

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety Prisons
Health Services

SECTION: Planning Patient Care

POLICY # PL-1

PAGE 1 of 2

SUBJECT: Procedure for Chronic Disease

EFFECTIVE DATE: June 2013

SUPERCEDES DATE: June 2004

References

Related ACA Standards 4th Edition Standards for Adult Correctional Institutions 4 – 4350

Related NCCHC Standard 2008 Edition Standards for Health Services in Prison P-G-01

Centers for Disease Control and Prevention <http://www.cdc.gov/chronicdisease/>

PURPOSE

To provide guidelines for the treatment of chronic diseases.

POLICY

Patients with certain chronic diseases (e.g., seizures, heart disease, diabetes, hypertension, TB, and chronic obstructive pulmonary disease,) require supervision and follow-up by the facility nurse and the facility physician. The frequency and intensity of supervision and follow-up will depend on level of acuity and stability.

DEFINITION

Chronic Disease – any illness or condition that affects an individual's well being for an extended interval, usually at least six (6) months and generally is not curable but can be managed to provide optimum functioning within any limitations imposed by the illness or condition

PROCEDURE

TREATMENT PLAN

It shall be the responsibility of the facility provider to follow the established chronic disease guidelines in developing a treatment plan for each patient. Providers may augment the established treatment plan within department policy, but the guidelines must be followed as an established minimum. In the absence of another treatment plan, the current chronic disease guideline will be followed as the applicable plan as the inmate patient transfers from unit to unit.

The treatment plan will include direction to the nursing staff regarding their responsibilities in the care and supervision of these patients. Standing orders for baseline diagnostic and regular follow ups will be completed by the nurse according to policy TX II-3.

It shall be the responsibility of the provider to establish treatment plans for those illnesses or conditions that do not have Health Service established guidelines. This should include instructions to nurses regarding their responsibility for care and follow up, along with recommendations for management from specialists. Treatment plan initiation and follow up shall be documented appropriately in the medical record by all providers.

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HOUSING OF SPECIAL NEEDS PATIENTS

In consideration of the Americans with Disabilities Act (ADA) or when it has been determined by appropriate medical staff that an inmate requires special safeguards not available at a particular facility, an appropriate facility with such safeguards as are needed will be determined. In consultation with custody, the inmate will be assigned to appropriate facility.



6/30/13

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Chief of Health Services
Deputy Medical Director