

# OHS WEB FORMS

DFMS conversion to JJIS  
JJIS WEB

# 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

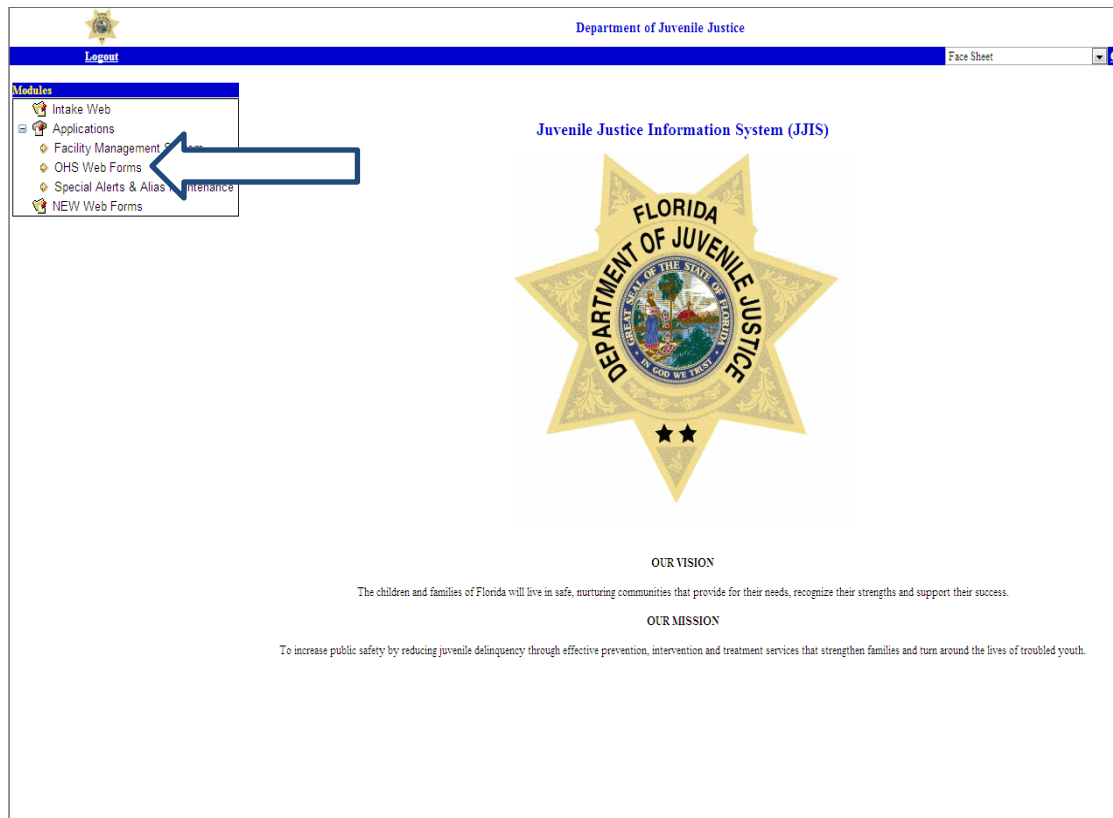
# NOTES

- 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


# Medical Staff

# Login to JJIS

From JJIS Web Menu, select OHS WEB Forms module




Facility Management System - Microsoft Internet Explorer provided by Department of Juvenile Justice

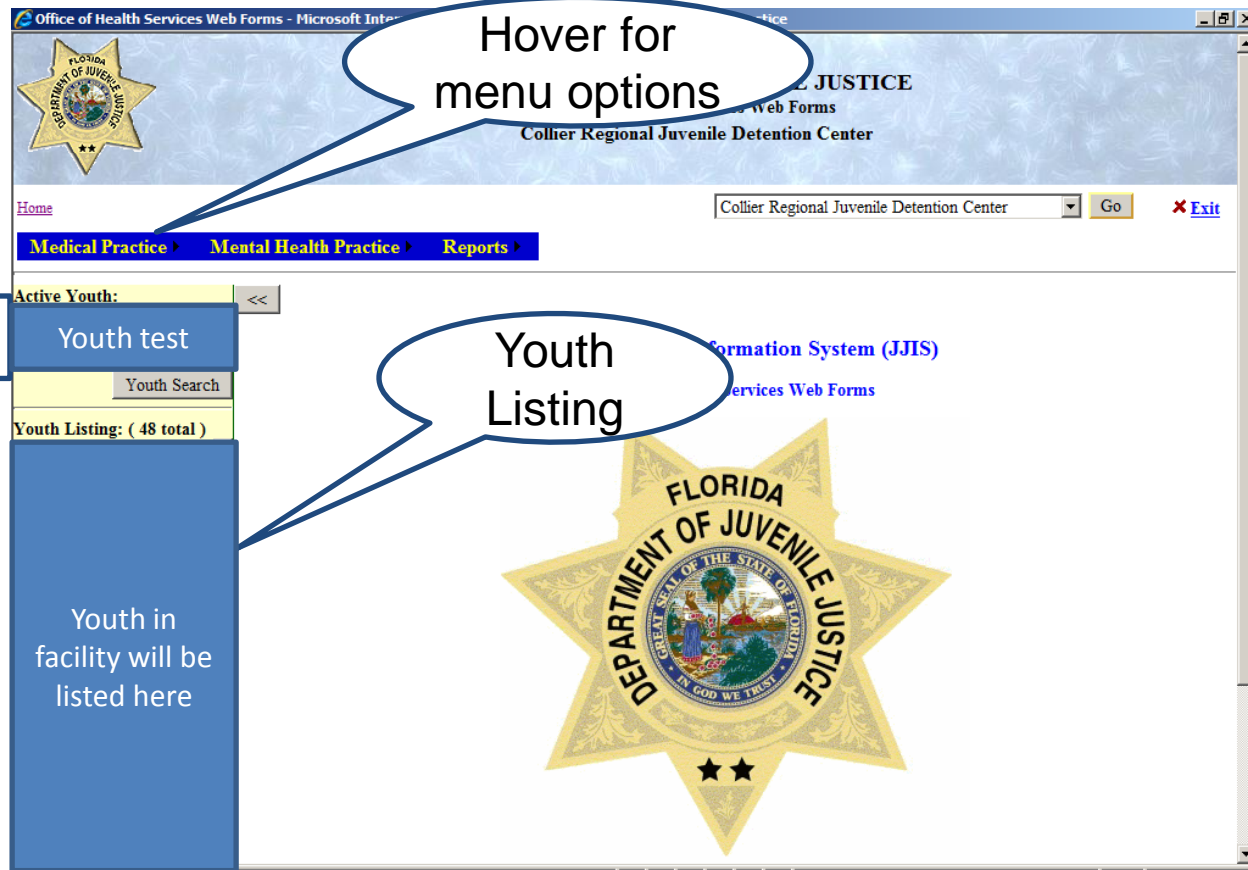
 **DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms

User Name:

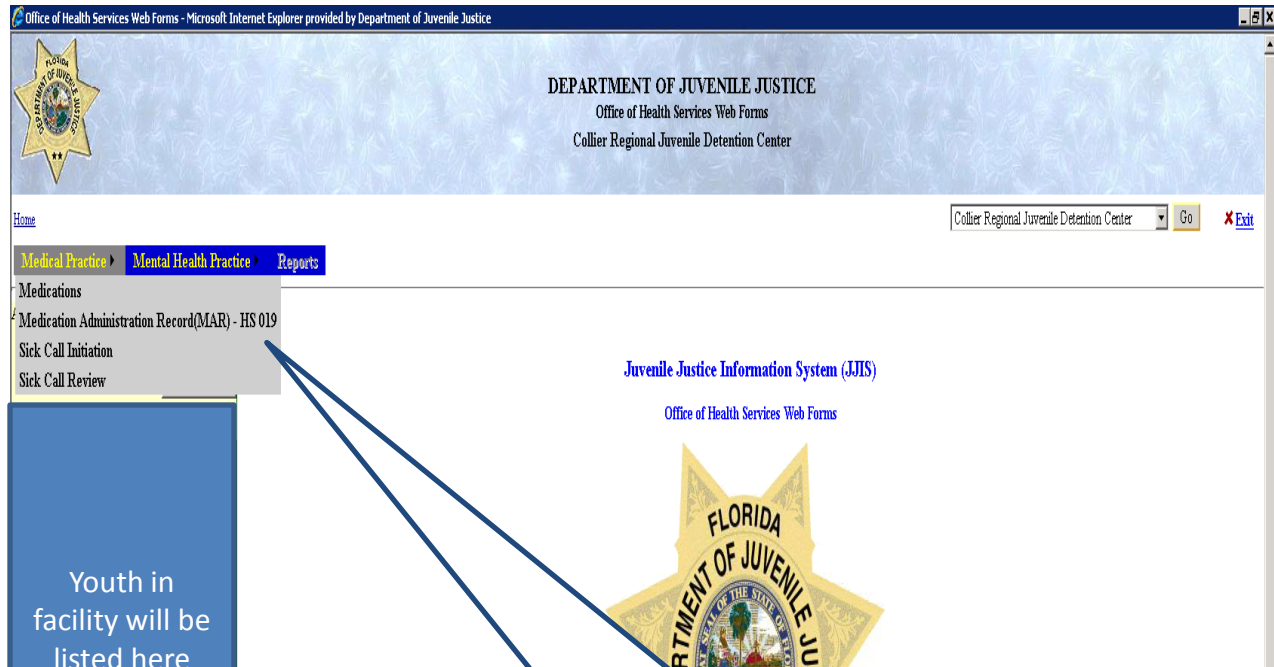
Program Name:



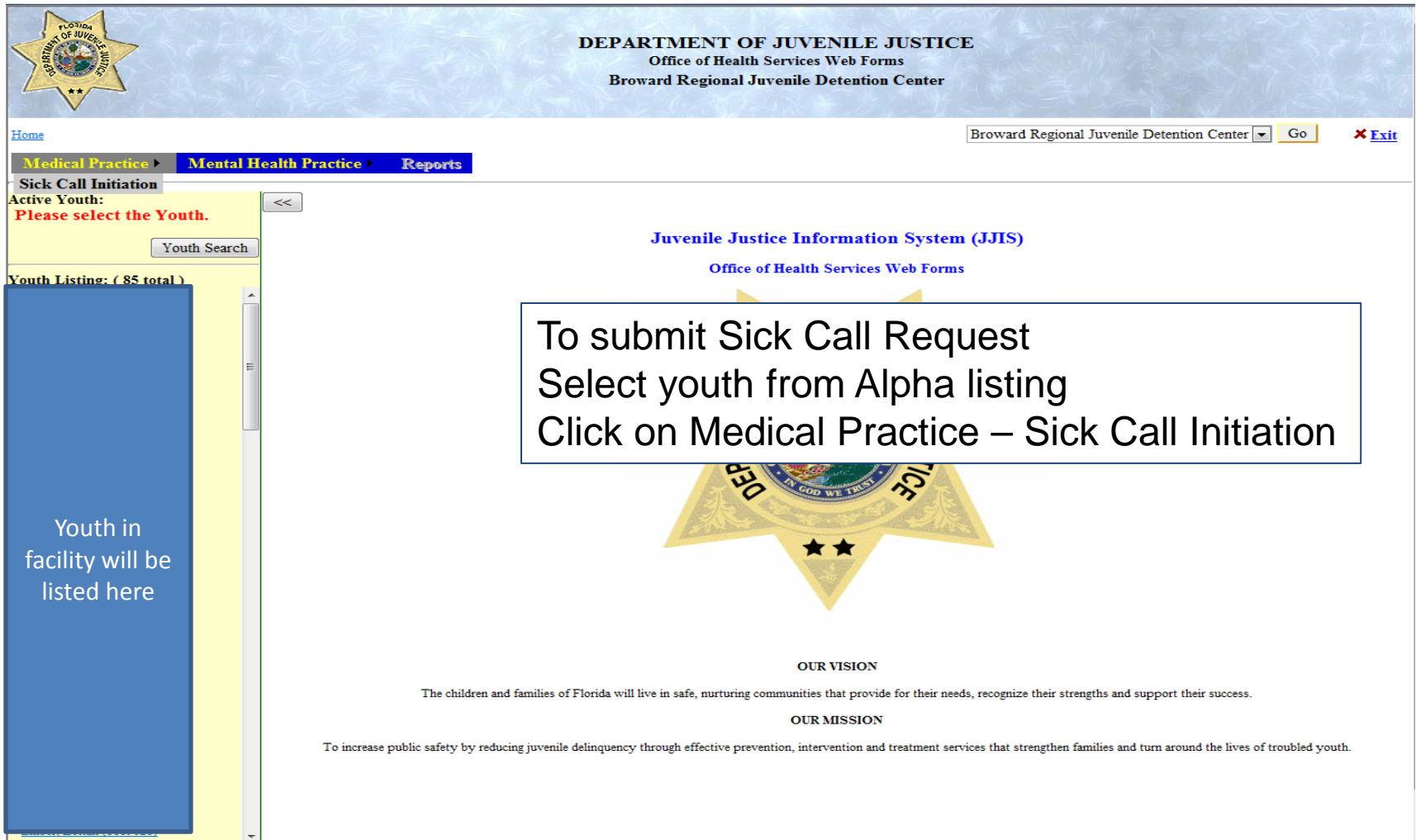
Select program name from the drop down. Click on GO.  
-limited based on your permission profile



- All youth with a current location of program will appear on tool bar located on left side
- Select youth or complete a youth search
- To remove youth listing tool bar click on "<<" button
- To bring back youth listing tool bar click on ">>" button
- To see menu options hover the Tab desired
- 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)



# Sick Call Initiation



**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Broward Regional Juvenile Detention Center

[Home](#) Broward Regional Juvenile Detention Center Go Exit

**Medical Practice** **Mental Health Practice** **Reports**

**Sick Call Initiation**  
Active Youth:  
**Please select the Youth.**

Youth Listing: ( 85 total )

**Juvenile Justice Information System (JJIS)**  
Office of Health Services Web Forms

To submit Sick Call Request  
Select youth from Alpha listing  
Click on Medical Practice – Sick Call Initiation

**OUR VISION**  
The children and families of Florida will live in safe, nurturing communities that provide for their needs, recognize their strengths and support their success.

**OUR MISSION**  
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.

Youth in facility will be listed here

# Sick Call Initiation

**FLORIDA**  
**DEPARTMENT OF JUVENILE JUSTICE**

**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center

[Home](#) Collier Regional Juvenile Detention Center Go ✕ Exit

[Medical Practice](#) [Mental Health Practice](#) [Reports](#)

**Active Youth:**  
**Please select the Youth.**

**Youth Search**

**Youth Listing: ( 23 total )**

**Youth Search**

**Youth Found** Record Count:

**Youth in facility will be listed here**

**Youth Search is available for use if the youth is not listed.  
(Always check Detention youth listing prior to search)**

## Sick Call Initiation

**Date and time of Request** - this is the date and time youth made the request, not the time request is being entered in JJIS, will default to today's 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** .

The screenshot shows a web form titled "Office of Health Services Web Forms" and "Collier Regional Juvenile Detention Center SICK CALL REQUEST". The form includes a header with a logo and navigation links. Below the header, there are tabs for "Medical Practice", "Mental Health Practice", and "Reports". The form fields include: "Youth's Name" (Youth test), "DOB" (DOB), "Race" (Black), "DJJID" (DJJ ID), "Facility Name" (Collier Regional Juvenile Detention Center), and "Circuit" (20). The "Date of Request" is 7/3/2013 and "Requested Time" is 08:00 AM. The "Request for" section has checkboxes for "Medical Care" (checked), "Dental Care", and "Mental Health Care". The "Please describe your problem" section has a text area with "Youth has backache" and a "Check Spelling" button. The "Detention staff observations" section has a text area with "observed youth holding back in pain" and a "Check Spelling" button. At the bottom, there are "Submit Sick Call Request" and "Cancel" buttons. A large blue arrow points to the "Submit Sick Call Request" button.

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
SICK CALL REQUEST

Home Collier Regional Juvenile Detention Center Go Exit

Medical Practice > Mental Health Practice > Reports >

>>

Youth's Name: Youth test DOB: DOB Race: Black DJJID: DJJ ID

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Date of Request: 7/3/2013 Requested Time: 08:00 AM

Request for: ☒ Medical Care ☐ Dental Care ☐ Mental Health Care

Please describe your problem: \*

Youth has backache

282 characters remaining... Check Spelling

Detention Staff observations:

observed youth holding back in pain

2459 characters remaining... Check Spelling

Submit Sick Call Request Cancel

Click *submit sick call* request and then "OK", to confirm sick call initiation

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

## Collier Regional Juvenile Detention Center SICK CALL REQUEST

[Home](#) Collier Regional Juvenile Detention Center  [Exit](#)

[Medical Practice](#) [Mental Health Practice](#) [Reports](#)

<<

Youth's Name:  DOB:  Sex:  Race:  DJJID:

Facility Name:  Circuit:

Date of Request: \*  Requested Time: \*

Request for: \* ☒ Medical Care ☐ **Message from webpage**

Please describe your problem: \*

Detention Staff observations:

ers remaining...

Facility  
Listing  
of  
youth

Click "OK" to submit  
"Cancel" returns user to  
sick call page with no  
save/submission

Office of Health Services Web Forms - Microsoft Internet Explorer provided by: Department of Juvenile Justice

DEPARTMENT OF JUVENILE JUSTICE  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
SICK CALL REQUEST

Home Collier Regional Juvenile Detention Center Go Exit

Medical Practice Mental Health Practice Reports

Youth test

Youth in facility will be listed here

Youth Name/DJJ ID

Sick Call Request Submitted Successfully for Youth: Youth Name/DJJ ID

When you submit, you should get message- ***"Sick Call Request Submitted Successfully for Youth: Doe, John ( 1111111 )."***

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 complete form.

# SICK CALL REVIEW

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**SICK CALL REVIEW**

Home Collier Regional Juvenile Detention Center

**Medical Practice** **Mental Health Practice** **Reports**

Medications  
Medication Administration Record(MAR) - HS 019  
Sick Call Initiation  
**Sick Call Review**

Youth Search

**Youth Sick Call List** **All Sick Call List**

	Report	Youth Name	DJJID	Problem Description	Status	Created By	Created Date	El Me
Select		Youth Names / DJJ IDs		Face hurts	Open	Lee Detention	7/3/2013 10:21:07 AM	
Select				Youth has backache	Open	Lee Detention	7/3/2013 10:19:23 AM	
Select				Complaining about stomach pain...	Open	Donna Gulley	5/11/2013 10:29:41 PM	
Select				Complaining about stomach pain...	Open	Sharon Long	5/10/2013 11:35:41 PM	
Select								

Sick Call List: Open

Open  
Pending Review  
Closed

**Youth Sick Call List**

	DJJID	Problem Description	Status	Created By	Created Date
Select		Face hurts and nose bleeding	Open	Lee Medicalrn	7/19/2013 10:15:59 AM
Select		Youth stated his hand is hurt...	Open	Lee DetSuperohs	7/18/2013 1:17:30 PM
Select		Youth has headache.	Open	Lee DetSuperohs	7/18/2013 12:56:52 PM
Select		Nop for spell checker	Open	Lee ClinicalMHSA	7/10/2013 11:14:41 AM
Select		test	Open	Lee DetJDOS	7/8/2013 2:13:00 PM
Select		withdrawals	Open	Lee DetJDOS	7/5/2013 11:39:57 AM
Select		Youth complains of cold sympto...	Open	Lee Licensed	7/5/2013 9:45:24 AM
Select		headache	Open	Lee DetJDOS	7/3/2013 10:48:23 AM
Select		fast	Open	Lee DetJDOS	6/26/2013 11:19:56 AM
Select		hgh	Open	Lee DetJDOS	6/26/2013 10:18:57 AM
Select		youth states his back hurts an...	Open	Lee DetJDOS	6/18/2013 4:55:41 PM
Select		test test test	Open	Lee DetJDOS	6/5/2013 11:41:33 AM
Select		dry feet	Open	Lee Medicalpn	6/3/2013 4:21:37 PM

**Youth Names / DJJ IDs**

Sick Call Review will list all “open” sick calls

- You can select the sick call to complete
- You can view the report [click on the pdf. in report column]
- There is a drop down box for options to see open, pending, and closed calls
- To see all pending review sick calls select pending in drop down and then click select next to youth’s name to complete review.

## OPTIONS

- Youth Sick Call List
- All Sick Call List
- Add New Sick Call

Medical Practice > Mental Health Practice > Reports >

Active Youth: <<

Youth's Name: Youth test DOB: DOB Sex: Male Race: Black DJJID: DJJ ID

Youth Search Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Youth Listing: ( 48 total )

Sick Call Initiation Interventions Medical / Clinical Staff << Sick Call List Report

Date of Request: \* 7/3/2013 Requested Time: \* 08:00 AM

Request for: \* ☒ Medical Care ☐ Dental Care ☐ Mental Health Care

Please describe your problem: \*

Youth has backache

282 characters remaining... Check Spelling


Detention Staff observations:

Staff observed youth holding back in pain

2459 characters remaining... Check Spelling

## SICK CALL 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



STATE OF FLORIDA DEPT. OF CORRECTIONS

Collier Regional Juvenile Detention Center

SICK CALL REVIEW

[Home](#)

Collier Regional Juvenile Detention Center

Go

[Exit](#)

[Medical Practice](#)
[Mental Health Practice](#)
[Reports](#)

Active Youth:

Youth test

Youth Search

Youth Listing: ( 48 total )

Youth's Name: Youth test

DOB: DOB

Sex: Male

Race: Black

DJJID: DJJ ID

Facility Name: Collier Regional Juvenile Detention Center

Circuit: 20

Sick Call Initiation

Interventions

Medical / Clinical Staff

<< Sick Call List

Report

Intervention List:

Intervention Comments	Created By	Created Date & Time
No records found.		

Interventions - will show any interventions completed by Superintendent or Designee for this youth. For Medical this is "view only".

Report – progression of sick call status.

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

# SICK CALL INTERVENTIONS

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Sick Call Initiation **Interventions** << Sick Call List Report

Intervention List: Add Intervention

Intervention Comments	Created By	Created Date & Time
No records found.		

Supervisor Intervention

Is Nurse on site: \* ☒ Yes ☐ No

\* ☐ Determined youth safe - continue for nurse to see youth ☐ Youth sent off-site for emergency care ☐ DHA notified

Intervention applied: \* (Please include event Date & Time)

2000 characters remaining...

Check Spelling

Save Intervention Cancel

Superintendent or Designee Staff **will review all sick calls within 4 hours** and complete an Intervention(s)

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.

Medical Practice Mental Health Practice Reports

>>

Supervisor Interventions saved successfully.

Youth's Name: Youth Name DOB: DOB Sex: Male Race: White DJJD: DJJ ID

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Sick Call Initiation **Interventions** << Sick Call List Report

Intervention List: Add Intervention

Intervention Comments	Created By	Created Date
<a href="#">Select</a> Gave two tylenol	Lee DetSuperns	7/19/2013 4:39:16 PM

# Youth test

Youth's Name:                      DOB: DOB Sex: Male Race: Black DJJID: DJJ ID  
 Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Sick Call Initiation Interventions **Medical / Clinical Staff**

## Medical/Clinical Staff

### Medical Section

TRIAGE:\* ☒ RN ☐ ARNP/PA ☐ Dental Hygienist ☐ Mental Health Staff  
☐ LPN ☐ Physician ☐ Dentist ☐ Other Date Received:\* 7/3/2013

### Subjective:\*

Youth is holding his back and complaining of a dull ache - What the youth is actually saying or complaining about  
 887 characters remaining... [Check Spelling](#)

Objective: \* BP: 110/60 \* Pulse: 82 \* Temp: 98.6 \* Respirations: 20 \* Weight: 166

\* nurses observations and assessment results should be inputted here  
 934 characters remaining... [Check Spelling](#)

### Nursing Diagnosis

Alteration In:\* comfort  
 Related To:\* backache

### Assessment:\*

Findings should be inputted related to sick call/problem  
 944 characters remaining... [Check Spelling](#)

### Plan (Indicate if per protocol):\*

All steps medical would take to treat youth  
 1. urinalysis dipstick  
 2. notify Dr. ....  
 3. medical bed rest until seen by MD  
 4. increase fluids  
 5. gave two Advil according to backache protocol  
 806 characters remaining... [Check Spelling](#)

Detainee instructed to return to medical if symptoms continue or worsen? \* ☒ Yes ☐ No

Education provided on treatment plan / prescribed protocol and medication? ☒ Yes ☐ No

Date Seen: \* 7/3/2013 Time: \* 10:00 AM

[Elec.Sign & Save >>](#)


Person Completing form (Licensed Staff) Signature/Date

[Save](#)

[Cancel](#)

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”

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

 **DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**SICK CALL REVIEW**

Home Collier Regional Juvenile Detention Center Go Exit

Medical Practice > Ment

Active Youth: <<

Youth's Name: Lee Medical  
Facility Name: Lee Medical

Youth Listing: (48 total)

Sick Call Init

Medical Se

TRiage:\*

Subjective:

Youth is holding his back and complaining of a dull ache - What the youth is actually saying or complaining about

1000 characters remaining...

Objective: \* BP: 110/60 \* Pulse: 82 \* Temp: 98.6 Respirations: 20 \* Weight: 166

7/3/2013

Check Spelling

DJJ ID

<< Sick Call List

**Electronic Signature**

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

**Confirm your name and signature.**

Your Name: Lee Medical

*Lee Medical*

**Enter your JJIS password for Confirmation.**


password:

Elec.Sign and Save

Cancel

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

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice



**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**SICK CALL REVIEW**

[Home](#) Collier Regional Juvenile Detention Center  [Exit](#)

[Medical Practice](#) [Mental Health Practice](#) [Reports](#)

Active Youth: <<

Medical section information updated successfully.

Youth's Name: **Youth test** DOB: **DOB** Sex: Male Race: Black DJJID: **DJJ ID**

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

**Medical Section**

**TRIAGE:\*** ☒ RN ☐ ARNP/PA ☐ Dental Hygienist ☐ Mental Health Staff  
☐ LPN ☐ Physician ☐ Dentist ☐ Other **Date Received:\*** 7/3/2013

**Subjective:\***

Youth is holding his back and complaining of a dull ache - What the youth is actually saying or complaining about

887 characters remaining...

**Objective:** \* BP: 110/60 \* Pulse: 82 \* Temp: 98.6 \* Respirations: 20 \* Weight: 166

Detainee instructed to return to medical if symptoms continue or worsen? \* ☒ Yes ☐ No

Education provided on treatment plan / prescribed protocol and medication? \* ☒ Yes ☐ No

**Date Seen: \*** 7/3/2013 **Time: \*** 10:00 AM

*Lee Medical 07/03/2013*  
Person Completing form (Licensed Staff) Signature/Date

<< Electronic Signature  
Appears

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.

ces Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Objective: \* BP:  \* Pulse:  \* Temp:  \* Respirations:  \* Weight:

\* Face swollen on right side, nose bent upwards

955 characters remaining... [Check Spelling](#)

**Nursing Diagnosis**

Alteration In:

Related To:

**Assessment:**

Possible fractured nose and right orbit

961 characters remaining... [Check Spelling](#)

**Plan (Indicate if per protocol):\***

Notify MD, schedule X-ray, soft food diet, ice for face and nose, medical bed rest, no back flips

903 characters remaining... [Check Spelling](#)

Detainee instructed to return to medical if symptoms continue or worsen? \* ☒ Yes ☐ No

Education provided on treatment plan / prescribed protocol and medication? \* ☐ Yes ☒ No

Date Seen: \*  Time: \*  AM

[Elec.Sign & Save >>](#)

## NOTE

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.

**Review Process**

Have you had Telephonic or Electronic Review? \* ☐ Yes ☒ No

Contact Type \*

Contact Person Name \*

Contact Date: \*  Time: \*

**Reviewer Comments:\***

2500 characters remaining... [Check Spelling](#)

2500 characters remaining... [Check Spelling](#)

\* ☐ Referred ☒ Resolved

Referred (OR) Resolved Comments:\*

1000 characters remaining... [Check Spelling](#)

[Comments History \(Hide History Data...\)](#)

Referred (OR) Resolved Comments History	Created By	Created Date
No records found.		

[Elec.Sign & Save >>](#)

Reviewer Signature/Date \_\_\_\_\_

[Save](#) [Cancel](#)

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
SW Florida Regional Juvenile Detention Center  
SICK CALL REVIEW

Home SW Florida Regional Juvenile Detention Center Go

Medical Practice Mental Health Practice Reports

Sick Call List: Pending Review

Report Youth Name DJJID Problem Description Status Created By Created Date Elec.Sig By Medical Staff Elec.Sig Date Medical Staff

Select Youth pending review will be listed here

Report	Youth Name	DJJID	Problem Description	Status	Created By	Created Date	Elec.Sig By Medical Staff	Elec.Sig Date Medical Staff
Select			Rash around the face and neck ...	Pending Review	Lee DetJDOS	7/9/2013 3:56:49 PM	Lee Medicalm	07/22/2013
Select			Youth has a soar throat and ru...	Pending Review	Lee DetJDOS	6/14/2013 9:10:27 AM	Lee Medicalpn	06/14/2013
Select			Youth states he has an upset s...	Pending Review	Lee DetJDOS	6/13/2013 12:46:33 PM	Lee Medicalpn	06/13/2013
Select			My shoulder is hurting and my ...	Pending Review	Lee Medicalpn	6/6/2013 10:45:58 AM	Lee Medicalpn	06/06/2013
Select			jladjkfa,ldjfa,lsjdfkka,dsj	Pending Review	Lee DetJDOS	6/5/2013 10:43:45 AM	Lee Medicalpn	06/05/2013

Sick Call Initiation Interventions Medical / Clinical Staff << Sick Call List

Date of Request: 7/9/2013 Requested Time: 08:00 AM

Request for: ☒ Medical Care ☐ Dental Care ☐ Mental Health Care

Please describe your problem: \*

Rash around the face and neck that is itchey

256 characters remaining... Check Spelling

Detention Staff observations:

See rash around neck and face with red marks

2456 characters remaining... Check Spelling

Reviewer Comments: \*

2500 characters remaining... Check Spelling

☐ Referred ☐ Resolved

Referred (OR) Resolved Comments: \*

1000 characters remaining... Check Spelling

Comments History (Hide History Data...)

Referred (OR) Resolved Comments History	Created By	Created Date
No records found.		

Elec.Sign & Save >>

Reviewer Signature/Date

Save Cancel

## Pending Review

To find sick calls needing review  
Select drop down box "pending review"

This will list all calls pending review status

Click on adobe icon to see report  
Click on "Select" to start review process

Select Medical Tab to input reviewer comments and Referred or Resolved comments.

Then complete with Electronic Sign and Save.

Lee Medical 07/03/2013

Person Completing form (Licensed Staff) Signature/Date

## Review Process

Reviewer Comments:\*



2500 characters remaining...

Check Spelling

\* ☐ Referred ☐ Resolved

Referred (OR) Resolved Comments:\*



1000 characters remaining...

Check Spelling

Comments History (Hide History Data...)

Referred (OR) Resolved Comments History	Created By	Created Date
No records found.		

Elec.Sign & Save >>

Reviewer Signature/Date

Save

Cancel

## RN or Higher Review Process

Enter Comments

Then select Referred or Resolved and input comments

Then Electronic Sign & Save

Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

*Lee Medical 07/03/2013*  
Person Completing form (Licensed Staff) Signature/Date

Review Process

Reviewer Comments:\*

RN/higher will input comments and update this section.  
Example:  
Youth was treated appropriately according to protocol

2380 characters remaining... [Check Spelling](#)

\* ☒ Referred ☐ Resolved

Referred (OR) Resolved Comments:\*

Youth referred to Emergency Room for X-rays and possible broken nose

932 characters remaining... [Check Spelling](#)

[Comments History \(Hide History Data...\)](#)

Referred (OR) Resolved Comments History	Created By	Created Date
No records found.		

[Elec.Sign & Save >>](#)

Reviewer Signature/Date

RN or Higher can update and complete review process and then electronically approve/sign the work completed by themselves or an LPN

**Electronic Signature**

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

**Confirm your name and signature.**

Your Name:   
*Lee Medical*

**Enter your JJIS password for Confirmation.**

password:

[Elec.Sign and Save](#)

[Cancel](#)

Review Process

Have you had Telephonic or Electronic Review? \* ☐ Yes ☐ No

Contact Type \*

Contact Person Name \*

Contact Date: \*  Time:

Reviewer Comments:\*

2500 characters remaining...

\* ☐ Referred ☐ Resolved

Referred (OR) Resolved Comments:\*

1000 characters remaining...

Comments History (Hide History Data...)

Referred (OR) Resolved Comments History	Created By	Created Date
No records found.		

Reviewer Signature/Date

**LPN Review**

LPNs will document contact type (electronic, telephonic, face to face)

The document Contact person and enter date & time

LPN will document reviewer comments

LPN will input (Referred or Resolved) adding comments

LPN will electronically approve/sign the work completed.

**Electronic Signature**

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

**Confirm your name and signature.**

Your Name:

*Lee Medical*

**Enter your JJIS password for Confirmation.**

password:

# OHS Medication form

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Home Collier Regional Juvenile Detention Center Go Exit

Medical Practice > Mental Health Practice > Reports >

Medications

Medication Administration Record(MAR) - HS 019

Stk Call Initiation

Stk Call Review

Youth Search

Psychotropic Medication

Youth Listing: ( 48)

J ID

Medication Name: \*

Medication Usage: \*

7500 characters remaining...

Check Spelling

Medication Side Effects: \*

7500 characters remaining...

Check Spelling

\* ☐ Active ☐ Inactive

[Rx List](#) [PDR Health](#)

New Save Cancel


	Medication Name
Select	Test 1234567890 Test 1234567XX
Select	Another medication is here
Select	Test 0123456 Test0123456789
Select	Teting skladijlj sadflkj sadfjlj lksajdfjl lksdjafllk sd
Select	Logged in as JDO only
Select	Test Psychotropic Medication
Select	Test - Aspirin
Select	test
Select	Multivitamin/Minerals (Theragran-M, Centrum, One A Day w/ M
Select	Med New Drug
Select	Dontriptinol

Select  
Medication  
Module

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 diligent search before selecting "New"

# ADDING NEW MEDICATION

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

 **DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**MEDICATION**

[Home](#) Collier Regional Juvenile Detention Center  [Exit](#)

**Medical Practice** > **Mental Health Practice** > **Reports** >

**Active Youth:**  
**Please select the Youth.**

**Youth Listing: ( 48 )**

☒ Psychotropic Medication

Medication Name: \* Seraquel

Antidepressant

Medication Usage: \* 7486 characters remaining...

Drowsy and dopy

Medication Side Effects: \* 7484 characters remaining...

☒ Active ☐ Inactive

[Rx](#) [PDR Health](#)

Medication Name	Last Updated
MedicalARNP OHS	5/29/2013 12:50:20 PM
MedicalRN OHS	5/29/2013 12:50:20 PM
Mohana Paruchuri	5/1/2013 5:42:25 PM
Mohana Paruchuri	6/20/2013 11:14:14 AM
Mohana Paruchuri	6/20/2013 11:14:14 AM

Trusted sites | Protected Mode: Off

11:01 AM  
7/3/2013

Complete all fields starting at top  
Select Medication as "Active" for  
use in OHS. "Inactive" removes  
medication from use in OHS. Note:  
Medications are not youth specific

Select  
Save to  
Add  
Medication

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
MEDICATION

Home Collier Regional Juvenile Detention Center

Medical Practice Mental Health Practice Reports

Active Youth: Please select the Youth.

Youth Search

Last Updated by Lee Medical on 7/3/2013 11:02:45 AM

☒ Psychotropic Medication

Medication Name: Seraquel

Medication Usage: Antidepressant

7486 characters remaining...

Medication Side Effects: Drowsy and dopy

characters remaining...

☒ Active ☐ Inactive

[Rx List](#) [PDR Health](#)

New Save Cancel

These links should be used confirm medication name and side effects

**RxList**  
The Internet Drug Index

HOME DRUGS A-Z PILL IDENTIFIER SUPPLEMENTS SLIDESHOWS IMAGES SYMPTOM CHECKER DISEASES DICTIONARY QUIZZES

home

**Featured Topics**

- Ulcerative Colitis
- Multiple Sclerosis
- Teeth Wrecking Habits
- Controlling Psoriasis
- Atrial Fibrillation Slideshow
- Treating Depression
- Managing OA Pain

**New & Updated**

- Acetadote
- Istalol
- Methylin
- Sprycel
- Zoladex 3.6

[Read the Latest Drug News](#)

**No Exact Match Found**

Your search request did not match any articles on RxList.com. We may still have what you are searching for. We suggest you search again using different keywords or if you're not sure of the spelling, type the first few letters, followed by an asterisk(\*)

To help you find what you are looking for, please also review these sections on RxList.com.

- [Drugs A-Z List](#) - by drug brand and generic name.
- [Pill Identifier Tool](#) - identify drugs and medications by imprint, color, or shape. Includes drug pictures.
- [Picture Slideshows](#) - interactive medical slideshow on important medical topics.
- [Image Gallery](#) - learn about skin disorder, medical anatomy, tumors and more through images and illustrations.
- [Latest Drug News](#) - WebMD & FDA Updates and news releases on prescription medications and drug manufacturing/distribution.
- [Diseases, Condition and Tests](#) - The RxList disease and condition listing contains explanations of many diseases, conditions, medical procedures and tests.
- [Drug Medical Dictionary](#) - definitions and explanations of many medical terms including prescription medication abbreviations.

**Top 10 Most Popular Drugs on RxList**

1. Neurontin (gabapentin)
2. Celexa (citalopram hydrobromide)
3. Xanax (CIV alprazolam)
4. Klonopin (clonazepam)
5. Cipro (ciprofloxacin hydrochloride)
6. Percocet (oxycodone and acetaminophen)
7. Vicodin (hydrocodone bitartrate and acetaminophen)
8. Ultram (tramadol hydrochloride)

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Symptoms, Causes and Treatment

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Myths and Facts

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**from WebMD.com**

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**Search** by drug name, health condition or disease [Search](#)

**Browse Drugs: to**

A - D E - G H - L M - Q R - V W - Z

Displaying: 1 - 0 of 0 << Previous | Next >>

Displaying: 1 - 0 of 0 << Previous | Next >> Popular Articles

**Most Popular on PDRhealth**

Drug Searches:	Health Conditions:
Ambien	ADHD
Lipitor	Bipolar Disorder
Abilify	Cholesterol
Singular	Diabetes - Type 2
Zoloft	HIV
<a href="#">See all drugs »</a>	<a href="#">See all conditions »</a>

**Alcohol and Antidepressants**  
The dos and don'ts of drinking when you take

**Common Side Effects of Cholesterol Drugs**  
Most side effects of cholesterol medicines are

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# Medication Administration Record (MAR)

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**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**SICK CALL REVIEW**

Home Collier Regional Juvenile Detention Center Go Exit

**Medical Practice** **Mental Health Practice** **Reports**

Medications  
Medication Administration Record(MAR) - HS 019  
Sick Call Initiation  
**Sick Call Review**

Youth Search

Youth Listing: ( 48 total )

Report	Youth Name	DJJID	Problem Description	Status	Created By	Created Date	Elec.Sig By Medical Staff	Elec.Sig Date Medical Staff
Select			Face hurts	Open	Lee Detention	7/3/2013 10:21:07 AM		
Select			Youth has backache	Open	Lee Detention	7/3/2013 10:19:23 AM		
Select			Complaining about stomach pain...	Open	Donna Gulley	5/11/2013 10:29:41 PM		
Select			Complaining about stomach pain...	Open	Sharon Long	5/10/2013 11:35:41 PM		

To Complete a MAR the user will select a youth and make them the "Active Youth".

Then the user will select Medication Administration Record (MAR) from drop down menu

\*\*\* Ensure the youth you want is the active youth !!

# Medication Administration Record (MAR)

Facility Name: Collier Regional Juvenile Detention Center      Circuit: 20

Youth Medication And Treatment Record.      Month / Year: October / 2013      MAR Report      PRN Medications Report

**Allergies and Medical Info.**      Youth Medications      MAR Filter

Physician: Dr. Spock (Max:25 characters)

Medical Grade:\* 2

Diagnosis :\* Youth has stomach virus 77 characters remaining... Check Spelling

Med / MH Alerts:\* None listed in JJIS 81 characters remaining... Check Spelling

List Allergies / Common Side Effects / Precautions (please enter maximum 4 lines of data.) Youth allergic to green beans 221 characters remaining... Check Spelling

Save      Cancel

There are 3 Tabs for a (MAR):

- Allergies and Medical 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 "Save"

# Medication Administration Record (MAR)

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Youth Medication And Treatment Record. Month / Year: October / 2013 MAR Report PRN Medications Report

Allergies and Medical Info. Youth Medications MAR Filter

Youth Medication List: Open/Active Add Youth Medication

Medication Name	Dosage	Frequency	Method of Delivery	Start Date	End Date	Created By	Created Date	Modified By	Modified Date
No records found.									

< Select Add Youth Medications

All listed medication for youth will be displayed if entered.

There is also a sort field drop down box for display open/closed

Start at top and select medication from drop down. Input Dosage, Frequency, 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"

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Youth Medication And Treatment Record. Month / Year: October / 2013 MAR Report PRN Medications Report

Allergies and Medical Info. Youth Medications MAR Filter

Add Youth Medication Information.

Medication Name: \* Amoxicillin

Dosage: \* 20 MG (Max: 20 characters)

Frequency: \* 1X a day in evening (Max: 50 characters)

Method of Delivery: \* Oral (by mouth)

☐ PRN (OR) Time1: Time2: Time3: Time4: 06:30 PM

Side Effects Monitoring: nausea, upset stomach

Start Date: \* 10/8/2013

End Date: \* 10/15/2013

Save Cancel

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

# Medication Administration Record (MAR)

Youth test

**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.**

**Continue to print will populate the MAR with ONLY the medications selected.**

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

Youth Medication And Treatment Record. Month / Year: October / 2013 MAR Report PRN Medications Report

Allergies and Medical Info. Youth Medications **MAR Filter**

Select medicines you want to print on MAR Add Youth Medication

	Medication Name	Dosage	Frequency	Method of Delivery	Start Date	End Date	Created By	Created Date	Modified By	Modified Date
<input checked="" type="checkbox"/>	Amoxicillin	20 MG	1X a day in evening	Oral (by mouth)	10/08/2013	10/15/2013	Jeff Clardy	10/8/2013 4:16:44 PM		

Using the filter tab will allow you to only print selected medicines to a MAR. Medicines not selected will not print to the MAR. You must assure that the records for the youth allow the youth to get all ordered medications.

[Print MAR with selected medicines](#) [Cancel](#)

DEPARTMENT OF JUVENILE JUSTICE  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
MEDICATION ADMINISTRATION RECORD / MEDICATION AND TREATMENT RECORD (MAR)

Collier Regional Juvenile Detention Center [Go](#) [Exit](#)

Health Practice Reports

Please m

Youth's Na  
Facility Na  
Youth Me  
Allergies

Select me

**Print Confirmation**

You have selected a filtered MAR. Below are the medicines that will and will not print on the filtered MAR. Select continue to print and cancel to return to the MAR filter tab.

Will Print	Will not print
Amoxicillin	

[Continue to Print](#) [Cancel](#)

[MAR Report](#) [PRN Medications Report](#)

[Add Youth Medication](#)

	Medication Name	Dosage	Frequency	Method of Delivery	Start Date	End Date	Created By	Created Date	Modified By	Modified Date
<input checked="" type="checkbox"/>	Amoxicillin	20 MG	1X a day in evening	Oral (by mouth)	10/08/2013	10/15/2013	Jeff Clardy	10/8/2013 4:16:44 PM		

Using the filter tab will allow you to only print selected medicines to a MAR. Medicines not selected will not print to the MAR. You must assure that the records for the youth allow the youth to get all ordered medications.

[Print MAR with selected medicines](#) [Cancel](#)



Medical Practice > Mental Health Practice > Reports >

Active Youth: <<

Youth's Name: Youth test DOB: DOB Sex: Male Race: Black DJJID: DJJ ID

Youth Search Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Youth Listing: (48 total)

Sick Call Initiation Interventions Medical / Clinical Staff << Sick Call List Report

Date of Request: 7/3/2013 Requested Time: 08:00 AM

Request for: ☒ Medical Care ☐ Dental Care ☐ Mental Health Care

Please describe your problem: Youth has backache


frmsQLJISOHSickCallReq2[1].pdf - Adobe Reader

To view or print report-  
click on "Report" button

File Edit View Window Help

1 / 1 102%

Sign Comment

 **FLORIDA DEPARTMENT OF JUVENILE JUSTICE**

**SICK CALL REQUEST**

YOUTH: Please fill in the following information as clearly as possible.

NAME OF YOUTH: Youth test DJJID# DJJ ID DOB: DOB

Facility Name: Collier Regional Juvenile Detention Center

Male ☒ Female ☐ Date of Request: 07/03/2013 08:00 AM

Request for: ☒ MEDICAL CARE ☐ DENTAL CARE ☐ MENTAL HEALTH CARE

Please describe your problem:

Youth has backache

YOUTH: Please do not write below this line.

TRIAGE: ☒ RN ☐ ARNP/PA ☐ Dental Hygienist ☐ Mental Health Staff

☐ LPN ☐ Physician ☐ Dentist ☐ Other Date Received 07/03/2013

DISPOSITION:


Subjective: Youth is holding his back and complaining of a dull ache - What the youth is actually saying or complaining about

Objective: BP: 110/60 Pulse: 82 Temp: 98.6 Respirations: 20 Weight: 166

nurses observations and assessment results should be inputted here

# Reports & Sick Call Listing

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 **DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
**SICK CALL REVIEW**

[Home](#)   [Exit](#)

[Medical Practice](#) > [Mental Health Practice](#) > [Reports](#)

>>

Sick Call List:

	Repe	DJJID	Problem Description	Status	Created By	Created Date	Elec.Sig By Medical Staff	Elec.Sig Date Medical Staff
<a href="#">Select</a>			Face hurts and nose bleeding	Open	Lee Medicalm	7/19/2013 10:15:59 AM		
<a href="#">Select</a>			Youth stated his hand is hurt...	Open	Lee DetSuperohs	7/18/2013 1:17:30 PM		
<a href="#">Select</a>			Youth has headache.	Open	Lee DetSuperohs	7/18/2013 12:56:52 PM		
<a href="#">Select</a>			Nop for spell checker	Open	Lee ClinicalMHSA	7/10/2013 11:14:41 AM		
<a href="#">Select</a>			test	Open	Lee DetJDOS	7/8/2013 2:13:00 PM		
<a href="#">Select</a>			withdrawals	Open	Lee DetJDOS	7/5/2013 11:39:57 AM		
<a href="#">Select</a>			Youth complains of cold sympto...	Open	Lee Licensed	7/5/2013 9:45:24 AM		
<a href="#">Select</a>			headache	Open	Lee DetJDOS	7/3/2013 10:48:23 AM		
<a href="#">Select</a>			fasf	Open	Lee DetJDOS	6/26/2013 11:19:56 AM		
<a href="#">Select</a>			hgh	Open	Lee DetJDOS	6/26/2013 10:18:57 AM		
<a href="#">Select</a>			youth states his back hurts an...	Open	Lee DetJDOS	6/18/2013 4:55:41 PM		
<a href="#">Select</a>			test test test	Open	Lee DetJDOS	6/5/2013 11:41:33 AM		
<a href="#">Select</a>			dry feet	Open	Lee Medicallpn	6/3/2013 4:21:37 PM		

**Youth Names/ DJJ IDs**


To view sick calls (Open, pending, or closed) A user can select "Sick Call Review" and in Drop down box select Open, Pending Review, or Closed. This will populate a list for the entire Detention Center selected.

OR

They can use reports, see next slide.

# Reports & Sick Call Listing

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**DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center


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Juvenile Justice Information System (JJIS)

Under reports select  
“View reports”

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Office of Health Services Web Forms  
Collier Regional Juvenile Detention Center  
OHS Reports

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OHS Reports

Report Name: \*

- ASRs Summary
- Mental Health History By Youth
- Mental Health Referral Details
- MHSA 011 Discharge Summaries
- MHSA 014 Referral Summaries
- MHSA 015 Initial Treatment Plan
- MHSA 016 Individualized Tx Plan
- Multiple Sick Calls
- Referred Sick Calls
- Sick Call List
- Sick Call Requests
- Sick Calls Summary

*Citrix Users Please Note: To close an HTML window, press the 'ALT' + 'F4' keys.*

Select report desired  
for sick call listing,  
select “Sick Call List”

# Reports & Sick Call Review

**OHS Reports**

Report Name: \* Sick Call List

Date Range: \*  THRU  [Current Date](#)  
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

Status: \*

Branch: \*

Search Criteria: \*

[HTML Report](#) [PDF Report](#) [Excel Report](#)

*Users Please Note: To close an HTML Report and return to the OHS Reports Menu, click the "Close Window" link or press the 'ALT'*

**OHS Reports**

Report Name: \* Sick Call List

Date Range: \* 7/19/2013 THRU 7/19/2013 [Current Date](#)  
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

Status: \* Pending Review

Branch: \* Detention

Search Criteria: \* Program Name

Circuit: \* Twentieth Circuit

Program Name: \*

[HTML Report](#) [PDF Report](#) [Excel Report](#)

Fill in date range or select current date.  
Under Status select  
“Open, Pending Review or Closed”

Complete the remaining search fields such as Program name, Statewide, Region....

Select Facility and then PDF to populate report

# Reports & Sick Call Review



## FLORIDA DEPARTMENT OF JUVENILE JUSTICE

### Sick Call List (Pending Review)

07/19/2013 thru 07/19/2013

*By Program: Collier Regional Juvenile Detention Center*

#### Collier Regional Juvenile Detention Center

Mod: Mod #2 (Males) (19 Rooms) (19 room(

Youth Name:

Youth test

DJJID:

DJJ ID

DOB:

DOB

Request Date: 07/19/2013 08:00 AM

Medical Care ☒

Dental Care ☐

Mental Health Care ☐

Lee Medicalrn, RN on 07/19/2013 10:15 AM: Youth says he is underweight and needs extra food at meals.

Youth  
Photo

Youth Name:

Youth test

DJJID:

DJJ ID

DOB:

DOB

Request Date: 07/19/2013 08:00 AM

Medical Care ☒

Dental Care ☐

Mental Health Care ☐

Lee Medicalpn on 07/19/2013 10:16 AM: Youth complains of abdominal pain

Total Sick Calls for Collier Regional Juvenile Detention Center: 2

Total Sick Calls Youth: 2

Total Sick Calls for Detention: 2

Total Sick Calls Youth for Detention: 2

This is an example of  
"Pending Review"  
Report

If you have any questions  
or problems using OHS  
forms module please  
contact your local Data  
Integrity Officer (DIO)