What Jail Nurses Do with Definitions

CONSULTATIONS/MEETINGS

1) Communication with criminal justice system
    - Jail Administrator
    - Sheriff, Chief Deputy, Deputies
    - State Troopers
    - Court system
        - Probation Officer
        - Child support/protection
        - Adult Mental Health Workers
        - Court Administration, Judges
    - Tribal Police

2) Clinic time with physicians
    - Off Site visits Only
        - Meet with physicians, dentist etc to establish and maintain facility standing orders
        - Communications by phone, fax, email
    - On site Physicians and other providers
    - Communicate with pharmacists

3) Arranging outside appointments

Calls to/from clinics, hospitals, mental health units/clinics, psychological evaluations, treatment issues, court ordered assessments, physical/occupational therapy, eye and dental appointments, special needs- i.e. Dialysis, Veterans Administration

4) Referral to non-medical services
    - Other County Agencies
        - Public Health Programs, Welfare Benefits, Social Services etc.
    - Within the jail
        - Programs (NA, AA, Religion Classes
        - Special diet issues

5) Approval for medical services when boarding in/out
    - Contact by telephone, fax, mail to other jail nurses
    - Other health care providers, facility providers, facility physician, etc
    - Transferring information, release of information forms etc

Speaking with Jail Administrator that an inmate of ours is boarded out and needs medical care. Send the inmate to housing agency's physician or bring inmate back to our facility and send to our doctor

Needs to consider: Upcoming court dates, current jail populations (is there room to bring the inmate back)

6) Medical conversations with correctional staff

Staff initiated first aid for inmates and follow up- fights etc.

Special accommodations- Vulnerable Adults, complicated medical problems

Diabetics and Chronic diseases

Status of inmates- intoxication, drug and alcohol withdrawal issues

Instructing Staff on new task procedure etc

Staff asking for personal medical information

7) Asking for medical history/ Giving medical history

Passing information back and forth between jails, physicians, dentists and family members

8) Critical incident committee meetings

Debriefings after in-house incidents

Consultation with staff, administration, health services supervisor

9) Outside meetings

Special Committees

Jail Nurse Meetings

Public Health Meetings

Trainings, seminars, conferences

MEDICAL ISSUES

1) Health appraisal

Done on inmates with chronic nor persistent medical conditions within 14 days of admission

Review medical screening

History and chief complaint

Administration of test/exams as needed

Initiation of treatment as needed

Referrals to/communications with providers

Documentation

Discharge planning as indicated

2) Sick Call

Screening of medical complaints

Administration of test/exams as needed

Initiation of treatment as needed

Referrals to/communications with providers

Documentation

3) Problem inmates i.e. drug seeking

Nursing management and care of inmates making multiple demands for service and attention

History of prescription and illicit drug use

Follow up visits to assess status and reinforce appropriate behavior and use of health services
Referrals/communications with providers as indicated
Care plan if more than one nurse comes to the jail
Ensure there is a policy regarding narcotics
Documentation
Discharge planning if indicated

4) Chronic care follow-ups
Nursing care and management of the inmate with a chronic health condition
Health appraisal
Regular follow-up visits with jail nurse for status checks, tests and examinations, monitoring of prescriptions, treatment regimens and service coordination
Regular communication with providers
Scheduling appropriate medical, psychiatric appointments
Prescription medication management including ordering
Documentation
Discharge planning if needed

5) Triage
The identification and prioritization of an inmate's healthcare needs based on:
The severity of the illness/injury
Intervention needed
Need for ongoing assessment

6) Dressing changes/Wound Care
Nursing assessment and care for inmate lacerations and/or puncture wounds
May include:
Assessment of wound
Cleaning wound
Applying dressing
Patient education of infection control and self-care
Scheduling follow up visits
Follow up communications with providers
Documentation
Discharge planning

7) Immunizations (this is not usually done at the jail)
Client education and informed consent
Immunization administration
Documentation
Communication with providers as needed

8) TB screening

The screening of;

Corrections staff

Symptomatic inmates

Inmates in custody for 14 days

Screening may include:

Determining if a Mantoux was done at a previous placement

Client education

Client TB exposure history, screening history and signs and symptoms

Mantoux application and assessment as needed

Documentation

Referral

Follow up with public health or MN Dept of Health

9) First aid

Immediate and temporary aid provided to a sick or injured inmate

10) Health Education

The process of informing inmates and staff of how to achieve and maintain good health, of promoting environmental and lifestyle changes to facilitate their objectives.

May include:

Assessment of health issues/needs

Obtaining and/or developing appropriate and indicated health education materials and information

Communicating the information to the inmate or staff member

Evaluation of how well they understand the information

Ongoing assessment and reinforcement of health education

11) Dental assessments

The assessment of an inmate's urgent dental complaints and emergent status

May include:

Responding to complaints of pain and swelling

Chief complaint and relevant history

Oral exam

Initiation of treatments and medications as indicated

Referrals to/communication with dental provider

Coordinate follow up visits

Client education

Documentation

Discharge instructions

12) Medical and psychiatric testing

The process of obtaining biological specimens from an inmate for laboratory testing.

May include:

- Obtain order
- Client education
- Test
- Transfer specimen to appropriate lab
- Obtain results and communicate to provider
- Communicate results to inmate
- Coordinate prescriptions, interventions and/or treatments
- Documentation

13) Transport labs

The transportation of labs specimens in appropriate containers and appropriate mode of transportation.

14) Suicide risk assessments

The process of evaluating an inmate for risk of suicide attempts

May include:

- Nursing assessment of mental and emotional state
- Determine past history of suicide attempts
- Evaluation of risk
- Coordinate emergency psychiatric evaluation
- Communicate with corrections staff
- Inmate placed on suicide watch per jail policy
- Follow up as indicated
- Documentation
- Discharge planning

15) Alcohol/Drug withdrawal

Nursing care and management of an inmate going through alcohol and/or drug withdrawal

May include:

- Nursing assessment
- Withdrawal checks per jail policy
- Coordinate transfer to Detox or emergency room
- Communication with treatment providers
- Documentation

16) Calls at home

Providing “on call” assessment, triage and instruction related to inmate health concerns to corrections staff per facility policy.

17) Scabies/Lice

Dealt with per facility policy

MEDICATIONS

Medication delivery (This is sometimes done by line staff and sometimes done by nurses)

Staff will verify the identity of the inmate. Staff will then give the inmate the appropriate medications and observe the inmate swallow it. Staff should inspect their mouth to ensure they swallowed it.

Medication Identification and verification

If an inmate arrives at the facility with their own medication, this medication will need to be verified before administering. This will be verified by using one or more of the following methods:

- A drug reference text that identifies the medication
- Contact the dispensing pharmacy or the physician that prescribed the med
- Contact your contract pharmacy

All medication labels must include the following:

- Inmate's name
- Date prescription was filled and an expiration date
- Name of medication
- Prescribed dose and intervals given
- Directions for administering the med
- Prescription number
- Doctor's name
- Dispensing pharmacy information

Medication destruction

The facility must have a policy regarding destruction of medications. The staff must document what med was destroyed, who destroyed it, any witnesses and the number of pills destroyed. There should be at least 2 people there when destroying medications. Follow state pharmacy guidelines for medication destruction. Some controlled drugs are taken to the pharmacy to be destroyed.

Medication delivery monitoring/audits

Have a quality assurance plan in place to periodically check on how staff are doing in medication administration.

- Medication sheets should be audited on a regular basis (recommend weekly)
- Develop a medication audit form
- Recommend that there be codes for priority medications

Medication error follow-ups

All facilities should have a form to be filled out in the event of a medication error. If one of the following occurs it is considered an error:

- Wrong inmate given the medication
- The inmate was given the wrong medication

The medication was given at the wrong time
The wrong dosage was given
The medication was given by the wrong route
There is no documentation regarding whether or not the medication was given

Someone should discuss the medication error with the staff.

Make up medication sheets

Some Medication Administration Records (MAR) are filled out by correctional staff some by nursing staff. The MAR includes:

Name
Allergies
DOB
Inmate # (if applicable)
Name of medication
Prescription number
Starting count
Dose
Frequency
Route
Start and Stop dates
A place to initial that meds have been given (some facilities have a spot for the staff and the inmate)
Codes to indicate why they were not given

Preparing medications that are being transferred between facilities.

Returning medications to pharmacy

This will be determined between the pharmacy and the facility

Picking up drugs at pharmacy

Setting up medications

Preparing the medications that need to be administered

Refilling medications

Ensuring that the prescription is still current and there are refills remaining. If no refills, someone needs to contact the prescribing doctor or the facility doctor to determine if the medication will be continued

MISC
Ordering medical supplies
Stock and check first aid kits
Approving and ordering special diets
Health inspections
O2 administration staff and inmate
Management of AED

PAPERWORK
Statistic reporting
Chart audits/Quality improvement project
Form development
Documenting medical care
Medical paperwork and filing
Medical billing
Reviewing bills
Insurance coverage verification
Getting release of information forms signed
Writing and approving policy and procedures

TRAINING
Training regarding upcoming issues
Infection control training
1st responder training
Conferences
Medication delivery training
Suicide prevention training