

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.00.05	Page 1 of 8
	Original Effective Date: 09/17/00, 11/01/03	New Effective Date: 08/31/20
	Supersedes: 500.00.05 BHS 300:14	Dated: 10/02/17 10/01/04
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Medical Observation and Monitoring		

POLICY

The Division of Adult Institutions shall place patients in medical observation or medical monitoring for specific purposes under certain circumstances based on medical needs.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018 P-A-01 Access to Care
DAI Policy 500.60.02 – Tuberculosis Control Program – Patient
DAI Policy 500.70.24 – Clinical Observation
Wisconsin Administrative Code Ch. DHS 145 – Appendix A – Communicable Diseases and Other Notifiable Conditions
Wisconsin Administrative Code Ch. DOC 311 – Observation Status
Wisconsin Statutes s. 302.38 – Medical Care of Prisoner
Wisconsin Statutes s. 302.385 – Correctional Health Care
Wisconsin Statutes s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

ACP – Advanced Care Provider

ADL – Activities of daily living

ADO – Administrative Duty Officer

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

HSU – Health Services Unit

DOC-0027A – Placement/Review of Offender in Medical Observation

DOC-3220 – Refusal of Recommended Health Care

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Communicable Illness – An illness caused by a disease that the Department of Health Services determines under Wisconsin Administrative Code Ch. DHS 145 to be communicable.

Medical Observation – Involuntary or voluntary non-punitive status used for the temporary placement of a patient to ensure the patient's safety and the safety of others. See DAI Policy 500.70.24 for policy mental health treatment.

Medical Monitoring – Designed for medical or mental health monitoring for specific purposes which includes gathering data regarding a patient's health status.

PROCEDURE

I. Medical Observation

- A. One or both of the following must exist to place a patient in medical observation:
 1. The patient has or is suspected of having a medical problem that requires separation from the population for treatment by an ACP.
 2. The patient is refusing testing for communicable illness.
- B. The patient may be placed in medical observation by any of the following:
 1. An ACP.
 2. Warden.
 3. A clinical or health service staff member, the Security Director or the Shift Captain if a physician is not immediately available for consultation.
- C. Any staff member or inmate may recommend to any person authorized to place an inmate in medical observation that an inmate be placed in medical observation.
- D. The staff member or inmate shall state the reasons for the recommendation and describe the patient's symptoms that underlie the recommendation.
- E. At the time of placement the patient shall be informed orally of the reasons for placement.
- F. An ACP order is required to keep a patient in medical observation longer than 24 hours.
- G. The staff member making the placement shall complete DOC-0027A – Placement/Review of Offender in Medical Observation.
- H. The patient shall be provided with a written copy of the DOC-0027A – Placement/Review of Offender in Medical Observation which states the reason for the placement within 10 working days of the recommendation.

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- I. A patient placed in medical observation shall be examined by an ACP within two working days of placement. The examination shall include a direct personal evaluation and review of relevant information.
- J. Within 24 hours, or as soon as possible after the ACP examination, the patient shall be advised of the reasons for the placement and findings of the examination.
- K. Written notification of the findings of the examination shall be provided to the patient.
- L. A patient shall remain in medical observation for a reasonable period of time for diagnosis and treatment or as needed as determined by an ACP until the ACP determines the patient no longer requires separation from the population.
- M. Patients in medical observation require periodic reviews of the placement by an ACP. Frequency shall be based on the patient's diagnosis and the ACP's professional judgment.

II. Medical Monitoring

- A. Reasons for patient placement in medical monitoring may include, but is not limited to:
 - 1. Response/reaction to change in medication regimen.
 - 2. Eating or drinking before medical tests that require such restriction.
 - 3. Recovery from day surgeries or medical procedures.
 - 4. Monitoring for temporary assistance related to an acute health care issue.
 - 5. Data collection regarding a patient's health status by health care or other facility staff.
 - 6. Examination, treatment or nursing assessment by an ACP.
- B. Monitoring may consist of any or all of the following but is not all inclusive of:
 - 1. Taking vital signs.
 - 2. Observing the following: intake and output including meal monitoring, bleeding, ambulation, circulation, breathing, sleep patterns and ADL abilities.
 - 3. Determining the presence of a skin condition.
 - 4. Observing neurological episodes such as dizziness, visual defects, hearing deficits, level of consciousness, seizure activity, and/or a reaction to medications.
- C. Monitoring tasks may be performed by health care or other facility staff dependent on the medical complexity of the task. Staff will only participate in monitoring to the level of their training.

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- D. Medical monitoring may require special housing of the patient close to the officer's station or in the HSU. Patients may not refuse housing assignments for medical monitoring purposes.

- E. Patients may refuse hands on medical monitoring such as having vital signs taken. The reason for the monitoring shall be explained and a DOC-3220 – Refusal of Recommended Health Care shall be signed by the inmate patient if the patient is not willing to participate.

- F. Monitoring on the patient's housing unit shall be recorded in one of the following ways:
 - 1. Non-health care staff may use a specific flow sheet provided by HSU. The flow sheets shall be filed in the patient's healthcare record.
 - 2. Monitoring may also be reported to health care staff who will be responsible for recording the information in the healthcare record.

- G. Monitoring in the HSU patient room
 - 1. Reason for monitoring shall be documented in the healthcare record.
 - 2. If the patient will be in the HSU for two or more hours, a head to toe nursing assessment shall be completed and documented.
 - 3. Monitoring shall be completed as determined by the ACP; however, a nursing assessment shall be completed each shift a nurse is on site.
 - 4. An assessment is not necessary if the placement in HSU is for security reasons because the patient knows they are going out for a test/procedure or they need to be closer to a bathroom because of a prep.

Bureau of Health Services: _____ **Date Signed:** _____
 Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
 Dr. Paul Bekx, Medical Director

_____ **Date Signed:** _____
 Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
 Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Taycheedah Correctional Institution		
Original Effective Date: 09/17/00;11/01/03	DAI Policy Number: 500.00.05	Page 5 of 8
New Effective Date: 10/09/2020	Supersedes Number: 500.00.05	Dated: 04/27/18
Chapter: 500 Health Services		
Subject: Medical Observation and Monitoring		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-01 Access to Care
National Commission on Correctional Health Care. (2018). P-A-01 – Access to Care
National Commission on Correctional Health Care. (2018). P-B-02- Infectious Disease Prevention and Control
Wisconsin Administrative Code Ch. DHS 145
Wisconsin Administrative Code Ch. DOC 311

DEFINITIONS

DBP—Diastolic Blood Pressure

DOC 3527

EMR – Electronic Medical Record

Medical Observation — Care for inmate patient in designated rooms determined by Warden and HSU Manager/Designee

IV— Intravenous

MSMU – Monarch Special Management Unit

POC—Plan of Care

PSU – Psychological Services Unit

QHP—Qualified Health Professional [ACP, RN, or LPN]

RHU – Restrictive Housing Unit

RN – Registered Nurse

SBP—Systolic Blood Pressure

TCI – Taycheedah Correctional Institution

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VS—Vital Signs [Pulse, Blood Pressure, Respirations, Temperature, and Oxygen Saturation]

FACILITY PROCEDURE

I. Medical Monitoring

- A. Any QHP from HSU may place a patient in a medical monitoring room while awaiting lab/x-ray results that are part of an urgent patient assessment, to obtain a short course of IV hydration or IV antibiotics; or for closer monitoring.
- B. Patients requiring medical monitoring status shall be placed in a designated room determined by the Warden and HSU Manager/Designee.
- C. When medical monitoring for a patient occurs on MSMU or RHU, HSU will provide security staff with the behaviors requiring monitoring, and timing of communication of these behaviors to HSU staff. Security staff shall record patient behaviors on HSU provided logs, when applicable, and communicate these to the HSU Registered Nurse.
- D. If Security or a PSU clinician feels a patient requires medical monitoring, the Charge RN shall be contacted and a medical assessment prior to initiating medical monitoring.
- E. When the inmate patient will be in the HSU for two or more hours, a head to toe nursing assessment shall be completed and documented in the EMR.
- E. Standing orders for medical monitoring
 1. VS and RN assessment on placement in to medical monitoring (Discuss with ACP).
 2. VS every 2 hours X 3, then every 4 hours X 4.
 3. RN assessment every shift (unless ordered more frequently by the ACP).
 - a. Notify the ACP or on-call physician of
 - b. Any clinical concerns
 - c. Any changes in vital signs
 - d. Any of the following abnormal vital signs (unless ACP provides different parameters)
 - i. Temperature > 101.0 or < 96.0
Pulse > 110 or < 50
 - ii. Respirations > 24 and < 10
 - iii. SBP > 150 or < 90
 - iv. DBP > 100 or < 40
 - v. Oxygen saturation < 90
 - vi. Finger stick blood glucose > 400 or < 60
 - vii. At the end of ordered VS consult with ACP for further orders.
 4. Continue the patient's medications, diet, and blood glucose monitoring

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while in medical monitoring unless modified by ACP.

II. Medical Observation

- A. For any patient placed in Medical Observation, a pertinent patient history, VS, assessment, and chart review shall occur; and a patient care plan shall be developed in the EMR.
- B. If placed in Medical Observation by a QHP other than an ACP, the ACP shall be contacted and documentation of orders will be completed in the EMR.
- C. VS and serial exams/assessments or laboratory studies may be ordered by the ACP. Parameters for contacting the ACP shall be entered in the EMR as an order. Order sets may be used when entering orders in the EMR.
- D. Standing orders for medical observation
 1. VS and RN assessment on placement in to medical observation (Discuss with ACP).
 2. VS every 2 hours X 3, then every 4 hours X 4.
 3. RN assessment every shift (unless ordered more frequently by the ACP).
 - a. Notify the ACP or on-call physician of any clinical concerns.
 - b. Any changes in vital signs.
 - c. Any of the following abnormal vital signs (unless ACP provides different parameters).
 - i. Temperature > 101.0 or < 96.0
Pulse > 110 or < 50
 - ii. Respirations > 24 and < 10
 - iii. SBP > 150 or < 90
 - iv. DBP > 100 or < 40
 - v. Oxygen saturation < 90
 - vi. Finger stick blood glucose > 400 or < 60
 - vii. At the end of ordered VS consult with ACP for further orders.
 - d. Continue the patient's medications, diet, and blood glucose monitoring while in medical observation unless modified by ACP.
- E. If frequency of vital signs and/or assessments are required more often, or VS are outside of parameters, the patient may be sent to a higher level of care for evaluation and management after discussion with an ACP.
- F. Patients requiring higher level of assistance with ADLs than the HSU staff can provide [including programming and physical therapy] shall be admitted to the TCI Infirmary.

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- G. Discharge from Medical Observation requires an ACP order.
 - 1. Current VS (within the previous 2 hours) and assessment data shall be discussed with the ACP.
 - 2. The order for discharge must be entered into the EMR prior to the patient being released from medical observation.

RESPONSIBILITY

I. Security

- A. Provide additional coverage if needed.

- B. If patient is on nutritional monitoring document on DOC 3527. Forward to appropriate nursing staff.

II. Patient

- A. Cooperate with care and evaluation, including housing assignment in a medical observation room when staff deems appropriate.
- I. Cannot refuse housing assignment deemed necessary for monitoring/observation.