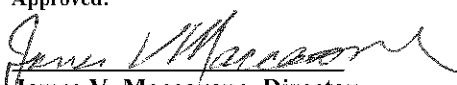


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: Admission Health Screening and Assessment		Policy Number: 15
Number of Pages: 5		Section: XI
Attachments	Related Standards & References	
Nursing Intake Form XI.15.A Admission Log XI.15.B Hearing / Vision Screen Form XI.15.C Medical Record Request Log XI.15.D Initial Admission Screening Tool XI.15.E	ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-01, 4-JCF-4C-16, 4-JCF-4C-41	
Effective Date: 06/09/06 Revision Date: 03/01/07, 04/16/08, 09/10/08 ,05/01/11, 11/01/13 Review Date: 11/1/14, 11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that an intake medical, dental and mental health screening commences upon the youth's arrival at the facility by health care personnel.

The responsible physician/dentist/psychiatrist in cooperation with the Health Authority establishes written procedures and screening protocols. All findings shall be recorded on a form approved by the Director of Medical Services. The Nursing Intake Form XI.15.A includes at least the following: (4-JCF-4C-01)

Inquiry into and assessment:

- History of chronic illness and serious infectious or communicable diseases, including symptoms and treatment;
- Obstetrical/Gynecological history and current pregnancy status;
- Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use;
- Current illness and health problems, including infectious or communicable diseases;
- Current medications;
- Current or history of dental problems;
- Surgery History
- Hospitalization History
- Family Health History
- Physical Description
- Identifying Marks
- Allergies
- Recording of height, weight, and vital signs (pulse, blood pressure, pulse oximetry and temperature);

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- The possibility of pregnancy;
- Mental health problems including history of self-injurious and/or suicidal behavior, inpatient and outpatient psychiatric treatment, alcohol and other drug use, and/or treatment for alcohol and other drug use; current suicide ideation, mental health complaint, treatment for mental health problems, and/or prescribed psychotropic medication.

Observation of:

- Behavior, including state of consciousness, mental status, general appearance, conduct, tremor, and sweating;
- Body deformities and ease of movement;
- Condition of skin to include any trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse; and
- Current symptoms of psychosis, depression, anxiety, and/or aggression.

Disposition of youth:

- Cleared for general population;
- Cleared for general population with appropriate referral to medical and/or mental health services;
- Referral to appropriate medical and/or mental health care service for emergency treatment; and/or
- Youths, who are semiconscious, bleeding, or otherwise obviously in need of immediate medical attention upon admission, are directed to an emergency department or personal physician. When they are referred to an emergency department, their admission or return to the facility is dependent on written medical clearance from the emergency department's physician report.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Health Care Personnel – an individual, whose primary duty is to provide health, dental or mental health services to youth in keeping with their respective levels of education, training, and experience. The individual is licensed in the State of Mississippi without restriction to practice nursing, medicine, dentistry, or psychiatry.

III. PROCEDURE

A. At the time of intake to the facility, each youth shall receive a health screening and health history by nursing personnel. This shall be documented on the Nursing Intake form XI.15.A. (4-JCF-4C-01)

The nurse shall also place the youth's name on the Admission Log XI.15.B

1. The admission nurse shall also document the youth's arrival and any significant medical findings in the youth's health record, Interdisciplinary Progress Notes XI.8.A

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2. The admission nurse shall complete a female health history on all female youth admitted.

A urine pregnancy test upon arrival, seven (7) days after admission and the day of parole shall be performed.
3. Youth presenting with medical, dental and mental health findings shall be referred to the facility physician, dentist, psychiatrist, for a timely evaluation and/or emergency treatment. (4-JCF-4C-01)
 - a. Indications of a significant level of psychological distress in a youth shall result in immediate referral to mental health staff.
 - b. Positive responses to questions concerning suicidal/homicidal ideation shall result in immediate referral to mental health staff for a risk assessment pursuant to the Policy Suicide Prevention and Response.
 - c. Youth who are currently taking or are supposed to be on psychotropic medication shall be referred to and be seen by the psychiatrist within seven (7) business days.
 - i. Any youth who arrives with a current supply of medications, the medication shall be continued, using the medications brought by the student (after an identification of the medications is completed) until which time the student is evaluated by the psychiatrist and a decision is made to either stop, continue or change the medication.
 - ii. If a student claims to be currently on psychotropic medication yet brings no medication or prescription a phone call shall be made to the parent/guardian for confirmation. Then if appropriate a phone call will be made to a facility psychiatrist for orders.
4. The admission nurse reviews all health records that are received from the Court, parent or guardian.
 - a. If the necessary medical information is not received from the Court, the clinic staff shall be responsible for contacting the community counselor and requesting this documentation. Documentation of this request is noted in the youth medical record, Interdisciplinary Progress Notes.
 - b. Immunization history shall be printed from the Mississippi Department of Health Immunization website. Refer to policy XI.36, Immunization Program
 - c. Pertinent medical, dental and psychiatric records shall be ordered by; completing a Release of Information Form XII1.A, documented on the medical records request log (Form XI.15.D) a follow up request sent in 14 days if records not received.

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5. Vision screening shall be completed by nursing personnel on all youths during the intake process. The nurse completing the screen shall document results on the Hearing and Vision Screening Form XI.15.C. Refer to policy XI.18, Optometry Services.
 - a. When a referral is made by the facility physician refer to policy XI.25, Medical Consultation and Hospitalization.
 - b. The facility physician shall review, sign and date the Hearing and Vision Screening Form.

This form shall be maintained in the youth's medical record.

6. Hearing screening shall be completed by nursing personnel on all youths during the intake process. The nurse completing the screen shall document results on the Hearing and Vision Screening Form XI.15.C.

- a. The facility physician shall review, sign and date the Hearing and Vision Screening Form.

This form shall be maintained in the youth's medical record.

- i. If the youth fails any part of the hearing screen, the test must be repeated in 2 (two) weeks.

- ii. If the youth fails any part of the repeat hearing screen, the nurse who performed the hearing screen shall present the health record to the facility contract physician for appropriate referral.

- b. When a referral is made by the facility physician refer to policy XI.25, Medical Consultation and Hospitalization.

7. Dental screening shall be completed by nursing personnel on all youths during the intake process. Refer to policy XI.19, Dental Screening and Examination.

- B. The Director of Medical Services/designee shall be notified when a youth reports any of the following conditions, regardless of the youth's condition, upon admission:

- Asthma requiring scheduled medications
- Blood Disorders
- Cardiovascular Disorders
- Cancer
- Diabetes
- Hepatitis A, B, or C
- Hypertension
- Immunodeficiency
- Pregnancy
- Recent Head Injury (actual or suspected)
- Renal Disorders
- Seizure Disorder
- Severe Allergies

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- Other severe chronic or critical medical conditions requiring close medical supervision
- History of Tuberculosis or currently undergoing treatment (youth with symptoms of active disease shall not be placed in general population until procedures have been followed to determine whether additional clinical testing is necessary).

The nurse shall initiate the Medical Problem List Form XI.20.A, when a youth presents with a chronic problem as outlined above. Refer to policy XI.20, Special Health Needs Programs and Health Care Treatment Plans.

- C. Upon arrival at the facility, all youth shall be informed about how to access health services. This information shall be communicated orally and in writing to youths on arrival at the facility, and conveyed in a language that is easily understood by each youth. When literacy, language problem, or physical handicap prevents a youth from understanding oral and written information, a staff member or translator shall assist the youth. Documentation of instructions given shall be maintained in the youth's health record. (4-JCF-4C-05) Refer to policy XI.13, Access to Health/Mental Health Care.
- D. Directions for facility personnel regarding their roles in the care and supervision of the youth is in written form. The nurse shall complete the Health Care Plan and Medical Instructions Form and distribute to all appropriate staff areas. (4-JCF-4C-16) The nurse shall only provide information to staff that address the medical needs of the youth as it relates to housing, programming, placement, security, and transport. (4-JCF-4C-41) Refer to policy XI.20, Special Health Needs Programs and Health Care Treatment Plan.
- F. The Director of Medical Services shall revise this policy as necessary.