GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

______________________________________________________________________________
Name of Individual Certifying this Document/Proposed Document

James Greer

Director, Bureau of Health Services

______________________________________________________________________________
Signature

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
POLICY
All Division of Adult Institution facilities shall utilize approved Nursing Protocols. Nursing Protocols are written guidelines for Registered Nurses to use in assessing inmate patients, making clinical judgments about inmate patient health conditions and implementing a plan of care.

REFERENCES
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-11 – Nursing Assessment Protocols
Wisconsin Administrative Code Ch. N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses
DAI Policy 500.30.72 – Nursing Vital Signs Referral Parameters
Lippincott Manual of Nursing Practice
Lippincott Williams & Wilkens (2013) Nursing Procedures, 6th Ed.

DEFINITIONS, ACRONYMS AND FORMS
Advanced Care Provider (ACP) – Provider with prescriptive authority.

DAI – Division of Adult Institutions
DOC – Department of Corrections
HSM – Health Service Manager
HSU – Health Services Unit
NC4 – Nurse Clinician 4
P&T – Pharmacy and Therapeutics
RN – Registered Nurse
SOAP – Subjective, objective, assessment and plan
PROCEDURE

I. Overview
A. Nurses shall practice within their licensure, training, experience and level of competence.

B. Nursing protocols serve as a guide to the nurse’s assessment and subsequent actions, and do not substitute for the nurse’s clinical judgment.
   1. Nursing protocols shall not restrict the nurses’ assessment of the inmate patient.
   2. The nurse shall be capable of critical thinking and drawing on current evidence based practice knowledge to determine if different or additional information is needed.

C. Nursing protocols may address a wide range of health concerns; however, each inmate patient issue shall be assessed and evaluated specifically to the inmate patient concern, inmate patient’s health history and presentation. The nurse shall consider the least possible health issue to the most complex and serious concerning assessment of the inmate patient.

D. The nurse is expected to utilize clinical judgment, evidenced based practice, and current research in assessment, planning, intervention, and evaluation.
   1. The nurse shall determine the most appropriate nursing protocol based on the inmate patient’s presentation and assessment.
   2. It is possible that no or more than one nursing protocol exists to meet an inmate patient’s needs.

E. Collaboration between nurses and ACPs is expected as it relates to care and treatment of inmate patients.

F. Each protocol shall contain a definition of the problem and its potential causes, the clinical features most commonly associated with the condition, the nursing assessments, nursing diagnosis, and nursing interventions, utilizing the nursing process and shall include, referrals, follow up care, and inmate patient education and instructions.

G. Nursing protocols are developed and reviewed by the nursing protocol committee and receive a final review and approval from the Director of Nursing and the Medical Director.

H. The use of prescription medications shall not be used in nursing protocols, except for those covering emergency life-threatening situations. Emergency administration of these medications requires a subsequent ACP order.

II. Orientation, Education, and Training
A. Nurses shall be trained and demonstrate competency in the sick call process and the proper use of nursing protocols.
B. The HSM shall establish a system of validating and documenting nurse competency.

III. Use of Nursing Protocols
A. Protocols shall be available to nurses and shall serve as guidelines. They do not substitute for clinical judgment during health encounters.
   1. The RN is expected to utilize sound clinical judgment, evidenced based practice, and current nursing research in delivering care.
   2. Protocols shall be utilized to assist the nurse, and shall not limit the nurse’s clinical assessment, resources, or clinical judgment.
   3. Professional clinical judgment determines what information needs to be collected as part of the nursing assessment and in the development of the plan of care.

B. Nursing protocols use shall include an inmate patient face-to-face assessment, unless the nurse is on call. The on-call nurse shall speak directly to the inmate patient and utilize nursing protocols in addition to their nursing clinical judgment.

C. Nursing assessments shall include a complete set of vital signs.

D. When an on-call nurse uses the nursing protocol they are required to make a clinical judgment as to whether the inmate patient needs on-site evaluation, or immediate evaluation off-site.

E. Documentation of the nursing process shall include assessment, nursing diagnoses, outcome/planning, implementation, patient education, evaluation and nursing protocols utilized.

IV. Development and Review of Nursing Protocols for the Bureau
A. Existing Nursing Protocols are reviewed annually to determine continuing need or modification.

B. The Nursing Protocol Committee shall receive recommendations for new protocols or revision to existing protocols from clinical staff.

C. The Director of Nursing and Medical Director shall review Protocol requests and approve or reject the development of Nursing Protocols.

D. Nursing protocol development shall be consistent with the National Commission on Correctional Health Care Standards, current ANA Correctional Standards of Care, and in alignment with the Wisconsin Department of Safety and Professional Services. They shall adhere to the community standards and evidence based practice.

E. Nursing Protocols that contain medications will require additional approval by the P&T Committee or its sub-committee.
F. Members of the Nursing Protocol Committee shall be made up of at least one nursing coordinator, nurse educator, nurse clinician, HSMs and a pharmacist.

G. The Director of Nursing shall appoint a Nursing Coordinator from the Bureau of Health Services to serve as a clinical resource and consultant to the Chair(s) of the Nursing Protocol Committee.

H. The Director of Nursing and Medical Director shall serve as consultants to the Nursing Protocol Committee.

I. Annually, the facility ACP and HSM shall have a signed declaration indicating their acknowledgement and review of approved protocols.

J. The HSM of the HSUs shall ensure RNs are oriented to and demonstrate competency in the use of the nursing protocols in their facilities. In the Wisconsin Correctional Center System, the assigned Health Services Nursing Coordinator shall designate responsibility for review to the NC4.
   1. The HSM/NC4 shall maintain a record of all RN orientation, training compliance and competency and annual review.
   2. All new or revised nursing protocols shall be reviewed at staff meetings with RNs.
   3. The HSM/NC4 shall ensure evidence of education on new protocols, retraining where competency enhancement is necessary, and when protocols are revised.

K. Health Services Nursing Coordinators have responsibility for ensuring compliance with education and training by HSMs/NC4s.

Bureau of Health Services: ________________________________ Date Signed: ___________
                James Greer, Director

                ________________________________ Date Signed: ___________
                Ryan Holzmacher, MD, Medical Director

                ________________________________ Date Signed: ___________
                Mary Muse, Nursing Director

Administrator’s Approval: ________________________________ Date Signed: ___________
                Jim Schwochert, Administrator
REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.  
   A.  
      1.  
         a.  
   B.  
   C.  

II.  
    A.  
    B.  
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