

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Chronic Disease Guidelines

POLICY # CD-7

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SUBJECT: Chronic Diseases

EFFECTIVE DATE: June 2004

SUPERCEDES DATE: None

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## PURPOSE

To assure that DOP inmates with Chronic Diseases not routinely identified and tracked by Health Services are receiving high quality care for their condition.

## POLICY

Any DOP Primary Care Provider may assign an inmate with a health or life threatening chronic disease which is not covered by a specific DOP Clinical Practice Guideline to have his chronic disease followed in the Chronic Disease Clinic. Chronic Disease is defined as a disease that has been present for at least 6 months and is not likely to resolve with or without treatment.

## PROCEDURE

### CHRONIC DISEASES

(Document care on appropriate Chronic Disease Flow Chart)

- I. **Initial evaluation:** Should be done by Primary Care Provider (PCP) at the first housing assignment after processing or after the diagnosis is made. If stable should see MD/PA within 60 days of arrival to the unit, if new diagnoses or unstable should see MD/PA within 15 days.
  - A. **Vital Signs:** Blood pressure, height and weight without shoes, determine BMI. The PCP should determine how the BP needs to be measured.
  - B. **History:**
    1. **Complaints:** Ask if the patient has any problems or concerns, any new symptoms, or worsening of existing symptoms.
    2. **Medicine compliance:** If the patient is on medications determine if the patient is compliant and if not, how frequent he/she misses their medications. If the patient has stopped taking their medication, how long have they been without it?
    3. **Medicine side effects:** Ask about potential serious and common side effects of the medications the patient is taking.
  - C. **Review of Systems:** The PCP should determine what if any systems should be reviewed on regular follow-up visits and enter them in the first column of the flow chart.
  - D. **Habits:**
    1. **Smoking:** Determine what they smoke, how much and how long
    2. **Exercise:** Determine what level of aerobic exercise is currently being done.
    3. **Diet:** Review their current diet as it relates to their chronic disease.
  - E. **Family History:** Review pertinent history as it relates to their chronic disease.
  - F. **Medications:** List current chronic medications, dose, and frequency of dosing.
  - G. **Physical Exam:** The PCP should determine what, if any body systems should be examined on regular follow-up visits and enter them in the first column of the follow chart.

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- H. Labs/EKG:** The PCP should determine what the minimal type of labs needed to be done to properly follow the chronic disease. They should also indicate the minimal frequency that the labs should be performed.
- I. Educate:** Usually it is best to discuss only one or two issues at a single visit. The following areas should be covered (listed in order of importance) regularly.
  - 1. Smoking:** Stress the importance of tobacco cessation.
  - 2. Exercise:** If appropriate, recommend 30 or more minutes of vigorous exercise most days of the week.
  - 3. Medication compliance:** Inform inmate that failure to take their chronic disease medications could result in adverse outcomes.
  - 4. Medication side effects:** Use Central Pharmacy Patient Information sheet as a guide.
  - 5. Other:** The PCP should determine what other areas of education should be done now or in the future.
- I. PULHEAT:** Reevaluate PULHEAT based on the appropriate PULHEAT guideline.
- J. ACUITY LEVEL:** Review level and assure it is appropriate.
- K. PLAN:** Indicate any changes in treatment, when the next follow-up visit is due, any diagnostic studies, etc.

## II. *Follow-up visits:*

- A. Frequency:** The PCP should determine the minimum frequency of follow-up visits and when the follow-up visits can be done by the Chronic Disease Nurse (CDN).
- B. Vital signs:** Blood pressure, height and weight without shoes, determine BMI.
- C. Interval history:** Ask about the following:
  - 1. Complaints:** Ask if the patient has any problems or concerns, any new symptoms, or worsening of existing symptoms.
  - 2. Medicine compliance:** If the patient is on medications, determine if the patient is compliant and if not, how frequent he/she misses their medications. If the patient has stopped taking their medication, how long have they been without it?
  - 3. Medication side effects:** Ask about potential serious and common side effects of the medications the patient is taking.
- D. ROS:** Ask about problems with the systems as indicated.
- E. Habits:**
  - 1. Smoking:** If there is a history of smoking, determine if they are currently smoking and how much they are smoking.
  - 2. Exercise:** Document the current level of aerobic exercise
  - 3. Diet:** Ask about compliance with dietary recommendations.
- F. Medications:** List current chronic medications, dose, and frequency of dosing
- G. Exam:** Perform the indicated examinations.
- H. Labs:** See that the labs ordered by PCP are performed and recorded in the flow chart.

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- I. PULHEAT:** Review their current rating and update as indicated. See the appropriate PULHEAT guidelines for guidance. *PULHEAT IS TO BE REEVALUATED AT EVERY FOLLOW UP VISIT.*
- J. ACUITY LEVEL:** Review level and update as indicated. *ACUITY LEVEL IS TO BE EVALUATED AT EVERY VISIT.*
- K. PLAN:** Indicate any changes in treatment, when the next follow-up visit is due, any diagnostic studies, etc.



6/18/04

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Paula Y. Smith, MD, Director of Health Services

Date

SOR: Deputy Medical Director