

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-04

SUBJECT: HEALTH ASSESSMENT

POLICY: The assessment of an individual inmate's health status provides the initial database for health care to be recommended during incarceration. Health assessment provides essential information for the diagnosis of health conditions that are preventable or treatable and continuity of care for chronic health conditions. The health assessment provides the database for inmate classification, which determines institution, work and activity assignments or restrictions, as well as the health care classification, which determines the frequency and content of follow-up health status assessments during incarceration. An initial Health Assessment will be done on all new inmates within one week of intake. Periodic health assessments will be done by patient request as indicated.

REFERENCE: OAR 291-124-030
NCCHC Standard P-E-04

PROCEDURE:

- A. Newly committed inmates and inmates who have not been incarcerated in the previous 90 days at a state-operated correctional facility will receive a full health status assessment as soon as possible but no later than seven (7) days of admission to include but not be limited to:
1. A review and collection of additional information to amplify any positive findings noted during receiving screening.
 2. Collection and review of laboratory and diagnostic tests to detect communicable disease, particularly tuberculosis and other communicable diseases as determined in consultation with the State Public Health Department.
 3. Recording and review of height, weight, pulse, blood pressure and temperature.
 4. A physical examination including, for women, a pelvic examination which includes a pap smear, gonorrhea culture and chlamydia. If indicated, pregnancy testing will be completed.
 5. Mental health screening.
 6. Dental screening.

Health Assessment

7. Review of health records information received from any correctional facility having custody of the inmate immediately prior to incarceration at an ODOC facility.
 8. A review of prior significant findings and problems identified by a community practitioner, if available.
 9. Initiation of therapy and immunizations when appropriate.
 10. Snellen test.
- B. The collection of laboratory and diagnostic tests may be waived if copies of the results of these tests are forwarded from the previous correctional facility to the DOC Health Services prior to the scheduled health assessment. TB screening is exempted from the above statement. (See TB Protocol)
- C. Inmates re-entering a DOC facility within ninety (90) days of release from a DOC facility will receive a modified health assessment to include but not be limited to:
1. Review of the health record.
 2. Review of receiving screening results.
 3. Collection and review of laboratory and diagnostic tests to detect communicable disease.
 4. Recording and review of height, weight, pulse, blood pressure and temperature.
 5. Review of health records information received from any correctional facility having custody of the inmate immediately prior to incarceration at an ODOC facility.
- D. The "hands on" health assessment is performed only by a physician assistant, nurse practitioner or a physician.
- E. The data collected and reviewed during the health assessment is recorded in the inmate's health record at the time the assessment occurs.
- F. Any housing, work, activity or other restrictions necessary because of a health condition are to be communicated to other correctional staff on the automated Health Status according to Procedure #P-A-08, Communication on Special Needs Patients.
- G. Any orders for further diagnostic evaluation, referral, and/or treatment of a health condition are prescribed on the order sheet and justifying information documented in the progress notes.

Health Assessment

- H. The inmate is to be informed of the results of the health assessment and recommendations for further evaluation, referral or treatment if any.
- I. Upon patient request, a periodic Health Assessment—which is based on medical guidelines—will be performed at a medically appropriate interval.
- J. After completion of the health assessment, identified special needs inmates are to be scheduled for continued care according to Policy and Procedure #P-G-01, Special Needs Treatment Plans.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: October 2006

Health Maintenance/Prevention

Date			
Age			
History Pertinent Present or past medical history Family History Habits (Drug, Alcohol, Tobacco) Interval History (Changes in health status, new symptoms)			
Recommended/Annual			
Blood Pressure/Pulse			
Weight or BMI			
Breast Exam (if applicable)			
> 50 years DRE and 3 hemoccults			
Men: Prostate exam >50 years or if at high risk >45 years *1			
Recommended			
Cholesterol/TG/HDL/LDL every 5 yrs starting at age 35-45 *2			
Immunizations *3			
Women: Vaginal Exam and PAP smear Q1-3 years *4			
Women: Mammograms Q 2 years *5			
Other (Less Recommended)			
Directed Physical Exam Thyroid, Heart, Lung, Vascular, Mouth, Skin and other exams for those at risk.			
Diabetes screening if patient obese, or with increased lipids or BP.			
Other/Individual/Reminders: STD Screening *6 Osteoporosis Screening *7 PSA (generally not done) *8 Advice/Guidance --Staying off drugs/tobacco/alcohol --MentalHealth/Stress/Depression/Safety --STD Prevention --Weight, diet, exercise --Calcium *9 , Aspirin *10 --Dental Care			
Plan			

General Principles:

Generally preventive health evaluations are by patient request. The Preventative health evaluation can be exhaustive in scope. Looking at and discussing the most important issues is key.

1. A directed examination can be useful but a “complete physical” is rarely needed.
2. Anticipatory guidance about Tobacco, Alcohol, and Drug addiction is key. These factors alone contribute to over 40% of the medical issues in our population.
3. Certain preventative measures have clearly been shown to be of benefit and should be done. These are summarized. Other preventive interventions are usually not done.
4. A more exhaustive look at preventative services is available from the US Preventative Services Task Force at <http://www.ahrq.gov/clinic/pocketgd.pdf>

Specifics:

The following summarizes recommendations for interventions from various national groups.

1. Directed physical exam:
 - a. Blood pressure and weight every 1-2 years.
 - b. Heart, lung, vascular, and mouth exams for smokers or those otherwise at risk.
 - c. Thyroid, breast, and vaginal exams for women.
 - d. Digital Rectal Exam and 3 consecutive stool hemocults annually for those over 50.
 - e. Prostate exam for those at high risk >age 45 (Blacks and/or strong Family History); >age 50 for those at average risk. *1
 - f. Further directed exam depending on Family History and Clinical Suspicion.
2. Labs and other routine testing:
 - a. Vaginal Exam with PAP smear annually if cervix is present. After 2 normals can get PAP and vaginal exam every 3 years. *4
 - b. Mammograms every 2 years starting at age 40. High risk patients (e.g. Sister or mother with early breast cancer, prior biopsy proven atypia, first childbirth after age 30) may benefit from more frequent screening. *5
 - c. Total Cholesterol, HDL, LDL every 5 years if normal baseline, starting at age 35 for men, age 45 for women. Some suggest starting at age 20 if high risk (multiple risk factors). *2
 - d. Chlamydia screening for women who are young and sexually active or otherwise at risk. Syphilis screening for those with other STD's or otherwise at risk. *6
 - e. Consider Diabetes screening if patient has hypertension, hyperlipidemia or obesity.
 - f. Possible screening for osteoporosis for women over 65. *7
 - g. PSA generally not indicated. Consider PSA if patient clearly high risk (Blacks and +Family History), but never without explicitly explaining risks and possible benefits. *8
3. Education—Always use the teaching moment.
 - a. Weight, Diet (especially Low Fat, High Fiber, Calcium intake), Exercise.
 - b. Habits, especially maintaining off drugs, alcohol, tobacco.
 - c. Mental Health, especially depression.
4. Interventions
 - a. Suggest Calcium intake (Men should get 1000 mg per day, women 1000-1500 mg). *9
 - b. Daily Aspirin therapy to prevent heart attack for those at risk (can use ATP and start at 3% five year risk or higher). Lower dose may be better, enteric not proven better. *10
 - c. Certain young high risk females may be candidates for breast cancer prophylaxis with Tamoxifen. *6
5. Immunizations *3
 - a. Twinrix (Hepatitis A and B vaccine) for those at risk, especially if history of drug abuse.
 - b. Influenza annually (varies as to supply and indications for use).
 - c. Pneumovax for those over 65, asplenia, or with serious medical conditions including immunodeficiency. Consider repeat every 5-7 years for those with asplenia or who are immunocompromised.
 - d. Tetanus immunization every 10 years.
 - e. MMR for those born after 1956. Consider second dose for youths under 25.

Oregon Department of Corrections
MEDICAL HISTORY

Check appropriate response. Explain all "yes" answers briefly; e.g., date of occurrence or diagnosis, type and length of treatment or prescription.

	YES	NO	COMMENT _____
1. Arthritis			_____
2. Eczema/Skin Condition			_____
3. Eye Disease/Blindness			_____
4. Thyroid Trouble			_____
5. Heart Trouble			_____
6. High Blood Pressure			_____
7. Emphysema/Asthma			_____
8. Stomach Trouble			_____
9. Hepatitis/Liver Disease			_____
10. Gall Bladder Problem			_____
11. Diabetes			_____
12. Kidney/Bladder Problem			_____
13. Prostate Trouble			_____
14. Rectal Bleeding/Hemorrhoids			_____
15. Epilepsy			_____
16. Mental Health Problem			_____
17. Cancer			_____
18. Blood Disorder			_____
19. HIV			_____
20. Sexually Transmitted Disease			_____

TRAUMA/ORTHOPEDIC/HOSPITALIZATION
(Significant Only)

Injuries: _____

Surgeries: _____

Hospitalization: _____

IMMUNIZATION HISTORY

Enter date received or N/A.

Measles _____ Mumps _____ Rubella _____ Tetanus _____

ALLERGIES

Allergies: _____ Reactions: _____

Male Female

Name _____
SID# _____
DOB _____

GYNECOLOGICAL

	YES	NO	COMMENT _____
1. PID			_____
2. Lumps in Breast			_____
3. Menopausal Symptoms			_____
4. GYN Surgery	Date		_____
a. Tubal	_____		_____
b. Hyst	_____		_____
c. Pan Hyst	_____		_____
d. C Sect	_____		_____
5. Pregnancy History			_____
a. Gravida	_____		_____
b. Para	_____		_____
c. SAB	_____		_____
d. TAB.	_____		_____
e. LMP	_____		_____
6. Birth Control Method _____			_____

FAMILY HISTORY

Are any of your relatives known to have:

1. Arthritis			_____
2. Allergies			_____
3. Anemia			_____
4. Bleeding Tendencies			_____
5. Cancer			_____
6. Diabetes			_____
7. Epilepsy			_____
8. Heart Trouble			_____
9. High Blood Pressure			_____
10. Mental Illness			_____
11. Other Inherited Disease			_____

ADDITIONAL INFORMATION

Is there anything else about your health history/status that we should be aware of? Yes No
Explain: _____

Signature: _____ Date _____
(Inmate Signature)

Interviewer: _____ Date _____
(Interviewer Signature)

Reviewed By: _____ Date _____
(Practitioner Signature)

Name _____
SID # _____
DOB _____

OREGON DEPARTMENT OF CORRECTIONS
PHYSICAL EXAMINATION

DISTANT VISION With Without Glasses R _____ L _____
HEARING Adequate Not Adequate (Spoken voice at 20 feet)

SUBJECTIVE

CURRENT COMPLAINT: _____

OBJECTIVE

Make pertinent comments regarding positive findings, correlate with positive history when indicated.
WNL indicates that the examiner found no clinical evidence of disease or other health condition.

SYSTEM	+ HISTORY	EXAMINATION
I. Integument scars scalp hair skin nails		
II. HEENT head eyes ears nose throat/mouth		
III. Lymph Nodes		
IV. Breasts		
V. Lungs/Chest		
VI. Cardiac/Circ.		
VII. Abdomen		

Male Female
Height _____ Weight _____
Pulse _____ B/P _____
Temp _____

Name _____
SID # _____
DOB _____

SYSTEM	+ HISTORY	EXAMINATION
VIII. Hernia		
IX. GU (Male) penis testes/scrotum		
X. Rectum		
XI. GU (Female) BSU/external cervix uterus adnexa		
XII. Nervous System		
XIII. Orthopedic		
XIV. Mental Status		

ASSESSMENT

1. Write major diagnoses/problems on Problem List.

PLAN

1. Write necessary follow-up on Order Sheet.
2. Write brief SOAP note in Progress Notes.

PATIENT TEACHING COMPLETED DURING EXAMINATION

Medications	Diet/Exercise	Self Testicular Exam
Weight Reduction	Back Care	Self Breast Exam
Communicable Disease Control	Smoking Cessation	

Instructions/Comments: _____

Signature of Practitioner

Date

Name _____
SID# _____
DOB _____