ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.31	Page 1 of 1
	Effective Date: April 15, 2021	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

POLICY CHANGE NOTICE 21-8

INSTRUCTIONS:

Please change Section IV. (C) to read as follows;

"C. Nursing Protocol Progress Notes (NPPN): Designated progress notes which document a directed assessment indicated for a specific nursing protocol. See Policy #113.11."

Please change Section VI (B) (3) to read as follows:

"3. Dental complaints from inmates shall be presented at the regularly scheduled sick call, in accordance with Policy #113.60. A qualified health care professional shall be assigned to assess the inmate using the Dental NPPN and refer dental complaints to the facility dentist, who shall assess and treat the inmate according to established dental clinical priorities."

Please change Section VI. (D) (3) (a) to read as follows;

"a. Record on the NPPN the inmate's name, TDOC number, date, time, specific health problems, related health history, brief sexual transmitted disease (STD) screening, and other pertinent health information.

STD screening shall include the following:

1. Have you ever had any STDs? What do you do to protect yourself from STDs and HIV?

2. What concerns about STDs do you have?

3. Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient. See Attachment A."

Please change Section VI. (D) (3) (d) to read as follows;

"d. Document on the NPPN all assessments, referrals, and treatment provided using SOAP format."

Please change Section VII. to read as follows:

"VII. ACA STANDARDS: 5-ACI-6A-01, 5-ACI-6A-03, 5-ACI-4A-12, and 5-ACI-4A-01."

Please strikethrough the CR-3431 on page 7, the CR-2857-1 on page 8, the CR-2857-2 on page 9, and the CR-1884 on page 10 of this policy and insert the attached page 11, 12 and 13. Renumber policy pages accordingly.

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

_____
INSTITUTION

INMATE NAME: _____ TDOC ID: _____

DATE	TIME	

Do Not Write on Back

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL ☐ DENTAL
☐ BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____

_____

_____

_____

_____

_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health
☐ Medical ☐ Dental

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____

_____

_____

_____

_____

_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title

TENNESSEE DEPARTMENT OF CORRECTION

SEGREGATION UNIT RECORD

_____

INSTITUTION

INMATE NAME: _____ TDOC ID: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE ☐ MANDATORY ☐ PUNITIVE ☐ PH ☐ PI ☐ PC☐ PCI☐

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (*Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc*.) _____

_____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1st											
	2nd											
MON	1st											
	2nd											
TUE	1st											
	2nd											
WED	1st											
	2nd											
THUR	1st											
	2nd											
FRI	1st											
	2nd											
SAT	1st											
	2nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
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REMARKS/COMMENTS:

TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD

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INSTITUTION

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REMARKS/COMMENTS:

The State of STDs in the United States

STDS SURGE FOR THE FIFTH STRAIGHT YEAR, REACHING AN ALL-TIME HIGH.

1.8 million
CASES OF CHLAMYDIA
19% rate increase since 2014

583,405
CASES OF GONORRHEA
63% rate increase since 2014

115,045
CASES OF SYPHILIS
71% rate increase of infectious syphilis since 2014

1,306
CASES OF SYPHILIS AMONG NEWBORNS
185% rate increase since 2014

LEARN MORE AT: www.cdc.gov/std/

Anyone who has sex is at risk, but some groups are more affected

- YOUNG PEOPLE AGED 15-24
- GAY & BISEXUAL MEN
- PREGNANT WOMEN

LEFT UNTREATED, STDS CAN CAUSE:

INCREASED RISK OF GIVING OR GETTING HIV

LONG-TERM PELVIC/ABDOMINAL PAIN

INABILITY TO GET PREGNANT OR PREGNANCY COMPLICATIONS

PREVENT THE SPREAD OF STDS WITH THREE SIMPLE STEPS:

TALK

TEST

TREAT

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention