

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.50.20	<b>Page</b> 1 of 6
	<b>Original Effective Date:</b> 04/25/07	<b>New Effective Date:</b> 10/07/13
	<b>Supersedes:</b> 500.50.20	<b>Dated:</b> 11/02/11
	<b>Administrator's Approval:</b> Cathy A. Jess, Administrator	
<b>Required Posting or Restricted:</b>		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Infirmery Record		

**POLICY**

The Division of Adult Institutions shall utilize an Infirmery Medical Binder during an inmate patient's stay in the Infirmery. Documents from the Infirmery stay are then incorporated into a standard Medical Chart.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2008, P-H-01, Health Record Format and Contents  
DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation  
DAI Policy 500.50.03 – Establishing Additional Components of Health Care Record

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – With prescriptive authority. In our setting this includes physicians, dentists, Advanced Practice Nurse Prescribers and Physician Assistants.

Chart dividers – Standard set of dividers used to separate sections within the Medical Chart and Infirmery Medical Binder.

CNA – Certified Nursing Assistant

DOC – Department of Corrections

DOC-2074 – Medical Alert Wristband Acceptance/Refusal

DOC-3021 – Progress Notes

DOC-3023 – Prescriber's Orders

DOC 3024B – Wound Care Flow Sheet

DOC-3026 – Medication/Treatment Record

DOC-3026A – IV Administration Record

DOC-3326 – Signature Verification

DOC-3391 – Activation/Deactivation of a Declaration to Physicians

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DOC-3393 – PRN Medication Record

DOC-3395 – Patient Care Flow Sheet

DOC-3441A – Staff Administered Insulin Log

DOC-3574 – Discharge Orders: Infirmiry

DOC-3631 – Infirmiry Medication Reconciliation Record

DOC-3645 – Infirmiry Patient Kardex

H&P – History and physical

Health Care Record – Official DOC record that includes all or some of the following components: gray and/or orange Medical Chart, Hemodialysis Chart, Dental Record, Psychological Records-Copies envelope, Medications Record envelope, Patient Request Folder, x-ray films and Psychological Services Unit Record, and other components as defined by the Bureau of Health Services.

HIV – Human immunodeficiency virus

Infirmiry Chart (Discontinued) – Component of the Health Care Record consisting of blue chart covers and standard dividers that are used for filing of documents relating to a stay in the Infirmiry during part of 2007 and 2008.

Infirmiry Medical Binder – 3-ring binder that Infirmiry staff utilizes during an inmate patient's stay in the Infirmiry.

Infirmiry Label – Approved label, including admission/discharge dates, formerly placed (during part of 2007 and 2008) on the outside front cover of the Medical Chart to indicate that the inmate patient had a separate blue Infirmiry Chart.

IV – Intravenous

Medical Chart – Component of the Health Care Record consisting of a gray/green or orange set of chart covers and standard dividers into which designated documents are filed during the incarceration or short-term stay of a patient in a correctional facility.

## **PROCEDURES**

### **I. Overview**

- A. A 3-ring binder is used during a stay in the Infirmiry, instead of the standard Medical Chart, for ease in filing due to the high volume of documents being filed.
- B. At the beginning of the stay, designated documents from the existing Medical Chart are filed in the Infirmiry Medical Binder in accordance with DAI Policy

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500.50.02 – Attachment 1. The following are specific for the Infirmary Medical Binder:

1. DOC–3326 – Signature Verification is stored in a unit file rather than the medical chart.
  2. Filed in the Infirmary Medical Binder prior to the Infirmary admission date:
    - a. Any prior Infirmary H&P dictations with most current on top.
    - b. DOC-3021 – Progress Notes for one month prior.
    - c. DOC-3023 – Prescriber’s Orders for three months prior.
    - d. Any hospital stay reports, including diagnostic results, for six months prior.
    - e. Any lab results for three months prior or most current results; to include any HIV testing results.
    - f. Any medical imaging results for three months prior; to include most recent EKG.
    - g. Any non-formulary drug requests that cover medications currently prescribed for the inmate patient.
- C. Documents are added to the Infirmary Medical Binder in accordance with DAI Policy 500.50.02 – Attachment 1/1A during the stay until it reaches capacity or the stay ends.
- D. Upon discharge from the Infirmary, or when the Infirmary Medical Binder reaches capacity, documents from the Infirmary Medical Binder are filed back in the standard Medical Chart used prior to the Infirmary stay, in accordance with DAI Policy 500.50.02.

## **II. Setting up and Maintaining the Infirmary Medical Binder Upon Admission to the Infirmary**

- A. Obtain a 3-ring binder and insert standard set of chart dividers.
  1. Place label containing name and DOC number on spine of 3-ring binder.
  2. Affix Medical Alert label to the outside cover of 3-ring binder for inmate patients with medical conditions requiring specific alert labels.
  3. Affix Advance Directives labels(s) to the outside cover as indicated.
  4. Affix specific alert labels on the inside left cover of the binder.
- B. File original documents contained in the Medical Chart in the Infirmary Medical Binder in the proper filing location as specified in DAI Policy 500.50.02 – Attachment 1/1A. Not all inmate patients will have all the documents listed.
- C. As thickness of the Infirmary Medical Binder reaches capacity, Infirmary staff shall move documents to the existing Medical Chart. File any documents older than six months in the Medical Chart in accordance with DAI Policy 500.50.02 – Attachment 1/1A.
- D. Store the Medical Chart in a secure and accessible location.

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### III. **Specialty Binders/Clipboards**

- A. Binders are maintained to facilitate efficiency and effectiveness of documentation related to inmate patient care during a stay in the Infirmary. These permit easy access to designated forms by Infirmary staff, communicating the provision of specific care and treatment.
- B. Working binders/clipboards include the following:
1. Medication/Treatment Binder. The following forms are maintained in the binder for the current month. They are then filed in the Infirmary Medical Binder in accordance with DAI Policy 500.50.02 – Attachment 1/1A.
    - a. DOC-3026 – Medication/Treatment Record.
    - b. DOC-3024B – Wound Care Flow Sheet.
    - c. DOC-3026A – IV Administration Record.
    - d. DOC-3393 – PRN Medication Record.
    - e. DOC-3441A – Staff Administered Insulin Log.
  2. Bedside Inmate Patient Care Clipboard. The following forms are removed from the clipboard daily, at the end of PM shift, and filed in the Infirmary Medical Binder:
    - a. Neuro Flow Sheet.
    - b. Weekly Assessment Form.
    - c. Nursing Encounter Form.
  3. The following forms are removed from the clipboard weekly, at the end of PM shift on Saturday, and filed in the Infirmary Medical Binder:
    - a. DOC-3395 – Patient Care Flow Sheet.
    - b. Vital Sign Flow Sheet.
  4. CNA Flow Sheets Binder contains DOC-3395 – Patient Care Flow Sheet.
  5. Kardex Binder contains the DOC-3645 – Infirmary Patient Kardex.
  6. Wound Care Binder contains DOC-3024B – Wound Care Flow Sheet.
  7. Others as designated by Infirmary Management.

### V. **Discharge From the Infirmary Medical Chart Responsibilities**

- A. Loose file the DOC-3574 – Discharge Orders – Infirmary and DOC-3631 – Infirmary Medication Reconciliation Record, or Central Pharmacy Services generated Medication Reconciliation, as the first documents as you open the cover of the Medical Chart.
- B. Move all of the remaining documents from the Infirmary Medical Binder and Specialty Binders and file in the Medical Chart in accordance with DAI Policy 500.50.02 – Attachment 1/1A.

### VI. **Health Care Record Supplies**

See DAI Policy 500.50.02 for ordering approved Health Care Record supplies for standardization.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
David Burnett, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Cathy A. Jess, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Infirmary Record		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES****DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other