



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170100 Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal	Issued: 8/3/05 Effective: 8/3/05	Reviewed: 8/31/20 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. NMSA 1978, Sections 33-1-6, as amended.
- B. Policy *CD-010100*.

REFERENCES:

- A. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. National Commission on Correctional Health Care, *Standards for Health Care in Prisons*, 1997.
- C. ACA Expected Practices 5-2C-4133, 5-2C-4142, 5-2C-4144, 5-3B-4224, 5-3D-4277, 5-5C-4318, 5-6A-4345 through 5-6A-4353-1, 5-6A-4359, 5-6A-4361 through 5-6A-4367, 5-6A-4375, 5-6A-4376, 5-6A-4377, 5-6A-4379, 5-6B-4381, 5-6B-4388, 5-6B-4389, 5-6C-4397, 5-6C-4398, 5-6C-4399, 5-4A-4400, 5-6C-4403, 5-6C-4406, 5-6C-4407, 5-6D-4414 and 5-5E-4429, *Performance Based Expected Practices for Adult Correctional Institutions*, 5th Edition.
- D. The Emergency Medical Treatment and Active Labor Act (EMTALA), 42 USC 1395dd, regulated in 42 CFR 489.24.

PURPOSE:

To establish health programs, ancillary services, and a central authority for all correctional health services.

APPLICABILITY:

All New Mexico Corrections Department (NMCD) employees and contract employees involved in the organization, management, or operation of the adult health care program for inmates in NMCD institutions.

FORMS:

- A. **Medical Diet Order** form (*CD-170101.1*)
- B. **Special Management Housing Screening** form (*CD-170101.2*)
- C. **In-Transit Screening** form (*CD-170101.3*)
- D. **Health Services Request** form (*CD-170101.4 & CD-170101.5*)

ATTACHMENTS:

None

DEFINITIONS:

- A. Chronic Care: Health care provided to inmates over a long period of time for a chronic illness.
- B. Chronic Illness: A persistent disease process which normally does not rapidly resolve and persists over a long period of time (i.e. months and years).
- C. Consequence: Something that can generally be expected to occur as a result of an earlier occurrence.
- D. Convalescent Care: Health care provided to inmates recovering from an acute illness, injury, or surgery.
- E. Detoxification: The medically supervised withdrawal of an individual from an addicting drug.
- F. Elective Medical Procedure: A medical or surgical treatment which may be scheduled at the convenience of all parties involved, and where a delay in scheduling does not pose a threat to the life of the person in need and the delay will not result in a permanent disability or degenerative condition.
- G. Express Consent: Consent given by direct words either orally or in writing.
- H. Handicapped Access: Specific modifications at a facility to provide appropriate access for persons with mobility impairment.
- I. Healthcare Authority: The Chief Medical Administrator or designee.
- J. Informed Consent: The agreement by the competent inmate to a treatment, examination or procedure after the inmate receives the material facts, to the degree known, regarding the nature, consequences, risks and alternatives concerning the proposed treatment/examination or procedure.
- K. Implied Consent: Consent inferred from the conduct of the inmate. Voluntary submission to a procedure with actual or apparent knowledge of what is about to transpire even though there was no explicit oral or written expression of consent.
- L. In-Transit: For the purposes of medical policy and procedures, the status of an inmate who is transiently held at an intermediate facility for custodial purposes (meals, lodging, relief of duty officers during transit, etc.), during the process of transfer from one outside facility to another outside facility.
- M. Intra System Transfer: Those inmates arriving at the New Mexico Corrections Department (NMCD) or private facility from another NMCD or private facility who were initially processed through the Reception and Diagnostic Center (RDC).
- N. Medical Director: The Chief Medical Administrator who is the Departmental official and healthcare authority responsible for directing the provision of all medical and dental contract services.

- O. Off-Site Appointments: Any physician, hospital, or other provider not located on facility grounds.
- P. Practitioner: Physician (MD., DO, Optometrist, Psychiatrist), or Mid-level Practitioner (Physician Assistant (PA) or Nurse Practitioner (N.P.)).
- Q. Prostheses: Artificial devices to substitute for or supplement a missing or defective part of the body.
- R. Psychiatrist: A licensed Physician who has completed residency training in psychiatry and is permitted by law and the organization to provide psychiatric treatment within the scope of their license, and in accordance with individually granted clinical privileges.
- S. Psychotropic Medication: Medications that are prescribed to treat psychiatric disorders. The term is used per the convention of psychiatric medications in prison facilities.
- T. Receiving Screen: A health appraisal by qualified health care personnel performed immediately upon the inmate's arrival.
- U. Refusal to Consent: Refusal of a competent inmate to authorize or submit to any type of medical or surgical treatment, including the administration of anesthetics and the transfusion of blood.
- V. Risk: Exposure to the chance of injury or loss.
- W. Therapeutic Restraint: Any physical device (2, 4, or 5 point leather restraints or canvas vest restraints) capable of causing involuntary restraint of freedom of physical movement or postural change for mental health purposes. This does not include the use of routine and ordinary security restraints placed by corrections officers for operational purposes.
- X. Therapeutic Seclusion: Confinement for mental health purposes of a person alone in a room, usually modified to reduce the risk of self-injury, with the door secured in a manner that will not allow the person to open the door. This does not include solitary or isolative confinement which is operationally imposed for legitimate penological purposes.
- Y. Transfer: Movement of an inmate from a NMCD or private Facility to another, usually on a permanent basis or from a NMCD Facility to a Community Corrections Program or out-of-state from the originating facility.
- Z. Transport: The act of moving an inmate between a NMCD Facility and another place. The other place can be a hospital, court, a special program, or the Forensic Treatment Unit. This transport can result in a temporary or permanent absence.
- AA. Treatment of Choice: Any certain treatment or set of treatments which are generally recognized by local professional standards as being an appropriate method of treatment and which is preferred by the treating institutional physician.

POLICY:

- A.** The New Mexico Corrections Department (NMCD) shall provide a comprehensive health care services program, staffed by qualified health care professionals, available to all inmates. Policies shall be promulgated to cover the following: **[2-CO-4E-01]**
- Responsible Health Authority;
 - Personnel;
 - Health screenings and examinations;
 - Specialized programs;
 - Specialized population;
 - Quality assurance;
 - Participation in research;
 - Death of inmates;
 - Facilities and equipment;
 - Pharmaceuticals;
 - Levels of care;
 - Informed consent;
 - Health record files;
 - Notification of designated individuals; and
 - AIDS and other communicable diseases.
- B.** The New Mexico Corrections Department currently does not impose medical co- payments on inmates. **[5-6A-4345]**
- C.** There is a process for all of inmates to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to inmates in a clinical setting at least five days a week and are performed by a health care practitioner or other qualified health care professional. **[5-6A- 4346]**
- D.** Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Inmate health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care entities including those from inside the correctional system. **[5-6A-4347]**
- E.** Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. **[5-6A-4348]**
- F.** A transportation system that assures timely access to services that are only available outside the correctional facility is required. This system comprehensively includes: **[5-6A- 4349]**
- Prioritization of medical need;
 - Urgency (for example, an EMS ambulance versus a standard transport);
 - Use of medical escort to accompany security staff, if indicated; and

- Transfer of medical information.

The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the facility or program administrator and the health services administrator.

- G.** A written individual treatment plan is required for inmates requiring close medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the inmate, and is developed by the appropriate health care practitioner for each inmate requiring a treatment plan. [5-6A-4350]
- H.** There is a written plan for access to twenty-four (24) hour emergency medical, dental and mental health services availability. The plan includes: [5-6A-4351]
- On-site emergency first aid and crisis intervention;
 - Emergency evacuation of the inmate from the facility;
 - Use of an emergency medical vehicle by notification of EMS (911);
 - Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 - Emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and
 - Security procedures providing for the immediate transfer of inmates, when appropriate.
- I.** Inmates are provided access to infirmary (in-patient) care either within the correctional setting or off site. If infirmary (in-patient) care is provided onsite, it includes, at a minimum, the following: [5-6A-4352]
- Definition of the scope of infirmary (in-patient) care services available;
 - A physician on call or available 24 hours per day;
 - Health care personnel having access to a physician or a registered nurse and on duty 24 hours per day when inmates are present;
 - All inmates are within sight or sound of a staff member;
 - An infirmary care manual that includes nursing care procedures; and
 - Compliance with applicable New Mexico statutes and local licensing requirements.
- J.** If female inmates are housed, access to pregnancy management services is available. Provisions of pregnancy management include the following: [5-6A-4353]
- Pregnancy testing;
 - A routine and high-risk prenatal care;
 - Management of chemically addicted pregnant inmates;
 - Comprehensive counseling and assistance;
 - Appropriate nutrition;
 - Postpartum follow up; and

- Unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth.
- K.** Where nursing infants are allowed to remain with their mothers, provisions are made for a nursery, staffed by qualified persons, where the infants are placed when they are not in the care of their mothers. **[5-6A-4353-1]**
- L.** There is a plan for the treatment of inmates with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review. **[5-6A-4359]**
- M.** An ongoing program of health education and wellness information is provided to all inmates. **[5-6A-4361]**
- N.** Intake medical screening for inmate transfers, excluding intrasystem, commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following: **[5-6A-4362]**

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications;
- Current illness and health problems, including communicable diseases;
- Dental problems;
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use amounts used frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions); and
- The possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician.

Observation of the following:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
- Body deformities, ease of movement, and so forth; and
- Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse.

Medical disposition of the inmate:

- General population;
- General population with prompt referral to appropriate health care service; and
- Referral to appropriate health care service for emergency treatment.

Inmates who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicted on written medical clearance. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

- O. All intrasystem transfer inmates receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following: [5-6A-4363]

Inquiry into:

- Whether the inmate is being treated for a medical or dental problem;
- Whether the inmate is presently on medication; and
- Whether the inmate has a current medical or dental complaint.

Observation of the following:

- General appearance and behavior;
- Physical deformities; and
- Evidence of abuse or trauma.

Medical disposition of the inmate:

- To general population;
- To general population with appropriate referral to health care service; and
- Referral to appropriate health care service for emergency treatment.

- P. All in-transit inmates receive a health screening by health-trained or qualified health care personnel on entry into the agency system. Findings are recorded on the **In-Transit Screening Form** (CD-170101.3) that will accompany the inmate to all subsequent facilities until the inmate reaches his her final destination. Health screens will be reviewed at each facility by health-trained or qualified health care personnel. Procedures will be in place for continuity of care. [5-6A-4364]

- Q. A comprehensive health appraisal for each inmate, excluding intrasystem transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following: [5-6A-4365]

Within fourteen (14) days after arrival at the facility:

- Review of the earlier receiving screen

- Collection of additional data to complete the medical, dental, mental health, and immunization histories
- Laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
- Record of height, weight, pulse, blood pressure, and temperature
- Other tests and examinations, as appropriate

Within fourteen (14) days after arrival for inmates with identified significant health care problems:

- Medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
- Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care personnel, if such is authorized in the medical practice act
- Initiation of therapy, when appropriate
- Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Within thirty (30) days after arrival for inmates without significant health care problems:

- Medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening-no identified acute or chronic disease, no identified communicable disease, and so forth);
- Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act;
- Initiation of therapy, when appropriate; and
- Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

R. Health appraisal data collection and recording will include the following: **[5-6A-4366]**

- A uniform process as determined by the health authority;
- Health history and vital signs collected by health-trained or qualified health care personnel;
- Collection of all other health appraisal data performed only by qualified health professional; review of the results of the medical examination or tests, and identification of problems is performed by a physician or mid-level practitioner, as allowed by law.

S. The conditions for periodic health examinations for inmates are determined by the health authority. **[5-6A-4367]**

T. Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary as determined by the responsible health care practitioner. **[5-6A-4375]**

U. Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative

hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. [5-6A-4376]

- V. Inmates have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent inmates includes, at a minimum, the following: [5-6A-4377]
- A standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency;
 - An individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals;
 - Prerelease relapse-prevention education, including risk management; and
 - The inmate will be involved in aftercare discharge plans.
- W. If inmates have access to nonprescription (over-the-counter) medications that are available outside of health services, the items, the policy, and procedures are approved jointly by the facility or program administrator and the health authority. [5-6A-4379]
- X. Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians. [5-6B-4381]
- Y. Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated. [5-5C-4318]
- Z. All health care staff in the facility is trained in the implementation of the facility's emergency plans. Health care staff is included in facility emergency drills, as applicable. [5-6B-4388]
- AA. Designated correctional and all health care staff is trained to respond to health-related situations within a four-minute response time. The training program shall be conducted at least annually and is established by the responsible health authority in cooperation with the facility or program administrator and includes instructions on the following: [5-6B- 4389]
- Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations;
 - Administration of basic first aid;
 - Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
 - Methods of obtaining assistance;
 - Signs and symptoms of mental illness, violent behavior, and acute chemical notification and withdrawal;
 - Procedures for inmate transfers to appropriate medical facilities or health care providers;

and

- Suicide intervention.

BB. Informed consent standards in the jurisdiction shall be observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the inmate's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse (in writing) medical, dental, and mental health care. [5-6C-4397]

CC. The NMCD shall contract with a health care vendor who specializes in the delivery of health care for correctional facilities.

DD. The contract with the health care vendor shall ensure that levels of care and operations meet the standards of ACA and NCCHC as well as the policies and directives of the NMCD and its Medical Authority.

EE. The contract with the health care vendor shall also ensure that all professional staff is properly licensed.

FF. All state and private facilities that house state inmates shall follow procedures and practices that are in compliance with Corrections Department policy, ACA, and NCCHC standards.

GG. Inmates with disabilities shall be housed in a manner that provides for their safety and security. Housing used by inmates with disabilities shall be designed for their use and shall provide for integration with other inmates. Programs and services shall be accessible to inmates with disabilities who reside in these facilities. [5-2C-4142]

HH. Designated facilities shall provide education, equipment and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment. [5-2C-4144]

II. The NMCD shall not discriminate against any inmate based on a disability in making administrative decisions and in providing access to programs, services, and activities administered for program beneficiaries and participants. [5-3D-4277] [5-5E-4429]

JJ. There shall be a consultation between the facility and program administrator (or designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: [5-6C-4399]

- Housing assignments;
- Program assignments;
- Disciplinary measures; and
- Transfers to other facilities.

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

- KK.** When an inmate is transferred to special management housing, health care staff will be informed immediately and will provide a screening and review on the **Special Management Housing Screening** form (CD-170101.2) as indicated by the protocols established by the health authority. This screening shall occur immediately and take place at the Facility clinic prior to confinement in restrictive housing, unless otherwise necessary for the safety of the inmate, staff or institution. All findings shall be recorded in the medical chart. [5-4A-4400]
- LL.** Upon completion of the screening assessment and review, the medical healthcare personnel responsible for the screening shall notify the on-call person at the facility for the Mental Health bureau and document the name of the contact and the time of the contact. The Mental Health service will screen an inmate to the degree necessary for assuring the inmate's mental wellness and safety in restrictive housing, using whatever instruments are necessary at their professional discretion. The medical staff conducting the medical screening is expected to show no particular authority in the area of mental health beyond that of a reasonably experienced layman.
- MM.** Unless medical attention is needed more frequently, each inmate in restrictive housing receives a daily visit from a qualified health care professional. The visit ensures that inmates have access to the health care system. The presence of a health care provider in restrictive housing is announced and recorded. The frequency of physician visits to restrictive housing units is determined by the health authority. [5-6C-4400]
- NN.** Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the inmates' privacy. [5-6C-4403]
- OO.** Victims of sexual assault are referred under appropriate security provisions to a community health care facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used: [5-6C-4406]
- A history is taken by health care professional who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With victim's consent, the examination includes the collection of evidence from victim, using a kit approved by the appropriate authority.
 - Provision is made for testing of sexually transmitted diseases (i.e. HIV, gonorrhea, hepatitis, etc) and counseling, as appropriate.
 - Prophylactic treatment and follow-up for sexually transmitted diseases shall be offered to all victims, as appropriate.
 - Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
 - A report shall be made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.
- PP.** Exercise areas are available to meet exercise and physical therapy requirements of individual inmate treatment plans. [5-6C-4407]
- QQ.** Non-emergency inmate transfers require the following: [5-6D-4414]

- Health record confidentiality is to be maintained, in the manner discussed in CD-170800.
- Summaries, originals, or copies of the health record accompany the inmate to the receiving facility. Health conditions, treatments, and allergies should be included in the record.
- Determination of suitability for travel based on medical evaluation is made, with particular attention given to communicable disease clearance.
- Written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from medical records.
- Specific precautions (including standard) are to be taken by transporting officers (i.e. masks, gloves, etc).

A medical summary sheet is required for all inter- and intrasystem transfers to maintain the provision of continuity of care. Information included does not require a release of information form.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

RR. Guidelines shall govern elective procedures for surgery for inmates. [5-6C-4398]

SS. Inmates shall have access to psychiatry services. Psychiatry services includes at a minimum the following:

- Review of history of psychiatric treatment, psychiatric evaluation and diagnosis of psychiatric disorders using the Diagnostic and Statistical Manual of Mental Disorders criteria.
- Treatment of acute and chronic psychiatric disorders following community and NMCD standards of care and prevention of psychiatric deterioration in the correctional setting.
- Outpatient psychiatric and outside psychiatric facility treatment when clinically appropriate.
- Individualized treatment plans developed and implemented by a multidisciplinary treatment team including psychiatrists, medical staff, mental health staff, and addictions staff.
- Review of history of treatment with psychotropic medications and prescribing psychotropic medications when clinically appropriate.
- Ordering and the application of therapeutic restraints and therapeutic seclusion when clinically appropriate and using less restrictive treatment alternatives as soon as possible.
- Collegial guidance and consultation with Mental Health staff on matters of mutual interest, including matters of mental health during high levels of confinement;
- Matters of mutual interest include the contribution of the inmate's mental health to the commission of any infraction which is to receive disciplinary notice and determination of whether the prisoner's mental state is at issue in any proceedings;
- Mental health screening prior to placement in restrictive housing; and,
- Regular Mental health assessment of inmates in restrictive housing or other high levels of confinement.
- This is guided by the suggestion that "the mental competence and mental illness of a prisoner must be considered during the prison disciplinary process where a mental

disease or defect adjudication has been made or a well-documented history of serious psychiatric problems calls the prisoner's mental health into question." Psychiatry shall be available for consultation and feedback regarding questions which arise during the Mental Health screening of persons undergoing restrictive housing

- Matters of mutual interest included the evaluation and maintenance of inmate's mental health while segregated in disciplinary restrictive housing. Courts have found an Eighth Amendment duty regarding inmates who are at "a particularly high risk for suffering very serious or severe injury to their mental health, including overt paranoia, psychotic breaks, or massive exacerbations of existing mental illness as a result of conditions in restrictive housing." Psychiatry shall be available for consultation regarding the regular Mental Health assessment and review of persons in restrictive housing or other high levels of confinement.

TT. Single-occupancy cells/rooms shall be available, when indicated, for the following: **[5-2C-4133]**

- Inmates with severe medical disabilities;
- Inmates suffering from serious mental illness;
- Sexual predators;
- Inmates likely to be exploited or victimized by others; and
- Inmates who have other special needs for single housing.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170101 Clinical Services	Issued: 8/3/05 Effective: 8/3/05	Reviewed: 8/31/20 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-170100*

PROCEDURE:

A. Access to Comprehensive Care Services: [2-CO-4E-01] [5-6A-4349]

1. The Medical Health Authority shall assure that necessary diagnostic and specialty consultant services are made available to all residents of the New Mexico Corrections Department.
2. When necessary services are not available on-site, provisions shall be made for transfer of the inmate to another facility within the NMCD or to a community provider where such services are available.
3. When an inmate is referred to an off-site provider for medical services, a consultation form which contains the pertinent health record information and identifies the reason for the scheduled visit shall accompany the inmate.
4. It shall be the responsibility of custody staff to provide for adequate and timely transportation of inmates for off-site medical services.

B. Intra-System Transfers-Health Screening:

All intrasystem transfer inmates shall receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum the screening includes the following: [5-6A-4363]

Inquiry into:

- Whether the inmate is being treated for a medical, or dental problem;
- Whether the inmate is presently on medication; and
- Whether the inmate has a current medical, dental, complaint.

Observation of:

- General appearance and behavior;
- Physical deformities; and,
- Evidence of abuse or trauma

Medical disposition of inmates:

- General population;
- General population with appropriate referral to health care service; and,
- Referral to appropriate health care service for emergency treatment.

A practitioner will perform at minimum, a chart review on each new inmate by the first assigned working day at the site after intake. Findings will be documented on a Medical Encounter Record and shall include:

- Medication/renewals;
- Appointments needed, medical, dental, et. al.;
- Labs, x-rays, PPD's, et. al. as required;
- Referrals to Mental Health Services; and,
- Referral to specified Chronic Clinic(s).

C. Health Appraisals: [5-6A-4365] [2-CO-4E-01]1. Medical Records:

A medical record is created at the Reception and Diagnostic Center (RDC) and accompanies the inmate to the facility.

2. Physician Assistant/Nurse Practitioner:

Health appraisal data collection and recording will include the following: [5-6A-4366]

- a) a uniform process as determined by the health authority;
- b) health history and vital signs collected by health-trained or qualified health care personnel; and
- c) Collection of all other health appraisal data performed only by qualified health professional; review of the results of the medical examination or tests, and identification of problems is performed by a physician or mid-level practitioner, as allowed by law.

3. Physician Assistant/Nurse Practitioner/Licensed RN-LPN:

Intake medical screening for inmate, transfers, excluding intrasystem, commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following: [5-6A-4362]

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and

medications;

- Current illness and health problems, including communicable diseases;
- Dental problems;
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example convulsions); and
- The possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician.

Observation of the following:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
- Body deformities, ease of movement, and so forth; and
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse.

Medical disposition of the inmate:

- General population;
- General population with prompt referral to appropriate health care service; and
- Referral to appropriate health care service for emergency treatment.

Inmates who are unconscious, semiconscious, bleeding or otherwise obviously in need of immediate medical attention are referred.

When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance.

4. Institutional Physician:

- a. Will review the physician's assistant's record of appraisal and medical review.
- b. Will determine and institute any further treatment as needed.
- c. Will report any restrictions on activities through medical Chronos.

5. Dental Assistant

Will review the dental records.

6. Staff Dentist

- a. Will review the dental assistant's record of appraisal and medical review.
- b. Will determine and institute any further treatment as needed.
- c. Will report any restrictions on activities through dental Chronos.

7. Inmates that are identified with disabilities shall not be discriminated against based on that disability and shall be referred to designated facilities that are capable of providing for their safety and security, that provides for integration with other inmates, has accessibility to programs and services, and can provide the necessary support for self-care and personal hygiene in a reasonably private environment. [~~4- 4144~~]

D. Intrasystem Transfer Screening:

To ensure newly arrived inmates are screened to provide continuity of health care within NMCD and to identify any inmate who may require immediate medical intervention.

a. Current Illness and Health Problems:

- a. At regular intervals, staff will perform periodic health assessments that conform to NMCD guidelines. These interval exams and treatment are recommended annually for inmates 50 years old and every two years for inmates under 50. Annual Health Maintenance examination shall be offered to all inmates every year.
- b. The diagnosis shall be recorded at the conclusion of the History and Physical Examination or Annual Health Maintenance and shall include a brief summary of the subjective and objective findings together with recommendations for treatment, a diagnostic impression and, if necessary, a differential diagnosis.
- c. Health appraisal data collection and recording will include the following:
 - 1) A uniform process as determined by the health authority;
 - 2) Health history and vital signs collected by health-trained or qualified health personnel;
 - 3) Collection of all other health appraisal data performed only by qualified health personnel;
 - 4) Review of the results of the medical examination or tests; and
 - 5) Identification of problems is performed by a physician or mid-level practitioner; as allowed by law.
- d. During this examination all conditions mentioned in the above listed standard will be documented and monitored by a provider.
- e. Any issues concerning Mental Health issues or concerns will be addressed with and referred to Mental Health Services and or Psych. Services.
- f. Any type of physical or mental changes in an inmate will be reported to the physician immediately; the physician will conduct a physical or mental assessment of the inmate's present condition and determine the best possible treatment for his or her condition, and or refer the inmate to the appropriate provider for treatment. If abuse is noticed, the chain of command will be notified immediately.

E. Periodic Assessment: [5-6A-4367]

To ensure the health status of each inmate is reviewed annually.

1. Protocols for periodic health assessments will be determined by the Medical Director utilizing NMCD requirements and established protocols.
2. An Annual Health Assessment will be conducted by licensed mid-level or RN medical staff and documented on the NMCD Annual Health Maintenance Update and the NMCD Health Maintenance Flow Sheet.
3. Inmates over the age of 50 will require a physical examination every year. The examination shall be conducted by a physician, physician's assistant, or nurse practitioner and document all.
4. Inmates under the age of 50 will have a physical examination every two (2) years that will be documented in the inmate's health record.
5. Inmates with chronic health needs will have health assessments performed based on established protocols.
6. All inmates who previously tested negative will receive annual tuberculosis screening.
7. Health appraisal data collection and recording will include the following:
 - a. A uniform process as determined by the health authority.
 - b. Health history and vital signs collected by health-trained or qualified health personnel.
 - c. Collection of all other health appraisal data performed only by qualified health personnel.
 - d. Review of the results of the medical examination or tests.
 - e. Identification of problems is performed by a physician or mid-level Practitioner; as allowed by law.

F. Sick Call: [5-6A-4346]

Inmates requesting non-emergency medical services shall complete a Health Services Sick Call Request Form, form (CD-170101.4) or (CD170101.5).

1. Written requests shall be placed in designated locations.
2. The nurse will document inmate verbal health care requests on a Health Services Sick

Call Request form if the inmate needs assistance with reading or writing or when an inmate makes a verbal request while in lockdown.

3. Nursing staff shall pick up the Health Services Sick Call Request forms daily.
4. All non-emergency Health Service Sick Call Request forms will be reviewed within 24 hours by a nurse for immediacy of need and the intervention required. In accordance with physician-approved nurse protocols, the inmate will be scheduled to be seen at sick call clinic within the following 24 hours (72 hours on weekends) or at the next available provider's clinic. The reviewer's disposition, action or documentation is noted on the Health Services Request Form.
5. Nurse Sick Call Clinic is scheduled daily Monday through Friday, with the exception of holidays. Sick Call for Level I and Level II shall be posted outside the infirmary.
6. For inmates in Level III, IV and Special Management, designated medical staff will:
 - a. Generate a list of inmates in each housing unit complex scheduled for the next Nurse Sick Call.
 - b. Place the Original Health Service Request in the medical record;
 - c. Sort medical records by housing units;
 - d. Place medical records in rolling cart in records room in readiness for sick call.
7. Inmates will be assessed in accordance with approved nurse protocols at the Sick Call Clinic and treatment provided or, when indicated, scheduled for the next available provider's clinic. The nurse will document the sick call encounter for each inmate seen, or refusing to be seen, on the bottom half of the Health Services Request Form which shall then be placed in the inmate's medical record. Copies shall be distributed to the night nurse for auditing purposes.
8. If the inmate requests medical services from the nurse for the same problem three (3) times, or if clinically indicated, he will be scheduled to see the physician/nurse provider at the next available clinic.
9. The following are possible outcomes of the sick call visit:
 - Evaluation and treatment without the need for a return appointment;
 - Evaluation and treatment with a scheduled return appointment;
 - Immediate referral to the on-site physician, nurse practitioner, or physician assistant;
 - Immediate referral to an outside medical facility emergency room;
 - Referral to the on-site physician or nurse provider at a later date;
 - Scheduling of an appointment to one or more on-site specialty clinics;
 - Referral to an off-site specialty physician upon approval of the facility and regional

- Medical Director;
 - Referral to the on-site dental assistant or dentist;
 - Scheduling of on-site x-rays;
 - Transfer to the CNMCF In-Inmate LTCU, upon approval of the facility and regional Medical Director;
 - Referral to facility Mental Health Services.
10. Inmates in Restrictive Housing: **[5-6C-4400]**
- a. Inmates housed in restrictive housing units will be visited by a member of the health Services staff daily. A physician or mid-level provider shall visit the restrictive housing unit weekly. The presence of medical staff is announced and recorded.
 - b. Medical requests will be available in each restrictive housing unit for the inmates to use in requesting the type of medical services needed. If medical or dental services are requested, the request will be turned in to the Health Services Department for proper triage and scheduling.
 - c. The Health Services staff member entering the restrictive housing units will sign the correctional log documenting his or her visit. The Health Services staff member will also document their encounter on the restrictive housing sign-in Sheet.
 - d. Emergency Sick Call is available 7 days a week, 24-hours a day.
 - e. Escorts to the Health Services Department for inmates requiring medical assistance will be provided by Security.
11. Hunger Strike: **[5-3B-4224]**
- a. See policy **CD-172402** entitled “Hunger Strikes and Personal Fasts.”
12. Unscheduled Sick Call: Inmates becoming acutely ill outside of Sick Call hours shall be handled as follows:
- a. Any inmate requesting medical attention and feeling that he or she cannot wait until the next scheduled Sick Call shall advise the Officer in charge of his or her unit, his or her program instructor or job supervisor. This person shall contact the Health Services Department and notify medical personnel on duty that the inmate is being escorted there for medical attention.
 - b. The medical record shall be obtained, a Medical Encounter Form initiated and the inmate's name, number and living unit entered in the Clinic Log.
 - c. Upon arrival at the Health Services Department, an initial screening of the inmate shall be done by the Health Services personnel on duty. Screening will include vital signs, known allergies and chief complaint. If necessary, on-call personnel shall be notified after the initial evaluation.

- d. The following are possible outcomes of an unscheduled visit to the Health Services Department:
- 1) Referral to the next scheduled Sick Call;
 - 2) Evaluation and no treatment;
 - 3) Evaluation and treatment without the need for return appointment;
 - 4) Evaluation and treatment with scheduled return appointment;
 - 5) Referral to the physician at a later date;
 - 6) Referral to the dentist;
 - 7) Scheduling of laboratory tests;
 - 8) Scheduling of x-rays;
 - 9) Immediate referral to an outside medical facility emergency room;
 - 10) Referral to the Mental Health Services Department; and
 - 11) Lay-in or Medical Idle.
- e. Complete documentation shall be made on the Inter Disciplinary Progress Note for any inmate seen on an unscheduled visit to the Health Services Department. The first sheet (WHITE COPY) shall be placed in the medical record.
- f. Complete information shall be filled out on all inmates in the Clinic Log for an unscheduled visit to the Health Services Department.

G. Emergency Care: [5-6A-4351]

An emergency occurring at any time shall be handled as per Emergency Response Protocol.

1. Initial evaluation and treatment of the inmate shall be done by the Health Services personnel responding to the emergency within a four minute response time.
2. As soon as the emergency response has been initiated, the inmate's medical record shall be obtained, a Medical Interdisciplinary Progress Note initiated and the inmate's name, number and living unit entered in the Clinic Log. Complete documentation shall be made on the Interdisciplinary Progress Note for any inmate seen for an emergency.
3. Complete information on all inmates seen for an emergency shall be filled out in the Clinic Log.
4. Inmates requiring emergency transfer to an outside facility for emergency care shall be transported by a licensed emergency vehicle.
5. The Health Services personnel shall notify the Shift Commander immediately in case of serious injury.
6. A written encounter form shall be generated for all inmate work related injuries. This report shall include:
 - a. Inmate Name and Number;

- b. Date and time inmate presented to the Health Services Department;
 - c. Full description of incident and care following "S-O-A-P" format. Employees will receive emergency care only and referral to personal physician;
 - d. Name and Title of person seeing inmate.
 - e. A brief description of date and time seen and services provided may be provided by filling out Medical Incident Report and giving it to the Warden.
 - f. Injuries sustained by inmates during activities of daily living shall be handled and documented by the usual routine methods of Sick Call/Emergency Services.
7. Emergency and Non-Emergency medical and dental care shall follow the approved medical and treatment protocol.
 8. If the inmate is in immediate danger he or she should be transported via correctional vehicle, or ambulance when indicated, to a Medical Center Emergency Room. Consultation with the medical staff is strongly recommended in all cases prior to any transport as they can assist correctional staff by contacting the physician, consultant physician, emergency room, etc.

H. Informed Consent: [5-6C-4397] [2-CO-4E-01]

Inmates are provided, to the degree known, with information concerning their diagnosis, treatment and prognosis.

1. Consent shall be considered implied by the inmate upon his or her presenting himself or herself for routine health care such as Sick Call, medication lines, X-rays and laboratory tests, physical exams and scheduled appointments.
2. Written informed consent shall be obtained for all medical and dental procedures performed on the inmate including but not limited to suturing of lacerations, casting, removal of lesions and dental extractions.
3. Written informed consent shall include the following disclosure requirements:
 - a. The Diagnosis: Since knowledge of what is wrong is a crucial factor in the inmate's decision to accept or not accept proposed treatment, the Health Services provider shall reveal to the inmate the nature of the diagnosis, as well as any significant reservations the physician may have about the diagnosis.
 - b. Nature and Purpose of the Proposed Treatment: The nature and purpose of the proposed treatment shall be explained in non-technical terms so that the inmate can reasonably be expected to understand.

- c. Risks and Consequences of the Proposed Treatment: Those risks for which there is reasonable probability or which are severe in nature, including death, shall be explained to the inmate. This disclosure obligation extends only to the risks that the providers knows, or should reasonably know, and are inherent to the proposed treatment.
 - d. Probability of Successful Treatment: The realistic assessment of the likelihood that the proposed procedure will accomplish the intended result shall be revealed to the inmate.
 - e. Feasible Treatment Alternatives: A discussion of the alternatives to the proposed treatment shall be held with the inmate in such a manner as to allow the inmate to make a reasonable decision concerning the proposed treatment.
 - f. Prognosis if Proposed Treatment is not given: A projection of what will happen without the proposed treatment shall be disclosed to the inmate.
4. The practitioner obtaining the written consent shall document fully in the medical record the specific facts discussed with the inmate, that full disclosure was made relative to the inmate's condition, and that the inmate showed an understanding of the explanation.
 5. The inmate shall have the right to refuse any recommended treatment, procedure or service. A Refusal form shall be obtained and full documentation made in the medical record. If the inmate refuses to sign the Refusal form, a Health Services Department employee shall complete the Refusal form, note that the inmate refused to sign and two employees will sign as witnesses of the refusal.
 6. Minor Inmates: Should an inmate, under 18 be committed, the legal consent status shall be determined prior to any discussion of proposed treatment. In order for the minor inmate to consent, he or she must be considered emancipated, be married or the treatment shall apply to certain medical situations, specifically treatment for:
 - Venereal disease.
 - Drug abuse.
 - Mental health counseling.
 - Family planning.
 7. Incompetent Inmate/Valid Consent: If the inmate's capacity to consent is in doubt, the Health Services Department initiates procedures to request the appointment of a temporary legal guardian for the inmate. All policies of informed consent shall apply to that guardian and their consent shall be considered valid.
 8. All inmates seeking treatment shall be accorded the same right to bodily integrity and human dignity during examinations, treatments and procedures as is standard in a community health care facility.

9. The designated health authority at each institution will develop procedures to assure maintenance of informed consent requirements.

I. Continuity of Care:

1. Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated.
2. Continuity of care is provided via established policies and procedures addressing intake screening, routine history and physical care of chronic conditions, referral to off-site specialties, inter system transfers and referral to community care providers.

J. Off-Site Appointments:

1. The staff physician requests off-site consultations and diagnostic tests. The institution ordering the transport is responsible for completing the "Reason for Referral" portion of the Off-site Referral form.
2. For each referral, the inmate's name, number, the provider's name and the reason for the transport will be documented in the appointment book. Special instructions concerning the appointment, i.e., Nothing per oral (NPO), midnight, will also be recorded. Scheduling of appointments on holidays should be avoided (state holidays do not always coincide with others). Appointments that necessitate

departure from the facility during mid-day count will be avoided.
3. The Off-Site Referral form will be completed by the Scheduling Coordinator with the appropriate names, numbers, addresses, dates and times. This information will be placed in an envelope with any copies of inmate information necessary to the visit. The envelope will be labeled with the inmate's name, the date of the visit and any other special information the transport officer will need: ID card, x-rays, etc. If the inmate is going to a new provider, general directions for the officer will be included.
4. Urgent or emergency transports will be conducted immediately upon the determination by the medical staff that it is necessary. Paperwork will be completed by obtaining verbal approval on the telephone from the Chief of Security or higher authority during the day and the Shift Supervisor during evening hours, with notification made to the Chief of Security or higher authority. While the Chief of Security or the Shift Supervisor makes arrangements for the transport, the paperwork will be completed to give to the transport officer. [5-6A-4351]
 - a. Master Control Officer will contact local Emergency Ambulance Services after being notified by medical staff.

NOTE: The Medical Contractor maintains prearranged agreements with local ambulance provider for emergency transport services.

- b. The Chief of Security or Shift Supervisor will arrange for the expedient entrance and exit of emergency vehicles.
- c. The Shift Supervisor will ensure that an escorting officer is assigned and available when the ambulance arrives.
- d. The Shift Supervisor will be responsible for ensuring that emergency transports are in accordance with related security and custody policies and procedures.

K. On-Site Ancillary Services:

1. Health Services provide on-site ancillary services in the following specialty areas to include physical therapy, optometry, radiology, infectious disease, orthotics and prosthetics. All specialty services are ordered by the responsible physician and documented in the medical record.
2. Physical therapy services are provided by a licensed physical therapist.
3. A licensed optometrist provides on-site optometry services.
4. A licensed radiology technician is available.
5. An infectious disease physician is on site or available through telemedicine quarterly to interview inmates, monitor treatment, and consult with the Medical Director regarding the treatment plans of inmates.
6. An orthotics specialist is available to interview inmates and fit orthotic and prosthetic equipment as needed.
7. All providers document the inmate medical encounter in the medical record on the appropriate forms.

L. Prosthetic Services:

1. Medical, dental and other aids to impairment (eyeglasses, hearing aids, dentures, wheelchairs, and other prosthetic devices) are provided when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.
2. For medical prosthesis consideration, the following steps shall be followed:
 - a. Inmates in need of prosthesis, orthoses, or other aids to impairment will be identified during the intrasystem transfer screening process and at any time during their incarceration.
 - b. Written physician or dentist recommendations will be documented in the inmate's

medical record.

- c. Requests will be reviewed and approved by the collegial review process led by the contract vendor Regional Medical Director for appropriateness and medical necessity.
- d. Documentation will be made in the medical record indicating approval by the responsible physician.
- e. When such devices are contraindicated for security reasons, the Health Services Administrator will work in conjunction with the facility administration to obtain alternatives so that the health needs of the inmate are met.
- f. Every effort will be made to expedite the care necessary for inmates to maintain their daily living activities, to include the performance of self care and personal hygiene.

M. Provision for Eyeglasses:

1. Medical adaptive devices, such as eyeglasses, are provided when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician. the inmate shall be referred to an optometrist for further evaluation only under the following circumstances:
 - a. Distant visual acuity of 20/40 or worse in both eyes.
 - b. Distant visual acuity of 20/40 or worse in one eye, even if the other eye is within the normal vision range.
 - c. Near visual acuity of 20/40 or worse in both eyes.
 - d. Near visual acuity of 20/40 or worse in one eye even if the other eye is within the normal vision range.
2. Inmates currently wearing prescribed eye glasses shall be evaluated by the Health Services staff during each biennial physical examination. Evaluation shall be done both with and without eye glasses. Referral to an optometrist for further evaluation shall be done only under the following circumstances:
 - a. Distant visual acuity of 20/40 or worse in both eyes.
 - b. Distant visual acuity of 20/40 or worse in one eye, even if the other eye is within the normal vision range.
 - c. Near visual acuity of 20/40 or worse in both eyes.
 - d. Near visual acuity of 20/40 or worse in one eye, even if the other eye is within the

normal vision range.

3. Eye glasses prescribed for an inmate, either by an optometrist or an ophthalmologist shall be provided by the medical vendor.
 - a. When providing an initial pair of glasses, the diopter correction must meet or exceed one of the following:
 - b. -1.00 Myopia (near-sightedness);
 - c. +1.00 Hyperopia (far-sightedness);
 - d. +/- .75 Astigmatism (distorted vision);
 - e. +/-1.00 Presbyopia (far-sightedness);
 - f. +/-10 degree axis (when the cylinder is 1.10 diopter or more);
 - g. +/-5 degree axis (when the cylinder is 2.0 diopters or more);
 - h. For bifocal lenses, a correction of .25 or more for far vision and 1.0 diopter or more for add.
 - i. If updating an existing prescription, the visual acuity must be 20/40 far vision, 20/50 near vision, or worse in the poorer eye, with the old glasses, or at least 3/4 diopter change in the prescription.
4. Frames for the eye glasses shall be chosen only from the styles provided through the contracted vendor.
5. The following non-prescription services, even if by inmate payment, shall not be available from the Health Services Department:
 - a. Eye glasses without prescription lenses.
 - b. Sunglasses.
 - c. Lenses with tints or photo-graying.
6. Inmates requesting sunglasses shall be referred to their Case-manager. Clip-on type sunglasses may be obtained through the Inmate Canteen at the inmate's expense, with the arrangements being made by the Classification Officer.
7. Contact lenses shall not be provided unless it is documented that the eye condition cannot be corrected by the use of eye glasses. These cases shall be dealt with on an individual basis by the designated authority in consultation with the Health Services Medical Director.

8. Eye glasses shall be provided only once every two years for an inmate unless documented change in the needed correction occurs. Cost of replacement or repair of glasses, whether necessitated by loss or breakage, shall be paid for by the inmate. The inmate shall be required to sign a debit memo for the cost of the repair or replacement which shall be authorized only upon receipt of payment from the inmate.
9. Artificial eyes shall be considered prosthesis.

N. Therapeutic Medical Diets:

Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated. [5-5C-4318]

1. The mid-level provider will record orders for therapeutic medical diets in the inmate's medical record and on the Medical Diet Order form, as they are prescribed.
 - a. The white copy of the diet order form will be filed in the inmate's NMCD file, the pink copy will be given to the inmate, and the yellow copy will be furnished to the food service provider. The food service provider will only accept original medical diet order forms.
 - b. The medical diet will be initiated at the next meal following the receipt of the diet order in the food preparation area. If this is not possible, the food service provider will notify the medical department of the delay.
 - c. Telephone transmittal diet orders will only be served for twenty-four (24) hours and must be followed up with a written diet order. The food service director or supervisor will log all telephone transmittal diet orders.
 - d. The food service provider and food service dietician will review the therapeutic diet plan and ensure the diets served are as ordered by the medical providers.
2. Non-formulary Diet Orders (diets not listed on the approved diet order form) require approval from the medical vendor, NMCD Medical Director(s), and the Food Service Dietician within seventy-two (72) hours of the diet request. The Director of Nursing will be responsible for routing the written diet order to the NMCD Medical Director. Once approved, the Food Service Director will be responsible for routing the diet order to the dietician. Carbon copies of the approved diet will be distributed appropriately. Substitutions or variations will be documented to ensure nutritional requirements have been met.
3. All diets issued will be reviewed every ninety (90) days. The mid-level provider will order the diet continued, revised, or discontinued on the diet order form and forward the yellow copy to the food service provider.
 - a. The health services provider will maintain an accurate diet list to track ninety (90) day review dates.

4. The institutional physician, dentist, physician's assistant, or nurse practitioner shall explain to the inmate that a modified diet has been prescribed, the reason for the prescription, consequences for refusing the diet, and check the box at the bottom of the **Medical Diet Order** form (*CD-170101.1*) and have the inmate initial in the space provided as part of inmate education.
5. Inmates must show picture identification before receiving meals or snacks in any areas outside their assigned cells (i.e., dining halls, medication lines, etc.)
6. The food service provider will provide signature sheets for inmates who are on medical diets to track delivery and pick-up of meals and diet compliance. The medical vendor will review signature sheets at least twice a month. If an inmate fails to pick-up or accept twenty-five (25%) percent of his prepared diet meals

during a week, the mid-level provider will provide nutritional counseling and have the inmate sign a refusal form if he or she still refuses to adhere to the prescribed diet.

O. Loaned Medical Equipment:

1. Certain medical equipment items shall be maintained in the Health Services unit and may be loaned to inmates when needed for treatment of specific medical problems.
2. Loan of these items shall be governed by the following:
 - a. All such medical items shall be specifically prescribed for set period of time by the medical staff.
 - b. The inmate shall be required to sign a Health Services receipt form for the prescribed item thereby acknowledging receipt of the item.
 - c. For any item not returned or returned in a damaged condition, the inmate shall be responsible for the cost of repair or replacement of that item.
3. These medical items may include, but shall not be limited to, the following:
 - Walkers;
 - Canes;
 - Crutches;
 - Basins;
 - Braces (excluding the elastic support type);
 - Cervical collars;
 - Clavicle straps;
 - Splints;
 - Wheel chairs.

P. Care of Inmates with Chronic Medical Conditions: [5-6A-4359]

1. There is a written plan for the treatment of inmates with chronic conditions such as hypertension, diabetes and other diseases that require periodic care and treatment. The plan addresses the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review. The following conditions will be considered chronic in nature, and treated according with the specific chronic care guidelines, per standard of care:
 - Diabetes Mellitus;
 - Hypertension/Cardiac;
 - Asthma;

 - Gastrointestinal conditions, including inmates on H2 antagonists, anticholinergics, or antacids, and inmates with chronic cholecystitis/ cholelithiasis.
 - Seizure Disorders;
 - Tuberculosis;
 - Infectious Disease.
 - Special Needs;
 - Hepatitis C;
 - HIV;
 - Psychiatry.
2. The nurse will schedule inmates for chronic care clinic visits when a chronic disease has been identified. The site physician will periodically review and evaluate the inmate's status of control.
3. The treatment plan specifies the monitoring of medications, laboratory testing, and scheduling of chronic care clinics, health record form, and the frequency of specialist consultation.
4. The physician or his or her designee should evaluate all special needs inmates on a continuous basis. The physician will perform an assessment at appropriate intervals to determine the need for continued service or special treatment.
5. The site physician will review current medication profiles and ensures continuity of medications for chronic diseases.
6. Documentation of chronic disease management will be maintained in the inmate's medical record on the Chronic Clinic Encounter form.
7. The chronic disease management program will be monitored via the Continuous Quality Improvement Committee meetings.

Q. Communication on Special Needs Inmates:

1. Health Services will ensure that there is a consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: Housing

assignments (necessity for single-occupancy cells/rooms), program assignments; disciplinary measures; and transfers to other facilities. [5-2C- 4133] [5-6C-4399]

- a. Inmates with special needs will be identified and assessed by Health services during the Receiving/Screening and assigned to the appropriate clinic. There is consultation between the site administrator and the clinician prior to taking action regarding special needs inmates. Special needs inmates include the

following:

- The chronically ill;
 - Inmates with serious communicable diseases;
 - The physically disabled;
 - Frail or elderly inmates;
 - Inmates with serious mental health needs;
 - The developmentally disabled inmates; and,
 - Adolescents in adult facilities.
- b. In addition to identifying inmates with special needs during Receiving/Screening health services will also be responsible for notifying the correctional staff of changes in an inmate's status during routine clinical visits, treatments, and other examinations.
- c. Health Services staff will advise correctional staff of inmate's special needs that may affect housing, work assignment, disciplinary actions, program assignments, and transfers.
- d. When immediate action is required, consultation to review appropriateness of the action occurs as soon as possible, but no later than 72 hours.
- e. The classification of special needs inmates will be documented in the medical chart, on the medical chrono, or on the health services pass/lay-in forms.
- f. Special needs inmates are assigned to chronic care clinics.

R. Scheduled Medical Procedures: [5-6C-4398]

1. When an elective medical procedure is recommended by the Medical Director, the physician schedules a case consultation with the contract medical vendor utilization management for collegial review. The physicians determine the appropriate plan of treatment. If the referral request is not agreed to by the utilization management physician, the non-approval may be appealed to the contract medical vendor utilization management department.
2. The health authority designee shall ensure that approved procedures are accomplished according to priority assessment.

3. Procedures which cannot be accomplished at the facility shall be scheduled at an off-site facility.
4. Scheduled medical procedures will not be delayed because of fiscal constraints when the following conditions exist:
 - a. When pain is a manifestation of the medical condition and the treatment of choice for the potential alleviation of the pain is a scheduled procedure.
 - b. When the deterioration in a person's health status associated with the progression in a chronic disease can be halted or significantly slowed by the scheduled procedure; or
 - c. When a disabling malady poses a life threatening or permanently disabling situation, or a significant constraint to the person's rehabilitation and the scheduled procedure is the treatment of choice.

S. Sexual Assault:

In the event of a sexual assault, health services staff will ensure that the victim receives prompt and appropriate medical intervention. The following procedure will be followed:

1. Emergency medical treatment will be provided by medical staff as needed. The Medical director or physician on call will be contacted to authorize referral to a Medical Center Emergency Room.
2. With the inmate assault victim's consent, he or she will be transported to a Medical Center by Security for examination, treatment and collection of evidence.
3. The Medical Director will review the treatment recommendations from the Medical Center and ensure the inmate victim receives the indicated prophylactic treatment and testing.
4. A mental health evaluation of the inmate sexual assault victim will be conducted by mental health staff as soon as possible after the assault to assess the need for crisis intervention and long term follow-up.
5. Healthcare staff will interact with the inmate assault victim in a neutral and non-judgmental manner. No circumstantial details will be solicited by the healthcare staff.
6. The collection of evidence from the perpetrator by the healthcare staff is not permitted.
7. The Health Services Authority or designee shall be responsible to contact the Warden or designee to ensure separation of the assault victim from his assailant.

T. Infirmery (In-Patient) Care: [5-6A-4352]

1. The site Medical Director contacts the Vendor Regional Medical Director regarding a potential inmate admission to the CNMCF Long Term Care Unit (LTCU).
2. The Vendor Regional Medical Director authorizes infirmery placement and determines bed availability. The Medical Director may contact the LTCU physician directly regarding infirmery bed availability at the Vendor Regional Medical Director's direction or absence.
3. The facility physician shall document in the chart: a clinical description of the problem; reason for infirmery admission; the admission order; medical problem and medications.
4. The Medical Off-Site Coordinator contacts the facilities Classification Supervisor to arrange inmate transportation.
5. The Medical Off-Site Coordinator contacts the Infirmery to advise them of transportation arrangements and necessary inmate information.
6. The Medical Off-Site Coordinator prepares the medical record for transport.

U. Intra-System Transfer:**1. Sending Institution:**

Non-emergency inmate transfers require the following:

- Health record confidentiality is to be maintained.
- Summaries, originals, or copies of the health record accompany the inmate to the receiving facility. Health conditions, treatments, and allergies should be included in the record.
- Determination of suitability for travel based on medical evaluation is made, with particular attention given to communicable disease clearance.
- Written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from the medical record.
- Specific precautions (including standard) are to be taken by transportation officers (for example, masks or gloves).

A medical summary sheet is required for all inter and intra system transfers to maintain the provision of continuity of care. Information included does not require a release of information form.

2. The Medical Records will accompany an inmate when transferred to another NMCD or private institution. The NMCD Transfer Check Off List will be completed and included in the transfer bag, indicating inclusion of the following items.
 - a. X-rays;
 - b. Current MAR in chart;
 - c. Current lab results in chart;
 - d. Medications included;

- e. Appliances included;
 - f. Multi-volume charts; and
 - g. Primary physician name.
3. The Medical Records shall be reviewed by the site Health Information Technician for completeness and medical authorization for inmate transfer.
 4. Each Medical Record to be transferred shall be recorded on a Medical Record Receipt and placed in a lockable record carrier by the sending medical staff person. The record transport bag is to remain locked at all times during transfer. The locked transport bag may only be opened by medical personnel.
 5. The Medical Record Chain of Custody is established with the following signatures on the Medical Records Receipt form:
 - a. Sending Medical Staff;
 - b. Transport Officer # 1;
 - c. Transport Officer # 2;
 - d. Receiving Correctional Staff; and
 - e. Receiving Medical Staff.
 6. The medical staff receiving the records shall break the lock, verify the presence of all files listed on the Medical Record Receipt, and mail the original Medical Record Receipt back to the sending facility medical unit.
 7. Copies of all Medical Records Receipts shall be kept on file in the Health Services Records Department.
 8. A summary of the Medical Records will be sent with an inmate transferring to a correctional institution outside NMCD, or discharging to the community without NMCD Probation/Parole supervision. The form is signed by the inmate and he or she receives a copy. The information is completed by a licensed nurse and contains the following:
 - a. Current medical needs;
 - b. Current medication;
 - c. Allergies;
 - d. Prostheses;
 - e. Recent hospitalizations; and
 - f. Current treatment plan recommendations.

NEW MEXICO CORRECTIONS DEPARTMENT
MEDICAL DIET ORDER FORM

INMATE'S NAME: _____ NMCD#: _____ FACILITY: _____ HOUSING UNIT: _____	1. NEW ORDER: _____ Effective Date: _____ Expiration Date: _____ (<i>less than 90-days</i>) 2. *REVIEW DATE: _____ (<i>every 90-days</i>) <input type="checkbox"/> Continue for 90-Days <input type="checkbox"/> Revise as written below <input type="checkbox"/> Discontinued as of: _____
--	---

*This form must be complete in its entirety by a Medical Provider. Diet Orders will be implemented by Food Service at the next meal following the receipt of the order. Verbal orders will only be honored for 24 hours. *Medical Diets must be reviewed at least every 90-days per CD-170101.*

Diets listed below are the only approved diets in the Diet Handbook. Non-Formulary Diets may be ordered, but require approval from the CMS and NMCD Medical Directors and a consultation with the Food Service Dietician (within 72 hrs).

Diet Prescribed	Applies to Breakfast, Lunch, or Dinner?			Instructions/Comments <i>(Note if the diet is in addition to a regular meal)</i>
	B	L	D	
<input type="checkbox"/> Cardiac Diet <input type="checkbox"/> 2200 Diabetic Diet w/snack <input type="checkbox"/> 2800 Diabetic Diet w/snack <input type="checkbox"/> Low Residue Reflux Diet <input type="checkbox"/> Pregnancy Diet <input type="checkbox"/> High Protein Diet <input type="checkbox"/> High Fiber Diet <input type="checkbox"/> Hypo Allergenic Diet <input type="checkbox"/> Dental Soft Diet <input type="checkbox"/> Renal Diet: Body Weight _____ Kg _____ <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Full Liquid (Broken Jaw) Diet <input type="checkbox"/> Finger Food Diet <input type="checkbox"/> Milk Intolerance Diet (mild/moderate) <input type="checkbox"/> Regular Sack Lunch <input type="checkbox"/> Non-Formulary Diet Order <i>(Requires review and approval)</i>				

Medical Provider Signature: _____ Date: _____

Inmate was informed that he or she must tell the food service staff member that he or she is picking up a medical diet tray, he or she must show picture ID, must sign for receipt of each medical diet tray, and medical staff will review the order every 90- days to renew or discontinue the prescribed medical diet. **Failure to pick up and sign for prescribed medical diet trays may result in cancellation of the medical diet.** Inmate's Initials: _____ (*Required for New Orders*)

Xc: White Copy NMCD Medical File, Yellow Copy Food Service, Pink Copy Inmate

Approved: NMCD

Medical Records Section 6

Form#606, 06/09/16

HISTORY FROM MEDICAL RECORD

Allergies: Yes No if yes _____ presently on Meds? Yes No

Chronic Clinics: _____

Weight _____ Temp _____ Pulse _____ Resp. _____ B/P _____

CHECK APPROPRIATE RESPONSE BOX BELOW

1. The nurse or provider must initial or sign the detention notice to indicate that the inmate has been evaluated.
2. When there is an altercation, a pre-lockdown form must be completed at the time that the inmate is evaluated for altercation. The nurse or provider will initial or sign the detention notice.
3. The Mental Health Department is to be given a copy of this form.

PHYSICAL OBSERVATIONS:

General Appearance Clean Neat Disheveled Dirty _____

SKIN

1. Turgor: Good Poor
2. Lacerations: Yes No
3. Confusion: Yes No
4. Bruises: Yes No

NEUROLOGICAL

1. Headache/Dizziness: Yes No
2. Speech: Yes No
3. Pupils: Yes No
4. Gait: Yes No

RESPIRATORY

1. Breath Sounds Yes No
2. Dyspnea: Yes No
3. Cough/Congestion: Yes No

PSYCHIATRIC

1. Orientation Person Place Time
2. Coherence of thought process:
 Organized Disorganized Logical Illogical

MUSCULOSKELETAL

1. Range of Motion:
Upper Extremities: Normal Limited
Lower Extremities: Normal Limited

3. Emotional State:
 Social Withdrawn Agitated Listless
 Anxious Fearful Negative Depressed

CARDIOVASCULAR

1. Rhythm: Regular Irregular
2. Edema: Yes No
3. Chest Pain: Yes No
4. Bleeding Tendencies: Yes No

4. THOUGHT CONTENT
 Visual Hallucinations Auditory Hallucinations
 Suicidal Thoughts Thoughts of harming others
- Medically appropriated for Seg: Yes No

GASTROINTESTINAL

1. Distention: Yes No
2. Constipation: Yes No
3. Nausea/Vomiting: Yes No
4. Abdominal Pain: Yes No

REFERRED FOR FURTHER EVALUATION
 Psych Services M.D.

GENTOURINARY

1. Flank Pain: Yes No
2. Burning/Frequency: Yes No
3. Discharge: Yes No

EXAMINER; _____

Title: _____

Date: _____ Time: _____

(All forms must be countersigned within 72 hours)

Provider Signature

Date: _____ Time: _____

Referred to Mental Health Date: _____ MH Provider Called: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
--

COMPLETE THE MEDICAL INCIDENT FORM FOR SECURITY

--	--	--	--

INMATE NAME

NMCD #

TIME

FACILITY

NMCD APPROVED: White copy to MEDICAL FILE, YELLOW COPY FAX AND SEND TO MENTALHEALTH SERVICES FORM #236

HISTORY FROM MEDICAL RECORD

Allergies: Yes No if yes _____ presently on Meds? Yes No

Chronic Clinics: _____

Weight _____ Temp _____ Pulse _____ Resp. _____ B/P _____

CHECK APPROPRIATE RESPONSE BOX BELOW

1. The nurse or provider must initial or sign the detention notice to indicate that the inmate has been evaluated.
2. When there is an altercation, a pre-lockdown form must be completed at the time that the inmate is evaluated for altercation. The nurse or provider will initial or sign the detention notice.
3. The Mental Health Department is to be given a copy of this form.

PHYSICAL OBSERVATIONS:

General Appearance Clean Neat Disheveled Dirty _____

SKIN

1. Turgor: Good Poor
2. Lacerations: Yes No
3. Confusion: Yes No
4. Bruises: Yes No

NEUROLOGICAL

1. Headache/Dizziness: Yes No
2. Speech: Yes No
3. Pupils: Yes No
4. Gait: Yes No

RESPIRATORY

1. Breath Sounds Yes No
2. Dyspnea: Yes No
3. Cough/Congestion: Yes No

PSYCHIATRIC

1. Orientation Person Place Time
 2. Coherence of thought process:
 Organized Disorganized Logical Illogical
 3. Emotional State:
 Social Withdrawn Agitated Listless
 Anxious Fearful Negative Depressed
 4. **THOUGHT CONTENT**
 Visual Hallucinations Auditory Hallucinations
 Suicidal Thoughts Thoughts of harming others
- Medically appropriated for Seg: Yes No

MUSCULOSKELETAL

1. Range of Motion:
- Upper Extremities: Normal Limited
- Lower Extremities: Normal Limited

CARDIOVASCULAR

1. Rhythm: Regular Irregular
2. Edema: Yes No
3. Chest Pain: Yes No
4. Bleeding Tendencies: Yes No

GASTROINTESTINAL

1. Distention: Yes No
2. Constipation: Yes No
3. Nausea/Vomiting: Yes No
4. Abdominal Pain: Yes No

GENTOURINARY

1. Flank Pain: Yes No
2. Burning/Frequency: Yes No
3. Discharge: Yes No

REFERRED FOR FURTHER EVALUATION

Psych Services M.D.

EXAMINER: _____

Title: _____

Date: _____ Time: _____

(All forms must be countersigned within 72 hours)

Provider Signature

Date: _____ Time: _____

Referred to Mental Health Date: _____ MH Provider Called: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
--

COMPLETE THE MEDICAL INCIDENT FORM FOR SECURITY

INMATE NAME	NMCD #	TIME	FACILITY

NMCD APPROVED: White copy to MEDICAL FILE, YELLOW COPY FAX AND SEND TO MENTALHEALTH SERVICES FORM #236



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170102 Psychiatry Services,	Issued: 8/3/05 Effective: 8/3/05	Reviewed: 8/31/20 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-170100*

PROCEDURE:

- A. Psychiatrist positions will be filled only by persons who have completed an accredited psychiatry residency training program and possess a license to practice medicine in the State of New Mexico.
- B. Psychiatry services will be provided following the NMCD Psychiatry Standards of Care and community standards of care which are to be considered minimum standards of care as many individuals require additional diagnostic evaluations, procedures, testing, documentation, and treatment.
- C. Psychiatrists and all employees in the Health Services Department involved in the coordination of psychiatry services will practice using a multidisciplinary treatment team approach to providing inmate care.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170103 Detoxification, Intoxication and Withdrawal	Issued: 8/3/05 Effective: 8/3/05	Reviewed: 8/31/20 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-170100*

PROCEDURE: [PPD 5-6A-4376]

- A. The Contract Vender Regional Medical Director and NMCD Medical Director will approve specific protocols for the observation and treatment of inmates undergoing withdrawal. Detoxification protocols are current and are consistent with current standards of care. Treatment of inmates under the influence of alcohol and other drugs will be consistent with standards of care.
- B. All inmates will be initially screened for dependence on or history of alcohol or drugs during the Receiving Screening process at CNMCF-RDC and NMWCF-RDC.
- C. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at CNMCF-LTCU or is conducted in a hospital or community detoxification center.
- D. Detoxification protocols will be initiated as soon as the potential for withdrawal is assessed.
- E. Inmates who experience severe, life-threatening intoxication, withdrawal or are deemed at risk for progression to more severe levels of intoxication or withdrawal shall be immediately transferred to the nearest licensed acute care facility. The following conditions indicate such a progression:
 1. Nausea and/or vomiting;
 2. Tremors, tremulousness or agitation;
 3. Known drug abuser;
 4. Past history of seizure and drug abuse;
 5. Auditory and/or visual hallucinations;
 6. Sweating, fever, fast pulse;
 7. Seizures; and
 8. Confusion.
- F. Inmates who are deemed as needing detoxification will be housed at CNMCF-LTCU until detoxification is complete.
- G. Pregnant inmates who have a history of opiate use will be referred to the responsible physician for the appropriate assessment and treatment.
- H. Newly arrived inmates who are currently using methadone as a form of treatment will be evaluated and assessed by the responsible physician for the appropriate treatment plan.
- I. Initial and ongoing assessment will be conducted and documented on an approved form and placed in the inmate's health record.



**NEW MEXICO CORRECTIONS DEPARTMENT
HEALTH SERVICE REQUEST FORM**



NAME _____ DATE OF REQUEST _____ / _____ / _____

NMCD # _____ DOB _____ / _____ / _____ SITE _____ UNIT _____

NATURE OF PROBLEM OR REQUEST (BE SPECIFIC) _____

I consent to be treated by Health Care Staff for the condition described.

Inmates Signature and Date _____

DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

	Date	Time	Initial
Received			
Triaged			

ALLERGIES

SUBJECTIVE: _____

OBJECTIVE: _____

VITAL SIGNS

T _____

ASSESSMENT: _____

P _____

R _____

PLAN: _____

BP _____

HT _____

EDUCATION: _____

WT _____

NURSING PROTOCOL NUMBER _____

BMI _____

NURSE'S SIGNATURE _____

DATE _____

TIME _____

REFER TO: PROVIDER MENTAL HEALTH NURSING CLINIC DENTAL ADMINISTRATOR

INMATE NAME	NMCD #	DOB	FACILITY
--------------------	---------------	------------	-----------------



FORMA DE SERVICIOS MEDICAS

NOMBRE: _____ FECHA: _____

NUMERO # _____ / _____ / _____ LUGAR _____ UNIDAD _____
ANO DE NACIMIENTO

EXPLICA EL PROBLEMA MEDICO: _____

Yo doy permiso para el tratamiento de el problema explicado arriba.

Firma del paciente y fecha

NO ESCRIBA DEBAJO DE LA LINEA

PONGA ESTE PAPEL EN EL CAJA MEDICA

	Date	Time	Initial
Received			
Triaged			

ALLERGIES

SUBJECTIVE: _____

OBJECTIVE: _____

ASSESSMENT: _____

PLAN: _____

EDUCATION: _____

NURSING PROTOCOL NUMBER _____

VITAL SIGNS

T _____
P _____
R _____
BP _____
HT _____
WT _____
BMI _____

NURSE'S SIGNATURE _____

DATE _____ / _____ / _____

TIME _____

REFER TO: PROVIDER MENTAL HEALTH NURSING CLINIC DENTAL ADMINISTRATOR

INMATE NAME	NMCD #	DOB	FACILITY
--------------------	---------------	------------	-----------------



Hepatitis C (HCV) Patient Kardex

NAME:				VACCINES:		
DOB:				*If Hepatitis B Surface antibody (anti-HBs) result is NEG, Hep B Vaccine is needed.		
NMCD#:				**If Hepatitis A total or IgG antibody result is NEG, Hep A Vaccine is needed.		
ECHOID#:				Hepatitis A Vaccine (2): YES NO		
DATE HCV+ DIAGNOSIS:				Date: _____ Date: _____		
PRIOR HCV TREATMENT:	YES NO			Hepatitis B Vaccine (3): YES NO		
PRIOR HCV TREATMENT: YEAR/DRUG	YEAR:	DRUG:	Date: _____ Date: _____ Date: _____			
TREATMENT: START DATE/END DATE	START:	END:				
SUSTAINED VIRAL RESPONSE:	YES NO	SVR DATE:	Hepatitis A&B (Recombinant) Vaccine (Twinrix) (3): YES NO			
PRIOR HCV TREATMENT: YEAR/DRUG	YEAR:	DRUG:	Date: _____ Date: _____ Date: _____			
TREATMENT: START DATE/END DATE	START:	END:				
SUSTAINED VIRAL RESPONSE:	YES NO	SVR DATE:				
	YEAR:	YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
	FACILITY:	FACILITY:	FACILITY:	FACILITY:	FACILITY:	FACILITY:
LABS	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
APRI Score	SCORE:	SCORE:	SCORE:	SCORE:	SCORE:	SCORE:
Hepatitis B Core antibody (anti-HBc)	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG
Hepatitis B Surface antigen (HBsAg)	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG
*Hepatitis B Surface antibody (anti-HBs)	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG
**Hepatitis A total or IgG antibody	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG	<input type="checkbox"/> POS <input type="checkbox"/> NEG
HCV Genotype						
HCV RNA Quant						
HCV NS5A Drug Resistance						
ASSOCIATED MEDICAL CONDITIONS						
Ascites	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Varices	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Known Cirrhosis	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Known Organ Transplant	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Known Hepatocellular Carcinoma (HCC)	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
DIAGNOSTICS	Result/Date	Result/Date	Result/Date	Result/Date	Result/Date	Result/Date
Fibroscan Score						
Ultrasound: Abdomen						
Ultrasound: Liver/Spleen						
Ultrasound: Liver Only						
EGD (Esophagogastroduodenoscopy):						

NEW MEXICO CORRECTIONS DEPARTMENT
DISCHARGE INSTRUCTIONS



CURRENT MEDICAL NEEDS: _____

CURRENT MEDICATIONS: _____

NARCAN EDUCATION PROVIDED: _____ YES _____ **Provider initials**

ALLERGIES: _____

PROSTHESES: (type) _____ EYEGLASSES: _____ Yes _____ No

RECENT HOSPITALIZATIONS: _____

CURRENT TREATMENT PLAN RECOMMENDATION(S): _____

Medical Staff Signature

Date

I have received, reviewed, understand and can verbalize the above information.

 Inmate Signature

Patient Name	NMCD#	DOB	Facility

NMCD Approved Rev. 8/12/19	Copy to Medical Record Section 2	NMCD Form #210 Discharge Instructions
-------------------------------	----------------------------------	--