Office of Health Services

Electronic Medical Record

Health Services Mandatory Required Forms
# PERMISSION LEVELS

## MEDICAL
- Medical ARNP
- Medical RN
- Medical LPN
- Medical Clerk
- Regional Nursing Consultant

## MENTAL HEALTH
- Clinical Staff MH
- Clinical Staff SA
- Clinical Staff MH/SA
- Licensed MH
- Licensed SA/Certified Prof.
- Licensed MH/SA
- Treatment Team Member
NOTES

• All fields with Red “*” are mandatory
• Text boxes have a minimum of 15 characters, maximum varies.
• Even if answer is NO, a narrative is required, even if it’s “Not Applicable”
• Most text boxes have spell check
• To enter an Electronic Signature, confirm name, username and enter JJIS password
From JJIS System Login, enter User Name and password, select OHS EMR Module and click “Login”
Read the confidentiality statement and check the box to agree to the terms and conditions.

Select program/facility name from the drop down. Click on GO. Options are limited based on your permission profile.

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.
- All youth with a current location of program will appear on tool bar located on left side
- Select youth or complete a youth search
- Once youth desired is selected they will appear as “Active Youth”
- **IMPORTANT** – Check your “Active Youth” listed to ensure correct (the youth you want to work with)
- To hide youth listing tool bar click on “<<” button
- To bring back youth listing tool bar click on “>>” button
- Click Medical Forms to access Core Profile forms
The Mandatory/Required Forms menu lists forms in alphabetical order.

For each form to be completed:
1. Select Youth from Facility Youth Listing or by Youth Search
2. Select Medical Forms
3. Select Mandatory/Required Forms
4. Select form to be completed
Uploading Signed Forms

PDF forms should be printed, completed and signed as appropriate. Click View Report Link to print form.

Scan the signed document and save to PC.

Click Upload, enter the date of the document.

Click Browse to locate document on PC.

You must click View to confirm correct document is being uploaded.

Click open on the message bar. After viewing document, close and click Save.

A message is displayed indicating successful upload.
When upload is complete, a message is displayed indicating successful upload.

File is listed in the table of uploaded documents.

A message is displayed indicating successful upload.
Complete form, mail to parent/guardian.

Returned form with signature should be uploaded to the EMR.
Complete form,
Form with signature should be uploaded to the EMR.
Authority for Evaluation and Treatment

- Core Profile
  - Mandatory/Required Forms
    - Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
    - Affidavit of Diligent Effort (PDF)
    - Authority For Evaluation and Treatment
    - Body Chart
    - Clinical Psychotropic Progress Note (PDF)
    - Clinical Psychotropic Progress Note Part B (PDF)
    - Comprehensive Physical Assessment
    - Controlled Medication Inventory Record (PDF)
    - Custody of Individual Health Care Record (PDF)
    - Facility Entry: Physical Health Screening
    - Health Discharge Summary – Transfer Note (PDF)
    - Health Education Record
    - Health Related History
    - Immunization Tracking Record
    - Individual Health Care Record Checklist and Internal Quality Control
    - Infectious and Communicable Disease Form
    - Limited Consent for Evaluation and Treatment (PDF)
    - Medication And Treatment Record
    - Medications
    - Oral Health Assessment
    - Parental Notification of Health Related Care: Vaccinations/Immunizations
    - Parental Notification of Health-Related Care: General
    - Parental Notification of Health-Related Care: Medications
    - Personal and Health Related Information
    - Problem List
    - Sexually Transmitted Infections Screening Form
    - Sick Call Index (PDF)
  - *Sick Call Initiation*
  - Sick Call Review
  - Summary of Off-Site Care (PDF)
- Recommended Forms

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Clinical Psychotropic Progress Note (PDF)

Complete form, Form with signature should be uploaded to the EMR.
Complete form,

Form with signature should be uploaded to the EMR.
Comprehensive Physical Assessment

Core Profile

Mandatory/Required Forms

- Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
- Affidavit of Diligent Effort (PDF)
- Authority For Evaluation and Treatment
- Body Chart
- Clinical Psychotropic Progress Note (PDF)
- Clinical Psychotropic Progress Note Part B (PDF)
- Comprehensive Physical Assessment
- Controlled Medication Inventory Record (PDF)
- Custody of Individual Health Care Record (PDF)
- Facility Entry/Physical Health Screening
- Health Discharge Summary – Transfer Note (PDF)
- Health Education Record
- Health Related History
- Immunization Tracking Record
- Individual Health Care Record Checklist and Internal Quality Control
- Infectious and Communicable Disease Form
- Limited Consent for Evaluation and Treatment (PDF)
- Medication And Treatment Record
- Medications
- Oral Health Assessment
- Parental Notification of Health Related Care: Vaccinations/Immunizations
- Parental Notification of Health Related Care: General
- Parental Notification of Health-Related Care: Medications
- Personal and Health Related Information
- Problem List
- Sexually Transmitted Infections Screening Form
- Sick Call Index (PDF)
- Sick Call Initiation
- Sick Call Review
- Summary of Off-Site Care (PDF)

Recommended Forms

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
### Controlled Medication Inventory Record

**Youth Name:**

**ID/DOB:**

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<table>
<thead>
<tr>
<th>Date</th>
<th>Time of Medication Given</th>
<th>Perpetual Beginning Medication Count</th>
<th>Amount of Medication Given</th>
<th>Perpetual End Medication Count</th>
<th>Staff Member Providing Medication</th>
<th>End of Shift Medication Signature</th>
<th>Time of Count</th>
<th>3rd/1st Shift Initials*</th>
<th>1st/2nd Shift Initials*</th>
<th>2nd/3rd Shift Initials*</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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Start Date: ___________________________  Stop Date: ___________________________

* Nursing Staff Only

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**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**

**CONTROLLED MEDICATION INVENTORY RECORD**

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**Form # MM**

Page 1 of 1

*Revised February 2019*
### Custody of Individual Health Care Record

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**

**CUSTODY OF INDIVIDUAL HEALTH CARE RECORD**

<table>
<thead>
<tr>
<th>NAME OF YOUTH</th>
<th>Youth Name</th>
<th>DOB</th>
<th>DJJ ID</th>
</tr>
</thead>
</table>

- Any movement of the Individual Health Care Record should be noted and dated here.
- It is advised that each facility maintain a copy of this form whenever custody changes.
- If relevant information arrives late, note here as well.

<table>
<thead>
<tr>
<th>Date</th>
<th>Originating Facility</th>
<th>Receiving Individual or Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**INSTRUCTIONS:**

- Page 1 of 1
- Issued October 2016
This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Health Discharge Summary - Transfer Note (PDF)
This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Health Related History

- Core Profile
  - Mandatory/Required Forms
    - Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
    - Affidavit of Diligent Effort (PDF)
    - Authority For Evaluation and Treatment
    - Body Chart
    - Clinical Psychotropic Progress Note (PDF)
    - Clinical Psychotropic Progress Note Part B (PDF)
    - Comprehensive Physical Assessment
    - Controlled Medication Inventory Record (PDF)
    - Custody of Individual Health Care Record (PDF)
    - Facility Entry Physical Health Screening
    - Health Discharge Summary – Transfer Note (PDF)
    - Health Education Record
    - Health Related History
    - Immunization Tracking Record
    - Individual Health Care Record Checklist and Internal Quality Control
    - Infectious and Communicable Disease Form
    - Limited Consent for Evaluation and Treatment (PDF)
    - Medication And Treatment Record
    - Medications
    - Oral Health Assessment
    - Parental Notification of Health Related Care: Vaccinations/Immunizations
    - Parental Notification of Health Related Care: General
    - Parental Notification of Health-Related Care: Medications
    - Personal and Health Related Information
    - Problem List
    - Sexually Transmitted Infections Screening Form
    - Sick Call Index (PDF)
    - Student Placement Plan
    - Summary of Off-Site Care (PDF)

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Immunization Tracking Record

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Individual Health Care Record Checklist and Internal Quality Control

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Infectious and Communicable Disease Form

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
*** Ensure the youth you want is the active youth !!

There are 3 Tabs for a MAR:
- Allergies, Medical and Other Info [must be completed first]
- Youth Medications
- MAR Filter - allows to filter what medications appear on report

Start at top and complete all fields and then select “Update”
Select Medication from drop down.

Note: Only medications entered in Medication module will appear in drop down.

All listed medication for youth will be displayed if entered.

There is also a sort field drop down box to display open/closed medications.

Start at top and select Medication from drop down. Select Usage, Input Dosage, Frequency, and Method of Delivery and then select PRN or input times.

Side effects entered under the medication tab will automatically populate in the Side Effects Monitoring box.

Enter Start and End Dates Then “Save”
Once saved the user will see message:

Youth medication information saved successfully.

The medication will appear in table and can be edited.
MAR Filter – The MAR filter tab allows a user to select medications to print to the MAR report.

Select the medications for the report by using the check box.

Select “Print MAR with selected medications”

A confirmation will appear with medications selected and any not selected to print to MAR.

“Will not print” box shows any other medications not included in MAR report.

Continue to print will populate the MAR with ONLY the medications selected.
Select month and year to be printed.

Select MAR Report. Open PDF.

This form should be uploaded after completion.
Select month and year to be printed.

Select PRN Medications Report. Open PDF.

This form should be uploaded after completion.
Medications

To be used when adding any medications that may not already be entered in database.

When you complete the MARs, the medications and side effects will appear.

Conduct a comprehensive search for the medication before selecting “New” to add it to the list.

Note: Medications are not youth specific
To conduct a comprehensive search for the medication, enter a minimum of two characters, and click "Find" for results. If no results are returned, click "New" to add the medication to the list.
Complete all fields starting at top
Select Medication as “Active” for use in OHS.
“Inactive” removes medication from use in OHS.

Select Save to Add Medication
These links should be used to confirm medication name and side effects.
Oral Health Assessment

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Parental Notification of Health Related Care: Vaccinations/Immunizations

Select form from mandatory forms listing. Complete information from the top down. Click Elec. Sign Save>>.

This document must be mailed to Parent/Guardian for signature.
Parental Notification of Health Related Care: Vaccinations/Immunizations

Click the PDF icon for the Vaccinations/Immunizations form to be mailed for parent/guardian signature.

Open and print form.
Parental Notification of Health Related Care: Vaccinations/Immunizations

NAME OF YOUTH: [Redacted]
DOB: [Redacted]

Parent/Guardian Address:
Alachua Regional Juvenile Detention Center
3440 Northeast 39th Avenue Gainesville, FL 32609

Dear Parent/Guardian,

Our records indicate that you are the parent or guardian who has authority over the health care for the above named youth. The purpose of this form is to notify you that the following vaccination(s) has/have been ordered for your child. We have included a Vaccine Information Sheet known as a "VIF" that explains the vaccination(s).

Name of Vaccine/VIF: [Redacted]
Publication Date of VIF: [Redacted]

If you have any further questions about this vaccination, please notify the DJJ facility at the phone number indicated.

Phone Number: [Redacted]
Person to Contact: [Redacted]

In order for us to provide this vaccination, we need your written permission. Please sign your name and date your signature in the space provided and send this form back to us at the address listed above.

[- Signature Options] [Space for Date]

Parent/Guardian Signature: [Redacted]
Date Signed: [Redacted]

Name of person at facility who completed this form: Medical RN, RN

Staff: Prior to mailing, the name of the VIF enclosed with this notification, and the date of the publication of the VIF (located in the lower right hand corner of the VIF) is printed on the lower right hand corner of the VIF. **Copy of Notification to be filed in Individual Health Care Record.**
When signed form is received from the Parent/Guardian, it must be uploaded to the EMR.

Click select for the Vaccinations/Immunizations form to be uploaded with parent/guardian signature.

Click Upload Document to upload signed document.
Parental Notification of Health Related Care: Vaccinations/Immunizations

Follow document upload steps.

A message will be displayed indicating successful upload of the file.

The document will be listed in the table.
Parental Notification of Health-Related Care: General

Select form from mandatory forms listing. Complete information from the top down. Click Elec. Sign Save>>.

This document must be mailed to Parent/Guardian for signature.

<table>
<thead>
<tr>
<th>Youth's Name</th>
<th>Youth Name</th>
<th>DOB</th>
<th>DOB</th>
<th>Sex</th>
<th>Race</th>
<th>DJJID</th>
<th>DJJ ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE:**

**PARENT/GUARDIAN:**

**PARENT/GUARDIAN ADDRESS:**

**DJJ FACILITY:**

**DJJ FACILITY ADDRESS:**

Dear ____________________________

Our records indicate that you are the parent or guardian who has authority over health care for the above named youth. The purpose of this form is to notify you of changes in the health status of this youth.

The following health care treatment has been ordered or begun or the following health care event has occurred:

1000 characters remaining...

**Signature of Health Care Provider**

**Printed Name of Person Completing Form**

**Phone Number:** (____)____-______ Ext ______

**Person to Contact:**

**Copy of Notification to be filed in Individual Health Care Record.**

TO THE PARENT/GUARDIAN: IF THIS BOX IS CHECKED, THIS MEANS THAT YOU HAVE BEEN NOTIFIED BY PHONE OF THE HEALTH CARE TREATMENT ABOVE. WE NEED YOU TO GIVE YOUR CONSENT IN WRITING AND SEND THIS FORM BACK TO US AT THE FACILITY ADDRESS LISTED ABOVE. YOUR SIGNATURE INDICATES THAT YOU GIVE YOUR PERMISSION FOR US TO ADMINISTER THIS HEALTH CARE TREATMENT.
**Parental Notification of Health-Related Care: General**

Click the PDF icon for the General health care form to be mailed for parent/guardian signature.

Open and print form.

<table>
<thead>
<tr>
<th>Form</th>
<th>Ref#</th>
<th>Type</th>
<th>Program Name</th>
<th>Modified Date Time</th>
<th>Modified By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>☐</td>
<td>EMR Form</td>
<td>Alachua Regional Juvenile Detention Center</td>
<td>10/16/2015 03:22 PM</td>
<td>Medical, RN</td>
<td>Completed</td>
</tr>
<tr>
<td>Select</td>
<td>☐</td>
<td>EMR Form</td>
<td>Alachua Regional Juvenile Detention Center</td>
<td>08/03/2015 09:27 AM</td>
<td>Arnold, Sharon B</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Click the PDF icon for the General health care form to be mailed for parent/guardian signature.

Open and print form.
When signed form is received from the Parent/Guardian, it must be uploaded to the EMR.

Click select for the general health care form to be uploaded with parent/guardian signature.

Click Upload Document to upload signed document.
Follow document upload steps.

A message will be displayed indicating successful upload of the file.

The document will be listed in the table.
Parental Notification of Health-Related Care: Medications

Select form from mandatory forms listing. Complete information from the top down. Click Elec. Sign Save>>.

This document must be mailed to Parent/Guardian for signature.
Click the PDF icon for the Parental Notification of Health-Related Care: Medications form to be mailed for parent/guardian signature.

Open and print form.
Parental Notification of Health-Related Care: Medications

When signed form is received from the Parent/Guardian, it must be uploaded to the EMR.

Click select for the Parental Notification of Health-Related Care: Medications form to be uploaded with parent/guardian signature.

Click Upload Document to upload signed document.
Parental Notification of Health-Related Care: Medications

Follow document upload steps.

A message will be displayed indicating successful upload of the file.

The document will be listed in the table.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Date</th>
<th>Category</th>
<th>Document Type</th>
<th>Modified By</th>
<th>Modified Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Notification of Health-Related Care: Meds</td>
<td>10/23/2015</td>
<td>Medical Forms</td>
<td>Parental Notification of Health-Related Care: Medications</td>
<td>RN Medical</td>
<td>10/23/2015 01:43 PM</td>
</tr>
<tr>
<td>Parental Notification of Health-Related Care: Gen</td>
<td>10/13/2015</td>
<td>Medical Forms</td>
<td>Parental Notification of Health-Related Care: General</td>
<td>RN Medical</td>
<td>10/22/2015 04:34 PM</td>
</tr>
<tr>
<td>Parental Notification of Health Related Care: Vacs</td>
<td>10/16/2015</td>
<td>Medical Forms</td>
<td>Parental Notification of Health Related Care: Vaccinations/Immunizations</td>
<td>RN Medical</td>
<td>10/16/2015 03:11 PM</td>
</tr>
<tr>
<td>Acknowledgment of Receipt ofCPPN or Practitioner</td>
<td>10/15/2015</td>
<td>Medical Forms</td>
<td>Acknowledgment of Receipt of CPPN or Practitioner Form</td>
<td>RN Medical</td>
<td>10/15/2015 04:23 PM</td>
</tr>
<tr>
<td>Immunization Tracking Record</td>
<td>10/05/2015</td>
<td>Medical Forms</td>
<td>Immunization Tracking Record</td>
<td>RN Medical</td>
<td>10/14/2015 01:17 PM</td>
</tr>
<tr>
<td>Sexually Transmitted Infections Screening Form</td>
<td>10/12/2015</td>
<td>Medical Forms</td>
<td>Sexually Transmitted Infections Screening Form</td>
<td>RN Medical</td>
<td>10/12/2015 10:29 AM</td>
</tr>
<tr>
<td>Immunization Tracking Record</td>
<td>10/12/2015</td>
<td>Medical Forms</td>
<td>Immunization Tracking Record</td>
<td>RN Medical</td>
<td>10/12/2015 08:51 AM</td>
</tr>
</tbody>
</table>
Personal and Health Related Information

- Core Profile
- Mandatory/Required Forms
  - Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
  - Affidavit of Diligent Effort (PDF)
  - Authority For Evaluation and Treatment
  - Body Chart
  - Clinical Psychotropic Progress Note (PDF)
  - Clinical Psychotropic Progress Note Part B (PDF)
  - Comprehensive Physical Assessment
  - Controlled Medication Inventory Record (PDF)
  - Custody of Individual Health Care Record (PDF)
  - Facility Entry Physical Health Screening
  - Health Discharge Summary – Transfer Note (PDF)
  - Health Education Record
  - Health Related History
  - Immunization Tracking Record
  - Individual Health Care Record Checklist and Internal Quality Control
  - Infectious and Communicable Disease Form
  - Limited Consent for Evaluation and Treatment (PDF)
  - Medication And Treatment Record
  - Medications
  - Oral Health Assessment
  - Parental Notification of Health Related Care: Vaccinations/Immunizations
  - Parental Notification of Health Related Care: General
  - Parental Notification of Health-Related Care: Medications
  - Personal and Health Related Information
  - Problem List
  - Sexually Transmitted Infections Screening Form
  - Sick Call Index (PDF)

- Sick Call Initiation
- Sick Call Review
- Summary of Off-Site Care (PDF)

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Problem List

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
Sexually Transmitted Infections Screening Form

This form included in Core Profile. See the OHS – EMR – Medical Staff – Core Profile power point for instructions.
### Sick Call Index (PDF)

Sick call requests automatically populate on the index.

The Sick Call Index should be printed and added to the IHCR.

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**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**

**SICK CALL INDEX**

Please complete one form per youth.

<table>
<thead>
<tr>
<th>NAME OF YOUTH</th>
<th>DJJ ID</th>
<th>Youth Name</th>
<th>DATE OF BIRTH</th>
<th>DOB</th>
</tr>
</thead>
</table>

**PURPOSE**

The purpose of this form is the chronological listing of a youth’s sick care complaints so that health care providers may have a concise record of recent or recurring complaints. This record does not take the place of the detailed entry of sick care, which is included in the chronological progress notes of the Individual Health Care Record. This is an index only to the sick call complaints.

**INSTRUCTIONS**

A sick call complaint is listed as it occurs. The date of the occurrence and the facility are both entered. Complaints, which occur more than once, are not listed again, but the subsequent dates of occurrence and the facilities are filled in. Any sick call complaint for which the youth seeks care on three or more occasions during a two-week period MUST result in an assessment by a licensed healthcare professional (MD, PA, or ARNP). This includes physical health complaints, mental health complaints, and dental health complaints. Referrals for assessment by a licensed healthcare professional (MD, PA, or ARNP) MUST be made AT ANY TIME that the seriousness of the youth’s sick call complaint cannot be determined, or if the youth has a chronic condition (for example, seizure disorder, asthma, diabetes, possible side effects of prescribed medication) and the sick call complaint is related to that chronic condition.

**OCCURRENCES AND FACILITY**

<table>
<thead>
<tr>
<th>SICK CALL COMPLAINT</th>
<th>DATE</th>
<th>FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[example: fever]</td>
<td>04-05-2014</td>
<td>[example: Alachua Regional Juvenile Detention Center]</td>
</tr>
<tr>
<td>[example: headache]</td>
<td>05-15-2014</td>
<td>[example: Alachua Regional Juvenile Detention Center]</td>
</tr>
<tr>
<td>[example: insomnia]</td>
<td>06-10-2014</td>
<td>[example: Alachua Regional Juvenile Detention Center]</td>
</tr>
</tbody>
</table>
Sick Call Initiation can be accessed two ways:

- From the Mandatory/Required Forms list under Medical Forms
- From the MH Referral / Sick Call / MH Review Link
Youth Search is available for use if the youth is not listed. (Always check Detention youth listing prior to search)
**Date and time of Request** - This is the date and time youth made the request, not the time request is being entered in JJIS. This field defaults to current date.

**Select Request type**: Medical OR Dental (Can submit both requests on 1 form).

If Mental Health Care is selected a mental health referral must also be completed.

**Describe Problem** - This is based from youth’s sick form (or verbal request) and description of problem. **300 characters**.

**Detention staff observations** - Based on what staff has observed as it relates to request **2500 characters. WILL NOT SHOW ON PRINTED FORM**.
Selecting Mental Health Care presents an alert notifying staff to complete a Mental Health Referral Summary.

Click OK to dismiss alert and return to the Sick Call Request.
Click “Submit Sick Call Request” to submit.

“Cancel” clears entries from the form.

Click “OK” to submit.

“Cancel” returns user to sick call page with no save/submission.
When you submit, you should get a message box indicating the submission was successful.

As long as this message appears, Staff will not get any other feedback from JJIS about the sick call.

- Once the sick call is initiated, it will generate an email to nurse, and / or JDOS, Superintendent/ Designee. If no nurse, the JDOS will follow up to triage youth.
- If you need to enter a second sick call request, find youth and repeat the process to complete another form.
Sick Call Review can be accessed two ways:

- From the Mandatory/Required Forms list under Medical Forms
- From the MH Referral / Sick Call / MH Review Link
To view sick calls (Open, pending, or closed):
1. Select MH Referral / Sick Call
2. select “Sick Call Review”
3. select Open, Pending Review, or Closed from Drop down box.
4. Select Current Facility List or All Facility List

This will populate a list for the entire Detention Center selected.
1. Select MH Referral / Sick Call
2. Select Sick Call Review, as default lists all “open” sick calls
3. There is a drop down box for options to see open, pending, and closed calls
4. Select from Current Facility List or All Facility List
5. Add New Sick Call
1. You can select the sick call to complete or you can view the report [click on PDF in report column]
2. To see all pending review sick calls select pending in drop down and then click select next to youth’s name to complete review.
1. Sick Call Initiation – allows medical staff to review problems & observations submitted [can be edited]

2. Intervention – show any interventions completed by Superintendent or Designee [view only for Medical]

3. Medical/Clinical Staff – this is where medical staff document what was done for this specific sick call
Interventions - will show any interventions completed by Superintendent or Designee for this youth. For Medical this tab is “view only”.

Report – Generates PDF report on progression of sick call status.

<< Sick Call List will return the user back to the pending sick call list
Sick Call Review

Report – Generates PDF report on progression of sick call status.
Superintendent or Designee Staff will review all sick calls within 4 hours and complete an Intervention(s). This is documented in the OHS Web Forms module in JJIS.

Select “Add Intervention” and then complete required fields. Any action taken should be documented in the intervention applied text box.

Once completed, the Superintendent or Designee will select save and a green save message shows.

If there are additional interventions they complete the process again.

If an intervention was completed (such as medication given, ice, etc.) make sure to go back and document if the intervention was effective.
Sick Call Interventions

Medical/Clinical Staff

Medical Staff will complete all fields listed starting from top to bottom. All fields with Red “∗” are mandatory. Once completed medical staff will select “Elec. Sign and Save”

Confirm your name and enter JJIS password to confirm Electronic Signature and Save.
Sick Call Interventions

Once saved/signed the user should see this message in green. If there are errors or missing data, red error messages will appear directing the user to correct the issue.
Under Plan section, the LPN should document contact with RN or higher. LPN will also have to document the review process if an RN or higher will not be documenting their review in JJIS. LPN's have a different screen to complete.
Pending Review
To find sick calls needing review, select the drop-down box "pending review". This will list all calls pending review status. Click on the Adobe icon to see the report. Click on "Select" to start the review process. Select the Medical Tab to input reviewer comments and Referred or Resolved comments. Then, complete with Electronic Sign and Save.
RN or Higher Review Process

Enter Comments

Then select Referred or Resolved and input comments

Then Electronic Sign & Save
RN or Higher can update and complete review process and then electronically approve/sign the work completed by themselves or an LPN.
LPN Review
LPNs will document contact type (electronic, telephonic, face to face)
Document the Contact person and enter date & time

LPN will document reviewer comments

LPN will select Referred or Resolved adding comments

LPN will electronically approve/sign the work completed.
FLORIDA DEPARTMENT OF JUVENTILE JUSTICE

SUMMARY OF OFF-SITE CARE

CONSULTATION REPORT

NAME OF YOUTH: Youth Name

DOB: DOB

DJ ID: DJID

Allergies:

Insurance:

Company Name

Contract #

Group ID #

Off-Site Health Care Facility Name:

Address of Health Care Facility:

Telephone Number:

Specialty Services Being Provided:

REASON FOR REFERRAL

SUMMARY OF YOUTH’S MEDICAL CONDITION OR COMPLAINT

(THIS SECTION TO BE COMPLETED BY FACILITY STAFF).

MEDICAL CARE AND TREATMENT

SUMMARY OF MEDICATIONS AND TREATMENTS ADMINISTERED

ORDERS

PLEASE ATTACH PRESCRIPTIONS TO FORM

NOTE TO PROVIDER:

This section is for orders such as prescriptions, treatments, activity restrictions, and special observations/procedures.

1.

2.

3.

4.

Comments:

Laboratory Results:

Laboratory Name

Telephone Number

Radiology Reports:

Diagnostic Center Name

Telephone Number

Did youth receive any immunizations during this visit?

Yes  ☐  No  ☐

(If yes please list and if applicable provide a date for next scheduled immunization)

Did you receive any tests or treatments during this visit?

Yes  ☐  No  ☐

(If yes please list and if applicable provide a date for next medical evaluation)

In a follow-up visit required:

If yes:

Health Provider Name:

Location:

Date:

Time:

Physician/Health Care Provider Signature

Date:

END OF FORM
If you have any questions or problems using the OHS Electronic Medical Records, please contact your local Data Integrity Officer (DIO)