

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-G-02

SUBJECT: MANAGEMENT OF CHRONIC DISEASE

POLICY: The responsible physician shall monitor patients, who have a chronic illness or disease, at regular intervals to assure continuity and quality of care. Included among chronically ill patients, but not limited to, are the following: asthma/respiratory, diabetes, high blood cholesterol, HIV, hypertension, seizure disorder, and tuberculosis.

A written treatment plan will be developed and maintained and shall include the following: Medication, the type and frequency of diagnostic testing, and the frequency of follow-up and adjustment of treatment modality. The plan includes diet, exercise when appropriate, and adaptation to the correctional environment as appropriate for the individual patient's needs.

REFERENCE: NCCHC Standard P-G-01, Special Needs Treatment Plans
NCCHC Standard P-G-02

PROCEDURE:

If a patient is free from all signs and symptoms of a specific disease for one year without medication, they may be removed from that chronic special needs clinic.

ASTHMA / RESPIRATORY

A. Baseline

1. History: asthma overall severity, activity tolerance, recent medications, recent symptoms, nighttime symptoms, number of hospitalizations and emergency room visits, other risk factors.
2. Physical examination: respiratory system, observation and auscultation.
3. Laboratory: pulmonary function test or Peak Expiratory Flow Meter and theophylline level, if applicable.
4. Treatment: medication, if applicable, patient education, special needs (slow walk, lower tier, non-smoking area, etc.).

Management of Chronic Disease

B. Clinic

1. Frequency: at least every four months.
2. Requirements per clinic visit: interim history of symptoms, lung auscultation, Peak Flow Meter, theophylline level (if applicable), types and amounts of medication used past four months.
3. Treatment: note medication, patient education.

DIABETES MELLITUS

A. Baseline

1. History: IDDM vs. NIDDM, food and alcohol consumption, family history, medications and diet on streets.
2. Physical examination: To include funduscopic examination, brief circulation evaluation with attention to lower extremities, and brief neurological examination, to screen lower extremity sensation.
3. Laboratory: fasting blood sugar (FBS), hemoglobin Alc, triglycerides, cholesterol, BUN, and creatinine (Chem plus and HbA1C).

B. Chronic Needs Clinic

1. Frequency: at least every four months.
2. Requirements per clinic visit: blood pressure, weight, and review of Accu-check or other pertinent blood glucose data.
3. Treatment: note any changes in medication, diet, and patient education.
4. Annual clinic requirements: funduscopic examination and repeat baseline laboratory.

HIV

A. Baseline

1. History: obtain documentation of HIV status. Current symptoms. Any previous treatment for HIV disease or opportunistic infections. TB status, Hepatitis status, chronic medical conditions.
2. Physical examination: weight, temperature, blood pressure, funduscopic examination, lymphadenopathy, organomegaly, skin lesions, mental status, cough.
4. Laboratory: CBC, chemistry panel, CD4 count, viral load, RPR, Hepatitis B surface antigen, Hepatitis B surface antibody, Hepatitis C antibody.

Management of Chronic Disease

B. Chronic Needs Clinic

1. Visit every three months.
2. Lab requirements at each clinic are CBC, chemistry panel, CD4 count and viral load.
3. Annual clinic visits are the same as the quarterly visits.

HYPERTENSION / CARDIOVASCULAR

A. Baseline

1. History: presence of risk factors, family history, smoking, diet and exercise.
2. Physical examination: weight, cardiovascular system, blood pressure (sitting and standing), pulses, determination of presence of bruits, and fundoscopic examination (may be done by primary care practitioner).
3. Laboratory: electrocardiogram (EKG), BUN, creatinine, electrolytes if on diuretic medication, and cholesterol/triglycerides, LDL/HDL.
4. Treatment: medication, therapeutic diet (if applicable), patient education (diet, risk reduction, exercise, and smoking), and evaluation of special placement, program, and/or assignment needs (slow walk, lower tier, work restrictions, etc.).

B. Clinic

1. Frequency: at least every four months.
2. Requirements per clinic visit: examination of heart, weight, blood pressure, pulses.
3. Annual clinic requirements: same as Baseline.

SEIZURE DISORDER

A. Baseline

1. History: etiology and seizure history (frequency and types), obtain available documentation.
2. Physical examination: neurological examination, and if on phenytoin, observation for side effects.
3. Laboratory: anti-convulsant medication blood level and CBC.

Management of Chronic Disease

4. Treatment: anti-convulsant medication, patient education, and evaluation of special placement needs.
- B. Clinic
1. Frequency: at least every four months.
 2. Requirements per clinic visit: examination (neurological and observation for side effects and documentation of presence or absence); and laboratory (medication blood level), interim history
 3. Treatment
 - a. Anti-convulsant medication, as indicated.
 4. Annual clinic requirements: CBC

TUBERCULOSIS

See TB Protocol. Frequency: Intake and Yearly Screening.

Effective Date: _____

Revision date: August 2007

Supersedes P&P dated: November 2006