, these medications may be used.) **Do not initiate a partial regimen.**
	3. If the patient reports taking HIV meds at the time of arrest but is not immediately verifiable and the patient cannot state the medication regimen with specificity schedule a chart review with the next available HCP during the next onsite clinic.
	4. If HIV medications are verified or stated by patient with specificity then medications should be continued without interruption; follow local procedure to ensure necessary medications are continued.
	5. Call provider in anticipation of receiving order for X-ray ☐ X-ray form ☐ Scheduled Chest X-Ray for next on site X-ray clinic
	6. Complete and add HIV to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under HIV
	7. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: Review materials received from hospital. Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) Admit to appropriate medical observation housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	8. If patient has not just been released or transferred from an inpatient hospitalization, refer patient to see HCP within 7 days
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Hemophilia

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. *Initiate Medication Verification and Release of Information; follow local procedures to ensure necessary medications are continued.*
	2. Initiate a Special Needs Requests for bottom level / bottom bunk and no sports as appropriate x 90 days / LOS
	3. Label patient's chart as being allergic to aspirin and other NSAIDs
	4. Document the following in SOAP note: • Last bleeding episode requiring factor administration • Common sites of bleeding • Type of medications used (Factor VII (plasma-derived or recombinant), Factor IX (plasma-derived or recombinant), Desmospressin, Tranexamic acid, Aminocaproic acid) • Method of medication administration (PRN or prophylactically) • Complications (Joint damage/destruction, compartment syndrome, inhibitor antibody formation, blood borne infections (Hepatitis, HIV, Parvovirus B19, Creutzfeldt-Jakob disease), Intracranial bleed)
	5. Consult HCP prior to venipuncture, IV placement, or parenteral administration of any medication (except PPD placement)
	6. Notify HAS during regular business hours of a new hemophilia patient's arrival at the facility
	7. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital • Contact HCP either to implement appropriate orders or to evaluate patient evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing • If patient was not seen immediately (above), schedule patient for HCP on next business day.
	8. If the patient has not come from an inpatient hospitalization schedule patient to see HCP within 14 days
	Add other orders below as directed by HCP)
	☐ Telephone Orders ☐ Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Hepatitis and/or Jaundice

CCS CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Obtain and document history of present illness (recent diagnosis of symptomatic hepatitis or jaundice of unknown origin - document type of hepatitis, if known)
	3. Obtain list of current medications. If patient reports taking interferon, ribavirin and/or lamivudine contact HCP on-call within 12 hours of arrival (during business hours if possible).
	4. Inquire as to any recent lab work performed R/T condition.
	5. Perform limited physical exam noting the presence of yellowish eyes or skin, ascites, active bleeding or edema
	6. Complete and add Hepatitis / Jaundice to Master Problem List ; check or list all appropriate problems identified by the patient on the MPL; Place patient on Chronic Care log under Hepatitis
	7. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	8. If patient has ascites, is edematous, is actively bleeding, is noticeably jaundiced, has temp > 100.4, or is experiencing severe abdominal pain, contact HCP for direction and house patient in medical contact isolation pending determination of type of hepatitis. Schedule HCP visit for next onsite clinic day.
	9. If patient is afebrile, asymptomatic, denies abdominal pain and has not just been discharged/transferred from an inpatient hospitalization, and is not on medication for the diagnosis, schedule a HCP visit within 30 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
HYPERTENSION

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Perform vital sign checks twice a week for two weeks and record; refer to HCP for chart review after completion of vital signs checks.
	3. Call HCP for orders if systolic BP>180; systolic BP 160-180 with symptoms; or diastolic BP>120; or any other symptoms associated with HTN
	4. Complete and add Hypertension to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Hypertension
	5. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	6. If patient has not just been released or transferred from an inpatient hospitalization, refer patient to see HCP within 30 days
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Hypoglycemia

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Conduct initial finger-stick blood sugar (FBS)
	2. If initial FBS is below 60 and patient is clinically stable, provide 15-25 grams of easily absorbed sugar and recheck FBS in 1 hour. If FBS has risen above 60 and the patient is without symptoms, complete routine Intake and release to General Population, place patient on a regular diet, and schedule for BID FBS checks x 3 days after which the provider should review the findings. If FBS has NOT risen above 60 OR the patient remains symptomatic, contact the HCP on-call.
	3. If initial finger-stick blood sugar is >126 (fasting) or > 200 (random), initiate Intake Nursing Interventions for Diabetes
	4. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued
	5. Complete and add Hypoglycemia to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Hypoglycemia
	6. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	7. If patient has not just been discharged from a hospital schedule visit with HCP within 30 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
PEG Tube

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Determine if the tube is being used for intermittent or continuous feedings and what feeding formula is being used. Contact HCP on call during regular business hours for dietary orders, if tube is being used.
	3. Check residual every day
	4. Flush with 30ml of tap H_20 every day and after each use
	5. Daily wound care to PEG site
	6. Inform DON and Site Coordinator of any special equipment/supply needs
	7. Call HCP on-call for if signs of infection are present (redness, excessive warmth or pain, or pus)
	8. Complete and add PEG Tube to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under PEG Tube.
	9. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	10. If the patient HAS NOT been discharged or transferred from an inpatient hospitalization, schedule the patient for a 7 day follow up.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
PICC/Port-A-Cath

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. If the patient is receiving medications through PICC/Port-a-Cath, contact HCP during day or evening hours for orders.
	3. Perform visual inspection of site and call HCP if sign of infection is present (redness, excessive warmth, excessive pain, or pus)
	4. Request order from provider and Initiate care for PICC lines: -flush every day with 3 ml Heparin (**100** units/ml) -change site dressing every week -no blood draws in PICC arm
	5. Complete and add PICC/Port-A-Cath on patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under PICC\Port-a-Cath
	6. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	7. If the patient HAS NOT been discharged or transferred from an inpatient hospitalization, schedule the inmate for a follow up within 7 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Amenorrhea/Presumptive/Confirmed Pregnancy

CCS CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Obtain Urine Pregnancy Test and Dipstick Urine and, notify HCP during day or evening hours if glucose is positive (+) positive or protein > 1 (+) or leukocyte esterase > trace If urine pregnancy test is positive (+) go to step 3 and proceed If urine pregnancy test is negative (-) go to step 2 and terminate
	2. If no period in over 60 days, schedule to see HCP for amenorrhea in 7 days If no period in less than 60 days, schedule for HCP review in 60 days
	3. ***If the patient reports use of Methadone or Heroin , IMMEDIATELY notify the HCP and HSA***
	4. If the inmate reports history of any substance abuse issues (alcohol, sedative-hypnotics (benzodiazepines or barbiturates), or opiates) or exhibits potential for withdrawal based on history, **call HCP immediately for direction.**
	5. Obtain or order Prenatal Profile (Lab)
	6. Initiate Release of Information / Medication Verification
	7. Initiate a Special Needs Request for bottom bunk , bottom level, work restriction and restraint restrictions
	8. Pregnancy Diet x 90 days (or less if EDC is less than 90 days)
	9. Initiate MAR Prenatal Vitamins (with iron) one PO every night x 90 days
	10. Complete and add Pregnancy to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL
	11. Schedule Patient in ERMA for next available appointment with HCP
	12. Initiate site forms for pregnancy as applicable
	13. Place patient on Chronic Care log under Pregnancy
	14. Complete referral to OB/GYN
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Renal including Dialysis

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Inquire as to where patient is currently receiving dialysis. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	2. Notify CCS DON and HSA of patient's admission into custody.
	3. Place patient on a RENAL DIET x 90 days.
	4. Contact HCP for Diastolic BP >110; Blood pressure < 90/60; heart rate >120; respiratory rate >20 or temperature >101
	5. Complete and add Dialysis on patient's Master Problem List (MPL); check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Dialysis
	6. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day. • Insure that necessary medication is initiated.
	7. If the patient has not been discharged/transferred from an inpatient hospitalization, schedule a HCP appointment in 7 days
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Seizures

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information **(to include drug levels)**; follow local procedure to ensure necessary medications are continued.
	2. Inquire about type of medication that the patient takes, timing of last dose, and date of last seizure. Call HCP for orders if patient has current history of seizures (Current medications should be documented in progress notes.)
	3. Complete and add Seizures on the patients Master Problem List; check or list all appropriate problems identified by the patient on the MPL; Place patient on Chronic Care log under Seizures
	4. Initiate a Special Needs Request for bottom bunk and bottom level, and no operating machinery or vehicles
	5. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	6. If the patient has not been discharged / transferred from an inpatient hospitalization, schedule an HCP appointment in 7 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Sickle Cell

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Inquire about patient's history with attention to specific type of disease (sickle cell trait, sickle cell disease, thalassemia), last episode of painful crisis, and any occurrence of acute chest syndrome. If patient states that they have sickle cell trait, then instruct them on the procedure to access medical care and no further interventions are necessary. Otherwise, continue on to subsequent steps.
	2. Obtain medication history with particular emphasis on use and dosage of chronic (daily) pain medications and hydroxyurea.
	3. Initiate Medication Verification and Release of Information; follow local procedure to ensure necessary medications are continued.
	4. Inquire for current symptoms: Chest Pain, Shortness of Breath, Joint Pain, Chest tightness
	5. Perform and document focused assessment including lung sounds and description of any areas reported by the patient to be painful.
	6. Obtain and document vital signs and Oxygen Saturation. If diastolic is above 110 or systolic BP >180, Repeat BP in 10 and 20 minutes. If still elevated, contact HCP and initiate Hypertension Protocol. If O2 sat is <90% on room air, contact HCP.
	7. If patient reports taking any medications listed in #2 above, contact HCP during regular business hours. If the patient is currently experiencing adverse symptoms, immediately contact HCP for orders.
	8. Complete and add Sickle Cell Disease to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Sickle Cell Disease
	9. If the patient has just been discharged from or transferred from an inpatient hospitalization OR is taking any of the meds listed in #2, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	10. If patient is NOT taking any medications listed in #2 above, is asymptomatic, or has not just been discharged from a hospital, schedule visit with HCP within 30 days.
	11. Begin folate (folic acid) 1mg PO QDay x 90 days; if patient reports allergy to this medication, do not start and contact HCP during regular business hours.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions TB

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Health Care Professional:		Allergies:
Date & Time:	Another brand of drug identical in form may be dispensed unless checked. ☐	
	USE APPROPRIATE INTERVENTIONS FOR INDICATED CLINICAL PRESENTATION	
	Check all that apply	
	1. ☐ Patient reports positive TB symptoms and has no previous + TB skin test	
	☐ Place patient in mask	
	☐ Notify HCP and execute orders given regarding housing and follow up.	
	☐ Plant PPD	
	2. ☐ Patient reports no current TB symptoms and has a previous + TB skin test AND/OR reports an allergy to TB skin test	
	☐ IF the patient has not had a CXR in the last 180 days, schedule single view CXR within 5 days and before HCP chart review	
	☐ Schedule chart review with HCP within 7 days	
	3. ☐ Patient reports positive TB symptoms and has a previous + TB skin test	
	☐ Place patient in mask	
	☐ Notify HCP and execute orders given regarding housing and follow up.	
	4. ☐ Patient reports taking TB medications currently	
	☐ List medications, dosages, and administration schedule	
	☐ Call HCP during normal business hours and report medications	

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Intake Nursing Interventions
Wheelchair Bound/Paraplegia/Quadriplegia

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information and follow local procedure to ensure necessary medications are continued.
	2. Initiate a Special Needs Request for bottom level/bottom bunk/chair pad/extra mattress (if applicable) an assistive device
	3. Full Body Skin Assessment immediately if intake facility facilitates review but no later than 24 hours past initial intake screening. • Implement wound care protocol and Wound Care treatment sheet if breakdown is present • If digital camera is available, complete Consent for Medical Photography form and photograph area(s) of concern. • Contact HCP on-call if signs of infection are present. • If no skin breakdown is noted, assess skin every week initiating wound care if needed.
	4. Nutritional assessment with additional dietary protein if inmate has skin problems.
	5. Document any fecal/urinary elimination problems and notify site coordinator of inmate supply needs.
	6. Complete and add Wheel Chair Bound to patient's Master Problem List; check or list all appropriate problems identified by the patient on the MPL; place patient on Chronic Care log under Paraplegia/Quadriplegia
	7. Note -if patient needs exceed facility's capabilities notify HSA immediately
	8. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	9. If the patient has not come from an inpatient hospitalization, schedule patient to see the HCP within 7 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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Intake Nursing Interventions
Wound Care

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date & Time of initiation:	*Health Care Professional:*
	Allergies: ☐ NO KNOWN ALLERGIES
	1. Initiate Medication Verification and Release of Information and follow local procedure to ensure necessary medications are continued.
	2. If staples or sutures are present, remove as follows: • Neck-three to four days after repair • Face/Scalp five days after repair • Eyelid three days after repair • Trunk/Upper extremity seven days after repair • Lower extremity eight to ten days after repair (If patient is elderly or wound is very large, contact HCP for modification)
	3. Perform visual inspection of wound: • If wound appears to be infected and temperature > 101 call HCP for orders at any time • If wound appears to be infected and temperature is < 101 call HCP within 12 hours of assessment for orders preferably during business hours. (signs of infection – unexpected redness, unexpected warmth, or pus/discharge)
	4. Complete daily wound care with wet to dry dressing changes using normal saline until wound healed or order changed by HCP.
	5. If digital photography is available have patient sign consent for medical photography and photograph affected area now and at each dressing change.
	6. Complete and add Wound and *(location of wound)* to Master Problem List; check or list all appropriate problems identified by the patient on the MPL
	7. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: • Review materials received from hospital. • Contact HCP either to implement appropriate orders or to evaluate patient immediately (If HCP not on site, materials should be provided to HCP on next scheduled clinic day) • Admit to appropriate medical observation housing • If patient was not seen immediately (above), schedule patient for HCP visit on next business day.
	8. If the patient has not been discharged / transferred from an inpatient hospitalization, or the patient has a Chronic Care condition schedule an HCP appointment in 7 days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP(s) box for signature (if applicable)

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State of Vermont, Agency of Human Services Department of Corrections	Title: Inmate Alternative Diets: Medical/Dental and Religious	Page 1 of 13
Chapter: Health Care Services	INTERIM PROCEDURE # 354.05	Supersedes # 354.05 dated 09/04/2007.

Attachments, Forms & Companion Documents:

1. Medical Diet Form
2. Service Agreement for Medical/Nutritional Therapy
3. Inmate Request for Religious Diet/Alternative (Vegetarian) Meal
4. Religious Diet Participation Agreement
5. Religious/Alternative Diet Non-Compliance Report
6. Religious Diet Cancellation Request

Local Procedure(s) Required: No
Applicability: All staff (including volunteers and contractors)
Security Level: "B" - Anyone may have access to this document.

Approved:

Andrew A. Pallito	July 27, 2010 Date Signed	July 27, 2010 Effective Date

PURPOSE

The purpose of this Interim Procedure is to establish procedures for the Department of Corrections' staff and contractors to follow in providing necessary alternative medical/dental and religious diets to inmates.

POLICY

It is the policy of the Department of Corrections to provide inmates who have a medical/dental or religious basis for a special diet, as well as to provide a vegetarian alternative, with the means to fulfill those dietary needs within inherent limited institutional resources and the need for facility security.

AUTHORITY

28 V.S.A, §101 (1) and 102 (b)(2). American Correctional Association Standards for Adult Correctional Institutions, 4th Edition 2003, Standards 4-4318, 4-4319, 4-4320, and 4-4517.

REFERENCE

Administrative Directives/Procedures *#354.01 General Food Service Operations, #354.02 Standardized Menu Planning, #354.02.02 Food Service in Special Housing Units, #354.03 Nutritional Standards*, and *#380.01 Religious Observance.*

DEFINITIONS