

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Assessment of Patient

POLICY # A – 1

PAGE 1 of 2

SUBJECT: Receiving Screening

EFFECTIVE DATE: January 2008

SUPERCEDES DATE: October 2007

PURPOSE

In an effort to establish baseline data which may protect the inmate's health by early detection and provide continuity of care, an intake (receiving) screening shall be performed by trained staff upon arrival at the facility and before housing assignment is made. The findings of this screening shall be recorded on Form DC-435. Screening will be done on all transfers (jail, courts, other facilities) upon arrival.

SCREENING

The Screening will include:

- A. Inquiry into current illness and past medical problems, including dental problems, venereal disease and other infectious diseases, use of alcohol and other drugs which includes type of drugs used, mode of use, amounts used, frequency used, date or time last used, and history of problems which may have occurred after ceasing use (e.g., convulsions).

Past and present treatment or hospitalization for mental disturbance or suicide. Current mental health complaints.

Other health problems designated by the responsible physician.

- B. Observation of behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating.

Body deformities, ease of movements, etc.

Conditions of skin, including trauma markings, bruises, tattoos, lesions, jaundice, rashes and infestations, and needle marks or other identifications of drug abuse.

Disposition of inmate: general population, or referral to appropriate health care service.

- C. All findings are to be recorded on the printed screening Form DC-435.

PROCEDURE

A. General Guidance

1. Date and time DC-435 and document inmate's current acuity, as found in OPUS.
2. Ask each inmate each question on the DC-435, unless not applicable due to gender (i.e., the "Female Only" section is documented as "not applicable" for male inmates).
3. Obtain translator services for non-English speaking inmates.
4. Document inmate responses using their own words when possible.
5. Do not leave blank spaces. Mark all sections of the form as "not applicable" or "none" when necessary.
6. Write legibly in all areas.
7. Information will be provided to the inmate on the facility process for obtaining access to Health Services. The inmate will sign and date the DC - 435 that this information was received.
8. If the screening is done by custody staff, the form will be forwarded to the Facility Nurse as soon as possible.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Assessment of Patient

POLICY # A - 1

PAGE 2 of 2

SUBJECT: Receiving Screening

EFFECTIVE DATE: January 2008

SUPERCEDES DATE: October 2007

B. Screening Questions

1. If the inmate indicates "yes" for any current medical symptoms or exhibits unusual behavior, notify the Facility Nurse or Telephone Triage Nurse for any questions, prior to disposition.
2. For an apparent medical emergency, contact the Facility Nurse or call 911 immediately.

C. Health Services

1. A licensed nurse will review the DC-435 as soon as possible.

TRAINING

The Superintendent/designee of the facility will ensure that the screening officers are trained in the health screening process.

DISPOSITION OF FORM

The Form DC-435 will be filed in Section III of the outpatient health record.



4/15/2008

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Deputy Medical Director