



Management of Chronic Disease in DJJ Facilities

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The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

Chronic Disease Management – Impact on Florida's Juvenile Justice System

- The Office of Health Services has a procedure for review of youth with medical conditions that may require more than basic medical services as provided by Residential Commitment Programs.
- In 2010, 773 youths with chronic medical conditions were referred to the Office of Health Services for review for medical recommendations prior to placement.
- **Many youth have more than one chronic medical condition.*

Most common medical conditions Referred for OHS Review:

- Asthma – 327
- Allergies – 144
- Cardiac Conditions (Murmurs, Congenital Heart Disease) – 84
- Obesity (BMI \geq 30) – 74
- Pregnancy – 39
- Seizure Disorder – 33
- Sickle Cell Trait – 31
- Hypertension - 29



All youth with a chronic medical condition require specialized care and follow-up....

...regardless of whether the youth is in a Detention Center or Residential Program



Per the Health Services Manual, all youth identified with a Chronic Medical Condition require management as follows:

- Referral upon admission to the facility's Physician, PA or ARNP, even if emergency treatment is not required.
- If the existence of a medical condition on admission warrants the notification of the DHA or designee, then that youth should be restricted from activity until cleared by the DHA (in person or after a telephonic review).
- The youth should be placed in the Medical Alert system.
- A Comprehensive Physical Assessment (CPA) shall be performed by a Physician, Advanced Registered Nurse Practitioner or Physician Assistant no more than seven (7) calendar days from the date of admission.

(Cont.) Chronic Medical Condition Management as follows:

- If there is a current CPA on file, and the youth has had a change in condition, the clinician is to conduct a focused medical evaluation of the youth, and document the evaluation in the Chronological Progress Notes of the Individual Health Care Record.
- Youth in the physical custody of a DJJ facility who have chronic conditions will receive Periodic Evaluations. The length of time between Periodic Evaluations performed by a Physician, PA, or ARNP is not to exceed (3) three months.

OHS Forms For Periodic Evaluations

- These forms are not required DJJ forms, but are approved for use. The forms may be modified to meet the needs of your facility or program's physician/practitioner and follow-up needs of the youth.
- The forms below are located in the DJJ forms library at http://www.djj.state.fl.us/forms/health_services.html
 - Chronic Physical Health Conditions Roster
 - Treatment flow sheets
 - Treatment Plan
 - TB Testing Log

Components of a Chronic Conditions Roster

- The roster must include:
 - ❖ A list of youth names with specific chronic conditions or disease processes identified;
 - ❖ The date of the previous evaluation; and
 - ❖ The date of the next evaluation.

Other Rosters Utilized for Scheduling and Tracking Periodic Evaluations

- Calendars
- Chronic Condition Spreadsheets
- Periodic Tables
- ❖ *Regardless of the tool utilized, the components must include a schedule or calendar on which the Periodic Evaluations are noted.*
- ❖ *The roster may function as a method of tracking chronic care to ensure Periodic Evaluations are not overlooked.*
- ❖ *This also provides a quick reference for the practitioner of youth with chronic health conditions*

On-Site Evaluations

- If conducted on-site, the Periodic Evaluation must be documented in the Chronological Progress Notes of the Individual Health Care Record and conform to professional standards of documentation (i.e., SOAP).
- It must be suitable to facilitate the revision or update of the Problem List, Medical Grade classification and Medical Alert system, as well as for treatment planning purposes.



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

TREATMENT PLAN: ASTHMA

NAME OF YOUTH: _____ **DATE:** _____
DJJID # _____ **ALLERGIES:** _____

INITIAL VISIT INFORMATION:

Who made the diagnosis? _____
 When and where was it diagnosed? _____
 If diagnosed prior to commitment, who most recently treated the condition? _____
 When? _____ Where? _____
 What treatment was ordered? _____
 When was treatment last received? _____
 When were symptoms last experienced? _____
 Prior treatment confirmed by: Old records in chart Report from facility or MD's office Parent/guardian Youth's account
 Age of onset: _____ Type: Intrinsic Extrinsic Infectious Other _____
 Triggers: _____

S:

O: Ht. _____ Wt. _____ T. _____ Pulse _____ Resp. _____ BP _____
 Peak flow _____ Pulse oximeter O₂ saturation _____
 Breath sounds: Rales? Wheezes? Dyspnea? Other: _____
 Current medication: _____
 Labs: Theophylline level _____ Other labs _____
 Frequency of prn inhaler use: >1/day >1/wk >1/mo <1/mo none
 Exacerbation visit since last clinic visit? Observation stay for exacerbation since last clinic visit?
 Hospitalization for exacerbation since last clinic visit?
 Other findings: _____

A: Asthma control is: Good Fair Poor Resolved without treatment
 Medication compliance is: Good Fair Poor
 Previous short term goal: _____ Met Not met
 Previous long term goal: _____ Met Not met
 Other: _____

P: Next visit: Three months (max.) Sooner: _____
 Asthma resolved - no follow-up indicated - return to clinic if new onset occurs
 Diag. Testing: Pulse oximetry q 3 mos & prn Peak flow q 3 mos & prn Other _____
 Labs: Theophylline Routine With next visit On _____ / _____ / _____
 Other: _____ Routine With next visit On _____ / _____ / _____
 Medication: Continue current medication: _____
 Change medication: Start: _____

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Paragraph

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PROGRESS NOTES SAMPLE

NAME: _____ ID# _____ DOB: _____

DATE	TIME	ALL ENTRIES MUST BE SIGNED AND DATED	SIGNATURE
XXXX XX	XX:XX	S: Periodic Evaluation for Asthma	
		Youth has had a history of asthma since age 10 with most	
		Recent exacerbation 3 months ago. No exacerbation since	
		Admitted to this facility 30 days ago. No hospitalization.	
		O: BP 126/70 Pulse 92 R 20 T 97.6 oxygen sat 98%	
		Peek flow average 260, denies difficulty breathing	
		Lungs clear. Height 5' 9" weight 136. NKA	
		A: Asthma	
		P: Continue with plan of Care: follow up 90 days	
		Or sooner if exacerbation occurs	
		Albuterol MDI II puffs prn wheezing or shortness of breath no sooner than every 4-6 hours, peak flow	
		Exercise as tolerated	
		Avoid excessive or strenuous activity that may exacerbate	
		symptoms	
		Regular diet	

Off-Site Evaluations

- If conducted off-site, the outcome of the periodic evaluation shall be documented on the Summary of Off-Site Care Consultation Report (HS 033).
- The on-site Practitioner must review and agree with off-site orders and sign off on the plan of care. It is recommended that documentation in the Chronological Progress Notes indicate the off-site evaluation was completed.

Off-Site Evaluations (Cont.)

- As with an on-site evaluation, the documentation must be thorough and include revisions in Medical Grade, the Problem List, and the MAR.
- Treatment orders resulting from Off-Site Evaluations should be written in the Chronological Progress Notes or the Practitioner's Order Form.

Off-Site Evaluations (Cont.)

- The licensed nurse may call the DHA/Physician Designee and review the test results, and recommendations upon the youth's return to the facility if this is included in the Facility Operating Procedures. The telephone conversation must be documented in the Chronological Progress Notes including the date, time and brief details of the conversation.
- The DHA/Physician designee must sign and date the material indicating it has been reviewed.

Transitional Health Care/Discharge Planning

- Once the youth has been identified in transition, a Periodic Evaluation must be conducted and include a 30-day prescription of any prescribed medication, including prn medications.
- The current quantity of medication on hand (and at least a 7-day supply) should be provided to the parent/guardian at the time of youth's discharge.
- Use the Medication Receipt, Transfer & Disposition Form **HS-053** 9/10 (STOP) to list all medication, dose and quantity at the time of discharge.

Transitional Health Care/Discharge Planning (Cont.)

- If follow-up care is required (as with most chronic health conditions) be sure to inform the parent/guardian during transition so they may plan for the necessary follow-up, which may include applying for Medicaid, and follow up with a community practitioner or the health department.
- If the nurse is able to assist with scheduling a follow-up appointment, be sure to indicate the appointment time and date in the discharge documentation.

Closing Comments

- It is important to remember that not every chronic medical condition is obvious and most generally do not resolve or go away.
- Even if the youth does not appear to be ill, or only requires Periodic Evaluations every 90 days, it is better to evaluate and confirm a normal exam, rather than miss a diagnosis or symptoms the youth may not report.
- *Remember; even the simplest chronic conditions require follow up (i.e., pregnancy, allergies requiring epi-pen, scoliosis)*

Questions?

