I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that special health programs shall be provided for youth requiring medical supervision and monitoring. (4-JCF-4C-16)

The Director of Medical Services shall share with the administrator information concerning a youth’s medical management when necessary to preserve the health and safety of a youth, other youth, staff, volunteers, and or visitors. A written individual treatment plan with directions to health care and other personnel regarding their roles in the care and supervision of the patient shall be developed by the appropriate physician, dentist, or psychiatrist. Information provided to staff shall address only the medical needs of the youth as it relates to housing, program placement, security, and transport. (4-JCF-4C-16, 4-JCF-4C-41)

Medical or dental adaptive devices shall be provided as determined by the physician or dentist. (4-JCF-4C-20)

II. DEFINITIONS

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

**Acute Illness** - A condition that requires care and treatment over a short period of time (less than three months) and is not a chronic illness.

**Chronic Illness** - A condition/s that requires care and treatment over a long period of time and usually is/are not curable. The goal is to restore and maintain person’s activities of daily living to the extent possible. Examples of chronic illness include but are not limited to: asthma and diabetes.
Medical Treatment Plan — A written, individualized medical treatment regime, developed by the contract physician, dentist for a specific youth, which defines and addresses his/her special health needs.

Special Needs Program(s) — A program(s) that serves a broad range of youth health conditions and chronic illnesses that require health personnel to design a treatment plan tailored to the individual youth’s needs.

III. PROCEDURE

A. Youth with special health needs requiring medical supervision and monitoring include, but are not limited to, the following:

- Asthma requiring scheduled medications
- Cardiovascular Disorders
- Cancer
- Diabetes
- Hepatitis A, B, or C
- Hypertension
- Immunodeficiency
- Pregnancy/OB-GYN
- Recent Head Injury (actual or suspected)
- Renal Disorders
- Seizure Disorder
- Tuberculosis, history of, 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)
- Other severe chronic and critical medical conditions requiring medical supervision and monitoring
- Acute medical conditions requiring medical supervision and monitoring (i.e., fractures, lactations requiring sutures, wisdom teeth removal, surgical intervention)

B. When a youth presents with any of the conditions listed above a nurse shall document the condition on the Medical Problem List Form XI.20.A. This Form shall be initiated at admission or when the condition is identified, updated as needed, and reviewed on release. The Medical Problem List Form is maintained in the youth’s health record.

C. When a youth requires medical supervision and monitoring, including acute, chronic and convalescent care, a written individual medical treatment plan for health care personnel to include periodic care, treatment, monitoring of medications, laboratory testing, and specialist consultation and review, as needed and direction to other personnel regarding their roles in the care and supervision of the youth shall be developed by the appropriate Physician, Dentist or Psychiatrist. (4-JCF-4C-16)

1. The Medical Treatment Plan shall be documented within the youth’s health record by use of the Physical Exam Form XI.16.A and/or the Interdisciplinary Progress Notes Form XI.8.A. The physician/practitioner and dentist to document direction for health care personnel shall utilize the Doctor’s Order Form XI.14.A. The written order should include periodic care, treatment, monitoring of medications, laboratory testing, and specialist consultation and review, as needed.
a. In developing the medical, dental treatment plan the physician or dentist shall examine all relevant documentation.

b. The Physician, Dentist and Psychiatrist shall have access to all facility documents.

2. Nursing personnel shall review each treatment plan and doctor’s order to ensure order transcription and delivery of care.

a. Directions for the facility staff regarding their roles in the care and supervision of the youth shall be in written form. The nurse shall complete the Health Care Plan and Medical Instructions Form XI.20.B and distribute it to all appropriate staff areas. (4-JCF-4C-16) A copy is maintained in the youth’s health record.

b. The Nurse shall note any information provided to staff. Information provided shall address only the medical needs of the youth as it relates to housing, program placement, security, and transport. (4-JCF-4C-41)

c. Nurses shall utilize standard nursing care plans when appropriate. The youth’s nursing care plan shall be individualized and shall address the medical/dental problem, the interventions and an evaluation of the outcomes. The nurse initiating the nursing care plan shall document the dated initiated and projected stop date. All nursing care plans shall be updated as needed by a designated nurse.

D. Medical or dental adaptive devices shall be provided as determined by the Physician or Dentist. (4-JCF-4C-20) Refer to policy XI.18, Optometry Services and policy XI.19, Dental Screening, Examination and Services.

F. The Director of Medical Services shall revise this policy as necessary.