1.0 **PURPOSE**

The purpose of this policy is to establish uniform guidelines for correctional facilities that provide infirmary services to inmates.

2.0 **REFERENCES AND DEFINITIONS**

.1 References

a. Hawaii Revised Statutes, Section 26-14.6, *Department of Public Safety*; and Section 353C-2 *Director of Public Safety, Powers and Duties*.


.2 Definitions

a. **Admission**: A determination by a licensed physician, dentist or psychologist to place an inmate in the infirmary for the purpose of observation or treatment of health-related problems.

b. **Infirmary**: A room or rooms designated for the purpose of medical observation and/or nursing care of inmates, including those health care problems which may require observation or care in excess of an eight-hour period, but do not require admission to an acute care hospital.

c. **Health Authority**: The Clinical Section Administrator (CSA) is the Health Authority.

d. **Facility Branch Administrator**: The facility Branch Administrator is the Warden.

3.0 **POLICY**

.1 Facilities with infirmary services require twenty-four (24) hour nursing services.

.2 Patients in the infirmary shall always be within sight and sound of a correctional employee or nurse who is trained in Cardiopulmonary Resuscitation, rescue and first aid.
3. Infirmary patients shall be afforded dignified treatment that meets professional and community standards of medical and nursing care.

4.0 PROCEDURES

1. When an inmate housed in a facility without an infirmary requires infirmary care, the CSA shall contact the facility warden or designee to arrange for transfer to a facility with an infirmary. The sending CSA shall inform the Corrections Health Care Administrator (CHCA) and the receiving CSA. Once the inmate is discharged from the infirmary, the CSA shall notify the facility warden or designee to arrange the patient’s return to the sending institution.

2. The scope of infirmary services available on site shall be based upon the prevalence of disease or disabilities in the inmate population that might benefit from infirmary services.

4. No inmates shall be involved in the direct care of infirmary patients. Inmates can be used as aids after proper training. Examples of task assigned to an inmate aid are bed changes, janitorial duty, food service, feeding assistance, grooming and toileting assistance.

5. All admissions to the infirmary shall be by order of a licensed medical doctor, psychiatrist, dentist or psychologist. The on-call physician shall be contacted for an admission order when there is no physician on site. If the order is given by telephone, a written order must be provided within seventy-two (72) hours of admission.

6. Admission notes by a psychiatrist or medical doctor shall consist of a brief history and physical examination, admitting diagnosis and a treatment plan that may include diagnostic and therapeutic orders. When a dentist or psychologist authorizes the admission, the admission note shall consist of an admitting diagnoses and a treatment plan that may include diagnostic and therapeutic orders.

7. An admission nursing note shall be documented and shall include a nursing assessment, temperature, pulse, respiration, blood pressure, and if obtainable, current weight. A nursing care plan shall be initiated at the time of admission.

8. All infirmary notes shall be recorded on Form, DOC 0483, Multidisciplinary Infirmary Progress Notes (Attachment A) and integrated with the day to day Multidisciplinary Progress Notes in reverse chronological order.
.9 All acute care patients admitted to the infirmary shall:
   a. Be seen no less than three times weekly by a physician. The physician visits shall be documented on the infirmary progress notes.
   b. Have their vital signs (temperature, pulse, respiration, and blood pressure) recorded by a nurse at least daily or as often as determined medically necessary.
   c. Have a clinical note written by nursing staff no less than once per shift or as often as clinically necessary.
   d. A psychiatric social worker shall visit infirmary patients with acute psychiatric diagnosis five days a week. These contacts shall be documented.

.10 If an individual is admitted to the infirmary for health-related issues other than acute illness, his/her vital signs (temperature, pulse, respiration, blood pressure) shall be recorded at least weekly and a progress note must be written by the physician no less than weekly. A nursing note must also be recorded no less than daily.

.11 Only the medical doctor, psychiatrist, dentist or licensed clinical psychologist shall discharge patients from the infirmary. Dentists can only discharge dental patients and the psychologist can only discharge psychiatric patients. The discharging provider shall note discharge orders on the infirmary progress sheet. Follow up care and return to clinic visits shall also be noted in the discharge summary.

.12 All physician and psychiatrist shall begin infirmary notes with the phrase "MD notes." The dentist shall begin infirmary notes with the phrase "DDS note" at the top. Psychologists shall begin notes with "Psych note". Nurses shall begin notes with "Nursing note." The psychiatric social worker shall begin notes with “PSW note.” All other health providers shall identify their notes accordingly.

.13 The correct date and time shall be recorded for each entry made on the infirmary progress sheet. Each entry shall be signed and shall include the title of the provider, nurse or social worker.

.14 Infirmary nursing service shall be under the direction of a registered nurse.
5.0 SCOPe

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

[Signature]
Medical Director
OSEA 10/19/07

For

[Signature]
Health Care Division Administrator
10/23/07

Deputy Director for Corrections
10/24/07

APPROVED:

[Signature]
Director
10/29/07
## Infirmary Progress Notes

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