POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-03	PAGE NUMBER 1 of 4
	RELATED NCCHC/ACA STANDARDS: P-G-03, J-G-03/4-4352 (ESSENTIAL)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: INFIRMARY CARE	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11/14/07	REVISED: 4/13/09; 4/23/2010	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services

II. PURPOSE: To provide twenty-four (24) hour supervised health care for patients who cannot be adequately cared for in general population housing units, but who do not require acute care hospitalization.

III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See glossary.

V. POLICY:

1. A physician, advance practice nurse, physician assistant, or psychiatrist orders admission to and discharge from the infirmary.

2. The scope of care provided in the infirmary may include, but is not limited to, such illnesses, diagnosis and conditions requiring:

   I. Observation:

      a. Short-term care for patients with self-limiting illness or injuries.

      b. Care for patients prior to admission to an acute care facility for a medical, surgical or diagnostic procedure.

   II. Housing Status:

      a. Long-term care for patients with chronic medical conditions which occasionally need medical services that cannot be supplied in general population.

III. Acute Care Status:

a. Care for patients with certain contagious conditions, such as acute hepatitis and active tuberculosis.

b. Care for patients after discharge from an acute care facility needing convalescent care related to medical, surgical or diagnostic procedures.

c. Observation after receiving treatment in an emergency department.

d. Patients with acute conditions that may not need hospital level of care.

e. Patients who need a skilled nursing level of care.

Documentation requirements based on professional discipline and acuity level:

	ACUTE	HOUSING	OBSERVATION
Nurse	Each Shift	Daily	Each Shift
Physician	4 Days/Week	Weekly	Note or documentation of conversation with physician by phone

f. Psychiatric patients in need of specialized mental health observation including close psychiatric observation (refer to G-05, D for specific housing observation levels and requirements).

Documentation requirements for mental health psychiatrist acute care:

Nurse	Each Shift
Clinician	Daily
Psychiatrist	Three times/week

3. The site Medical Director/site Psychiatrist has overall responsibility for the quality of care in the infirmary and monitors the care provided.

4. A physician will be on call 24 hours a day, 7 days a week and makes rounds as required by the offender's condition/clinical status. Rounds are documented in the offender's medical record.

5. The admission orders include clinical status, diagnosis, activity, diet, treatment, medication and other applicable orders. The admitting physician will write an admission note in the offender's infirmary medical record.

6. A discharge summary is written by the physician/psychiatrist or other health professional where permitted by law.

7. The infirmary is under the onsite supervision of the Director of Nursing or registered nurse (RN) designee seven (7) days a week. An RN is onsite 24 hours a day seven (7) days a week.

8. Rounds by nursing are made at least every shift by an RN.

9. Documentation regarding the patient's condition is to be made in the medical record according to the identified schedule.

10. All offenders in the infirmary are within sight and/or sound of healthcare staff at all times.

11. An Infirmary Medical Record is maintained for each offender admitted to the infirmary and will become part of the offender's medical record after discharge.

12. The entire offender medical record is available during the infirmary stay.

13. All admissions and discharges to and from the infirmary are recorded in the Infirmary Log and in DACS.

14. The admitting nurse documents a nursing admission note that includes vital signs, reason for admission and pertinent assessment.

15. The infirmary physician is responsible for an initial assessment including admitting diagnosis, treatment plan and physician orders.

16. All physician orders will be checked off, initialed, dated, and timed by the nurse that transcribes the orders.

17. A Nursing Procedure Manual is available for reference. Site-specific procedures will be written if actual practice is different from the published Nursing Protocols Manual.

18. Significant changes in offender condition are reported to physician and documented in medical records. A physician assesses and changes acuity level as indicated.

19. A discharge physician and nursing summary note is made when the offender is discharged from the infirmary.

20. No offender will be discharged from the infirmary without a medical discharge order.

21. Aftercare instructions are provided to the offender and the action documented in the medical record.

References:
National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-03.
National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-G-03.
American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement4-4352

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-03	PAGE NUMBER Review Addendum
SUBJECT: INFIRMARY CARE		

I have reviewed this policy and it is being incorporated into BCHS Policy E-12 Continuity of Care.

Vincent F. Carr

Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP

6/15/15
Date