

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Infirmary Care	PAGE <u> 1 </u> OF <u> 7 </u> NUMBER: 68-MED-21
RULE/CODE REFERENCE: ORC 4723.43; ORC 4730	SUPERSEDES: 68-MED-21 dated 07/08/14
RELATED ACA STANDARDS: 4-4352; 4-4417; 4-4418; 4-4419	EFFECTIVE DATE: July 2, 2015
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to provide policy guidance for the admission of patients to institution infirmaries and for the care provided to patients with an illness or diagnosis that requires daily monitoring, medical treatment or skilled nursing interventions.

III. APPLICABILITY

This policy applies to all persons employed by, or under contract with, the Department of Rehabilitation and Correction, and specifically to those involved in the provision of infirmary care, and to all inmates incarcerated under the jurisdiction of the Department of Rehabilitation and Correction.

IV. DEFINITIONS

Advanced Level Provider (ALP) - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

Chief Medical Officer (CMO) - The physician responsible for the day-to-day medical care of offenders at the institution level. The Chief Medical Officer is the ultimate medical authority at the institution.

Infirmary - An area in the facility that accommodates patients for a period of 24 hours or more, expressly set up and operated for the purpose of caring for patients who need skilled nursing care but are not in need of hospitalization or placement in a licensed nursing facility and whose care cannot be managed safely in an outpatient setting.

State Medical Director - The responsible physician and the medical authority for the Department. The State Medical Director is responsible for the overall supervision of medical/clinical services provided within the Ohio Department of Rehabilitation and Correction.

SOAP Note - A documentation format that includes Subjective, Objective, Assessment and Plan elements.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that offenders with an illness or diagnosis that requires daily monitoring, medication, therapy or skilled nursing care will be provided access to infirmiry care that is appropriate to meet their medical needs.

VI. PROCEDURES

A. Scope of Infirmiry Services

1. All institutions shall provide for infirmiry care either on-site or via transport to another facility. The scope of infirmiry services shall be limited to short-term medical monitoring, medical or dental treatment, skilled nursing care, or observation.
2. Inmates may be admitted to and discharged from the infirmiry only for:
 - a. Medical-surgical or dental care;
 - b. Care under the supervision of the institution Advanced Level Provider (ALP) or Dentist;
 - c. Suicide watch, crisis, or special observation.
3. Indications for infirmiry admission include, but are not limited to:
 - a. Non-urgent or non-emergent medical illness;
 - b. Patients returned from hospitalization or Emergency Department (ED) trip awaiting evaluation by ALP;
 - c. Post-surgical or patients recently discharged from a hospital that require continued observation;
 - d. Patients requiring short term intravenous therapy for rehydration or medication administration;
 - e. Patients requiring administration of medication for the purpose of detoxification;
 - f. Patients with severe pain syndromes who require a reduction in mobility requirements;
 - g. Referred inmates whom have not declared a hunger strike but are suspected to be undernourished and have documented missed meals;
 - h. Diagnostic test preps requiring close observation; and
 - i. Suicide or crisis watch.
4. Registered nurses may admit patients to the infirmiry for short-term observation to monitor patients who present with symptoms that may require close or ongoing monitoring.
 - a. Such symptoms may include, but are not limited to diarrhea, vomiting, break through seizures, injuries, low-grade fevers and syncopal episodes.

- b. Short-term observation is limited to 4 hours. If a patient must be maintained in the infirmiry for greater than 4 hours, an Infirmiry Admissions Order (DRC5547) must be obtained.
5. Inmate admission to an infirmiry is an institution placement.
 - a. The inmate may not refuse admission to the infirmiry.
 - b. Inmates do retain their rights to refuse specific medical treatment while in the infirmiry, but may not refuse the admission to the infirmiry.
6. No inmate shall reside in the infirmiry area more than 7 days without consultation with the State Medical Director.

B. Medical Admissions Infirmiry Care

1. An ALP's order is required for admission to the infirmiry. An Infirmiry Admissions Order (DRC5547) must be completed in entirety.
2. The ALP must write a distinct admission progress note using the notes section of the Infirmiry Assessment form (DRC5396) upon initial evaluation.
3. A registered nurse shall complete and document a head-to-toe physical assessment on the Infirmiry Assessment form (DRC5396) on all inmates within two (2) hours of admission to the infirmiry for medical, dental, or mental health reasons.
4. ALP Rounds/Assessment
 - a. An ALP shall evaluate the patient at the next scheduled day at the institution and then each scheduled day thereafter until the patient is released from the infirmiry.
 - b. The nursing staff shall immediately notify an ALP of any significant condition changes that occur.
5. Nursing services shall be provided under the supervision of the Health Care Administrator (HCA) and be available 24 hours per day when patients are present in the infirmiry.
 - a. A registered nurse shall be onsite at all times that a patient is admitted to the infirmiry.
 - b. A licensed nurse shall be responsible for ensuring that all ALP orders are transcribed and implemented.
 - c. A licensed nurse shall assess vital signs, which include temperature, pulse, respiration, blood pressure, pulse oximeter reading (if indicated) and a condition-specific physical assessment at a minimum of once every eight (8) hours.

- i. More frequent vital signs and assessments may be conducted, as indicated by the patient's condition or as ordered by the ALP.
 - ii. If a LPN gathers the assessment data, a registered nurse must review and sign the assessment data and documentation.
 - d. A licensed nurse shall be responsible for ensuring that all treatment and medication orders are administered as prescribed and that the patient's activities of daily living are met.
 - e. All medication ordered for the inmate shall be nurse-administered while in the infirmary for medical or mental health reasons.
 - f. A licensed nurse shall make rounds and document a safety check, using the notes section of the Infirmiry Assessment form (DRC5396), on infirmary patients at least every two (2) hours or more often as indicated by the patient's condition or an ALP order.
 - i. Safety checks shall include visualizing the patient and briefly documenting behavior and general condition (e.g. "Patient resting with eyes closed, respirations normal, no apparent distress, call light within reach).
 - ii. Two (2) hour safety checks are not required on inmates housed in the infirmary for non-medical reasons.
 - g. Patients placed in the infirmary for observation by a registered nurse shall complete a nursing assessment on the Infirmiry Assessment form (DRC5396), which includes a focused review of the patient's complaint upon placement and every hour until released or admitted to the infirmary by an ALP's order.
6. Each institution that contains infirmary beds shall ensure that inmates are always within sight or sound of a licensed healthcare provider.
 7. An infirmary manual of nursing care procedures shall be available at all institutions that house an infirmary.
 8. An Advanced Level Provider's order is required for discharge from the infirmary.
 - a. A distinct discharge note using SOAP format shall be documented for all discharges from the infirmary. Patients admitted for pre-operative/pre-procedure/diagnostic preparation may be discharged to transportation.
 - b. Upon discharge from the infirmary by the Advanced Level Provider, or release from nursing observation status, the nursing staff shall provide condition specific patient education and instructions about follow-up care to each patient. All educational information given to the patient must be documented.

C. Specialized Admissions

1. Offenders who are admitted to the infirmiry following a declared hunger strike shall be monitored as outlined in Department Policy 68-MED-17, Hunger Strike.
2. Admission to negative pressure infirmiry cells (where available) shall follow guidelines outlined in Medical Protocol C-3, Tuberculosis Skin Testing and Treatment Guidelines.
3. Patients diagnosed with acute alcohol or drug withdrawal shall be admitted to the infirmiry and assessed and treated in accordance with routine infirmiry admission procedures outlined in this protocol and in accordance with procedures outlined in Medical Protocol B-24, Medical Detoxification Guidelines.

D. Non-Medical Infirmiry Housing

1. Beds located in single cells, and equipped as “safe cells”, may be utilized for suicide watch or crisis watch as per Department Policy 67-MNH-09, Suicide Prevention.
2. Infirmiry care provided for offenders admitted for crisis watch shall follow guidelines outlined in Department Policy 67-MNH-09, Suicide Prevention.
 - a. Medical staff shall complete and document daily rounds on these offenders, notating findings on the Crisis Precaution/Immobilizing Restraints form (DRC2534) using visit code “R” with commentary.
3. The infirmiry shall not be used as a housing unit. The Managing Officer/designee may approve an inmate’s placement in the infirmiry in unusual circumstances (e.g. security issues, mental health special observation status).
4. No inmate shall be maintained in the infirmiry due to unusual circumstances longer then the next business day, unless written approval is obtained from the appropriate Regional Director.
5. There is no nursing assessment required for inmates who are maintained in the infirmiry by the Managing Officer/designee or Regional Director due to unusual circumstances. Likewise, the institution Advanced Level Provider and nursing staff are not required to make rounds on the inmate unless otherwise indicated by the inmate’s condition.
6. The nursing staff will arrange to administer any medications that have been ordered for the inmate.
7. A brief progress note that states the inmate has been maintained in the infirmiry by the Managing Officer/designee or Regional Director due to unusual circumstances—purposes shall be entered by nursing staff into the inmate’s medical record in the Interdisciplinary Progress Notes (DMH0008).

E. Infirmiry Records

1. Distinct infirmiry admission and discharge notes shall be entered by an ALP for each offender admitted to the infirmiry for a medical or mental health reason.
2. ALP infirmiry documentation shall be written in S.O.A.P. format in the notes section of the Infirmiry Assessment form (DRC5396).
3. All nursing assessments shall be documented on the Infirmiry Assessment form (DRC5396).
4. The Alcohol Withdrawal Assessment Flowsheet (Appendix 1) shall be completed, if applicable.
5. Documentation will also include the medication administration record, as well as a discharge plan and discharge notes.
6. If inmates are admitted for diagnostic test preps, documentation must reflect the test ordered, the prep ordered and the inmate's tolerance of the prep.
7. Infirmiry documentation shall be filed together on the patient's medical file so as to create a distinct and separate infirmiry record in the patient's medical file.

F. Infirmiry Hygiene Facilities

Each infirmiry shall contain the following:

1. Sufficient bathing facilities that each offender housed in the infirmiry can bathe daily.
2. Washbasins with hot and cold running water to meet the minimum ratio established in state building codes at the time the infirmiry was constructed.
3. Toilets and hand washing facilities 24 hours per day. Inmates must be able to use such facilities without staff intervention.

G. Continuous Quality Improvement (CQI)

1. The HCA and the Chief Medical Officer will retrospectively review the institutional infirmiry log every month for suitability of admission, discharge, and length of stay. Results of this data review will be shared in the monthly CQI meetings.

Attachments:

Alcohol Withdrawal Assessment and Treatment Flowsheet Appendix 1

Related Department Forms:

Crisis Precaution/Immobilizing Restraints	DRC2534
Infirmiry Assessment	DRC5396
Infirmiry Admission Orders	DRC5547
Interdisciplinary Progress Notes	DMH0008

Appendix 1

Instructions for using the *Alcohol Withdrawal Assessment and Treatment Flowsheet*:

1. The CIWA-Ar scale is the most sensitive tool for assessing a patient who is experiencing alcohol withdrawal. Early intervention for a **CIWA-Ar score of 8 or greater** provides the best means of preventing the progression of withdrawal.
2. Use the attached *Alcohol Withdrawal Assessment and Treatment Flowsheet* to document the patient's vitals and CIWA-Ar scores, as well as the administration of PRN medications.
3. Follow the **Assessment Protocol** shown at the top of the flowsheet. Record the date, time, vitals, and the CIWA-Ar ratings and Total Score each time the patient is assessed.
4. To calculate the **Total CIWA-Ar Score**, rate the patient according to each of the 10 CIWA-Ar criteria, and then add together the 10 ratings. Each criterion is rated on a scale from 0 to 7 (except for "Orientation and Clouding of Sensorium," which is rated on a scale from 0 to 4). The clinician can select any rating from 0 to 7 (or 0 to 4, in the case of "Orientation"), even for criteria where not every number on the rating scale is defined.

Assessment Protocol a. Assess vitals and CIWA-Ar. b. If total CIWA-Ar score ≥ 8 , repeat every hour. Once the CIWA-Ar score < 8 , then repeat every 4–8 hours until score has remained < 8 for 24 hours. c. If initial Total CIWA-Ar score < 8 , repeat CIWA every 4–8 for 24 hours. d. If indicated, administer PRN medications per BOP protocol.	Date								
	Time								
	Pulse								
	RR								
	O ₂ sat								
	BP								

Use the CIWA-Ar Scale to assess and rate each of the following 10 criteria.									
Nausea/Vomiting: Rate on scale of 0–7. 0 - none; 1 - mild nausea, no vomiting; 4 - intermittent nausea; 7 - constant nausea, frequent dry heaves and vomiting									
Tremors: Have patient extend arms and spread fingers. Rate on scale of 0–7. 0 - no tremor; 1 - not visible, but can be felt fingertip-to-fingertip; 4 - moderate with arms extended; 7 - severe, even with arms not extended									
Anxiety: Rate on scale of 0–7. 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded, so anxiety is inferred; 7 - equivalent to acute panic states, as in severe delirium or acute schizophrenic reactions									
Agitation: Rate on scale of 0–7. 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety and restless; 7 - constantly paces or thrashes about									
Paroxysmal Sweats: Rate on scale of 0–7. 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweats									
Orientation & Clouding of Sensorium: Ask, "What day is this? Where are you? Who am I?" Rate on scale of 0–4. 0 - oriented; 1 - cannot do serial additions, uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and/or person									
Tactile Disturbances: Ask, "Have you experienced any itching, pins and needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?" Rate on scale of 0–7. 0 - none; 1 - very mild itch, P&N, burning, numbness; 2 - mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning, numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations									
Auditory Disturbances: Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?" Rate on scale of 0–7. 0 - not present; 1 - very mild harshness or ability to startle; 2 - mild harshness or ability to startle; 3 - moderate harshness or ability to startle; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations									
Visual Disturbances: Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?" Rate on scale of 0–7. 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations									
Headache: Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Rate on scale of 0–7. Do not rate dizziness or lightheadedness. 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe									
Total CIWA-Ar Score: (8–9 = mild withdrawal; 10–15 = moderate withdrawal; >15 = severe withdrawal)									

Indications for PRN Medication: Please follow the protocol in BOP <i>Clinical Practice Guidelines for Detoxification of Chemically Dependent Inmates</i> for use of lorazepam and other medications for withdrawal. See Table 2 and Section 6 on Alcohol Withdrawal that begins on page 5.									
Medication administered? (see Medication Administration Record) Yes/No:									
Time of PRN medication administration:									
Assessment of response: (CIWA-Ar Score 30–60 minutes after medication administered)									
Provider initials:									

Inmate Name _____
 Reg No. _____
 Date of Birth ____/____/____
 Institution _____

Signature/Title	Initials	Signature/Title	Initials