



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
DETENTION SERVICES  
FACILITY MEDICAL POLICIES**

<b>Superintendent</b> _____ Signature <b>Designated Health Authority</b> _____ Signature		<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018	<b>Procedure Number:</b> <b>8015</b> <b>Medical Services</b>
<b>Subject:</b> COMPREHENSIVE PHYSICAL ASSESSMENT			<b>Reference:</b> 63M-2.0048 & 63M-2.002F.A.C. Quality Improvement Standard 4.15 & 4.16	
<b>Purpose:</b>	The purpose of this policy is to ensure a Comprehensive Physical Assessment (CPA) form will be completed for all applicable youth admitted into the facility to determine the health and wellbeing of the youth.			

**PROCEDURE:**

- A. A CPA will be completed within seven calendar days of admission.
- B. Medical Grade Undetermined
  - a. If the Medical Grade has not been determined or is not known at the time of this admission and the youth does not indicate any acute (new) or chronic (existing) injuries or illnesses or require medications, the youth must be scheduled for and receive a Comprehensive Physical Assessment within seven (7) calendar days of admission to a facility.
- C. Medical Grade 1
  - a. If the youth has had a prior admission, check the Individual Health Care Record (IHCR) to determine if there is a current CPA on file. The CPA may also be in the Commitment Packet and/or EMR. If the CPA is in the Commitment Packet, it should be included and filed in the IHCR.
  - b. The Comprehensive Physical Assessment is current if performed within the last two years.
  - c. Current CPAs must be reviewed by the receiving facility’s Designated Health Authority or designee, PA or ARNP who is providing primary care at the facility. The additional Review of the CPA and a focused note shall be completed and filed in the IHCR and include an update of vital signs, Body Mass Index (BMI), and any additional health findings.
  - d. If a Comprehensive Physical Assessment has not been performed or is not current, or there are changes to the condition of the health of the youth (i.e. pregnancy or resolution of medical condition), then the youth shall have a CPA as soon as possible, but no longer than within seven (7) calendar days of admission.
  - e. A physical assessment may also be repeated at a practitioner’s discretion, using the Department’s standardized form, or a focused medical evaluation. An additional review

of the CPA may be conducted by the practitioner in the chronological progress notes (there is no standard form for a focused medical evaluation).

#### D. Medical Grades 2, 3, 4 and 5

- a. If the youth has had a prior admission, check the IHCR to determine if there is a current CPA on file. The CPA may also be in the Commitment Packet and/or EMR. If the CPA is in the Commitment Packet or EMR, it should be included in the IHCR.
- b. The Comprehensive Physical Assessment is current if performed within the past 12 months.
- c. Youth who have been assigned these medical grades will have a Comprehensive Physical Assessment conducted at least annually.
- d. Current CPAs must be reviewed by the receiving facility's Designated Health Authority or designee, PA or ARNP who is providing primary care at the facility. The additional Review of the CPA and a focused note shall be completed and filed in the IHCR and include an update of vital signs, BMI, and any additional health findings.
- e. If a Comprehensive Physical Assessment has not been performed, or is not current, or there are changes to the condition of the health of the youth (i.e. pregnancy or resolution of medical condition), the youth shall have a CPA as soon as possible, but no longer than within seven (7) calendar days of admission.
- f. A Comprehensive Physical Assessment may also be repeated at the practitioner's discretion, using the Department's standardized form. Alternatively, a focused medical evaluation and an additional review of the CPA may be conducted by the practitioner and documented in the chronological progress notes (there is no standardized form for a focused medical evaluation).

#### E. Physician Referral Tracking

- a. All referrals to the Physician, PA or ARNP, (regardless of origin or type) are to be tracked on the Physician Referral Log (or a facility's log specifically dedicated for this purpose) with the date of the appointment listed. A designated individual must be assigned to check the log no less than two times weekly to assure that all referrals are accomplished. This individual must initial the log whenever it is checked and when a youth's referral is accomplished.

F. All fields on the CPA will be completed as required by Rule 63M-2 F.A.C. (BMI, visual acuity, Tanner stage, scalp/head, cardiovascular, medical grade, TST, etc.).

G. When any part of the exam (specifically the genital exam), is refused by the youth, the clinician will write "Youth Refused", or a similar term. The term "Deferred" alone is not specific. Youth shall initial any part of the exam they refuse. The explanation of "not clinically indicated" would better serve the reason for exam chosen to not be completed by a practitioner. Any provider routinely not completing the Tanner stage evaluation will not have the support of the department if youth develop medical conditions that would have been identified upon examination.

H. All girls over the age of twelve who are sexually active and identify their menstrual cycle as more than two weeks late or request testing, will receive a qualitative urine pregnancy screening test with the youth's verbal consent at the time of admission.

- I. Youth will be referred for a gynecological examination to be completed for sexually active females if present with medical concerns. All pelvic exams will only occur with the female youth's full verbal consent.