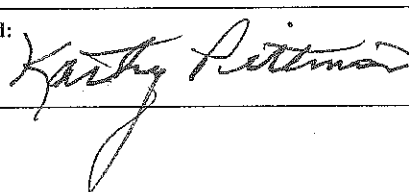


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Admission Health Screening and Assessment</b>		Policy Number: <b>15</b>
Number of Pages: <b>5</b>		Section: <b>XI</b>
<p style="text-align: center;"><b>Attachments</b></p> Nursing Intake Assessment Form XI.15.A Admission Log XI.15.B Hearing / Vision Screen Form XI.15.C Medical Record Request Log XI.15.D Initial Admission Screening Tool XI.15.E		<p style="text-align: center;"><b>Related Standards &amp; References</b></p> ACA Juvenile Health Care Performance Based Standards: 4-JCF-4C-01, 4-JCF-4D-02
Effective Date: 06/09/06 Revision Date: 03/01/07, 04/16/08, 09/10/08, 05/01/11.		Approved: 

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that an intake medical, dental and mental health screening commences upon the youth's arrival at the facility by health care personnel.

The responsible physician in cooperation with the health authority establishes written procedures and screening protocols. All findings shall be recorded on a form approved by the Health Services Coordinator. The screening form includes at least the following: (4-JCF-4C-01, 4-JCF-4D-02)

**Inquiry into and assessment:**

- History of chronic illness and serious infectious or communicable diseases, including symptoms and treatment;
- Obstetrical/Gynecological history and current pregnancy status;
- Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions);
- Current illness and health problems, including infectious or communicable diseases;
- Current medications;
- Current or history of dental problems;
- Surgery History
- Hospitalization History
- Family Health History
- Physical Assessment
- Physical Description
- Identifying Marks
- Allergies
- Recording of height, weight, and vital signs (pulse, blood pressure, and temperature);

Subject	Policy Number	Page
Admission Health Screening and Assessment	XI.15	2 of 5

- The possibility of pregnancy;
- Mental health problems including history of self-injurious and/or suicidal behavior, inpatient and outpatient psychiatric treatment, alcohol and other drug use, and/or treatment for alcohol and other drug use; current suicide ideation, mental health complaint, treatment for mental health problems, and/or prescribed psychotropic medication; and
- Other health problems designated by the responsible physician.

**Observation of:**

- Behavior, including state of consciousness, mental status, general appearance, conduct, tremor, and sweating;
- Body deformities and ease of movement;
- Condition of skin to include any trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse; and
- Current symptoms of psychosis, depression, anxiety, and/or aggression.

**Disposition of youth:**

- Cleared for general population;
- Cleared for general population with appropriate referral to medical and/or mental health services;
- Referral to qualified mental health care provider for further appraisal/evaluation as appropriate;
- Referral to appropriate medical and/or mental health care service for emergency treatment; and/or
- Youths, who are semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicted on written medical clearance.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

Health Screening and Assessment - an inquiry, observation and assessment performed by health care personnel designed to prevent newly arrived youth who pose a health or safety threat to themselves or others from being admitted to the general population and to identify youths who require immediate medical and mental health attention.

**III. PROCEDURE**

- A. At the time of intake to the facility, each youth shall receive a health screening and assessment by nursing personnel. The screening and assessment shall be documented on the Nursing Intake Assessment form XI.15.A (4-JCF-4C-01; 4-JCF-4C-02)  
The nurse shall also place the youth's name on the Admission Log XI.15.B
  - 1. The nurse in the youth's health record, Interdisciplinary Progress Notes XI.8.A shall also note documentation of the youth's arrival and any significant medical findings.

Subject	Policy Number	Page
Admission Health Screening and Assessment	XI.15	3 of 5

2. All female youth shall receive an intake health screen, assessment and medical exam when admitted to the MDYS. Refer to MDYS Policy XI.21, Female Health Care and MDYS Policy XI.16, Health Care Appraisal and Examination.
  - a. All female health care appraisal and examinations shall also include:
    - Pelvic exam
    - Pap smear
    - Laboratory tests, as ordered by the health care clinicians, to detect sexually transmitted diseases. (STDs)
    - A urine pregnancy test within seven (7) days of admission
  - b. A board-certified Obstetrician shall be contracted to provide appropriate pre, peri and post-partum services.
3. Youth presenting with significant medical, dental and mental health findings shall be immediately referred to the facility Physician, Dentist, Psychiatrist, or Psychologist for a timely evaluation and/or emergency treatment. (4-JCF-4C-01, 4-JCF-4D-02)
  - a. Indications of a significant level of psychological distress in a youth shall result in immediate referral to psychology. This youth shall be seen by a QMHP within one (1) hour. This youth shall not be out of site range of nursing, security or other qualified personnel, until appropriate assessment has been completed
  - b. Positive responses to questions concerning suicidal ideation and self-injurious behavior in the past six months shall result in immediate referral to psychology staff for a risk assessment pursuant to the Policy Suicide Prevention and Response. This youth shall be seen by a QMHP within one (1) hour. This youth shall not be out of site range of nursing, security or other qualified personnel, until appropriate assessment has been completed.
  - c. Youth who are currently taking or are supposed to be on psychotropic medication shall be referred to and be seen by the psychiatrist within a 15 day period.
    - i. Any youth who arrives with a current supply of medications and who by statement and confirmation with either the transporting officer, detention records and/or parent. This medication shall be continued, using the medications brought by the student (after an identification of the medications is completed) until which time the student is evaluated by the psychiatrist and a decision is made to either stop, continue or change the medication.
    - ii. If a student claims to be currently on psychotropic medication yet yet brings no medication or prescription a phone call shall be

Subject	Policy Number	Page
Admission Health Screening and Assessment	XI.15	4 of 5

made to the parent/guardian for confirmation. Then if appropriate a phone call will be made to a facility psychiatrist for orders.

4. The admission nurse reviews all health records that are received from the Court, parent or guardian.
  - a. Significant health data is noted in the youth's medical record, Interdisciplinary Progress Notes.
  - b. If medical and immunization history is not received from the Court, parent or guardian on intake, the on site clinic staff shall be responsible for contacting the youth's parent or guardian and requesting this documentation. Documentation of this request is noted in the youth medical record, Interdisciplinary Progress Notes. Refer to MDYS Policy XI.32, Communicable Disease Management and MDYS Policy XI.36, Immunization Program.
  - c. Pertinent medical, dental and psychiatric records should be ordered, documented on the medical records request log (Form XI.15.D) and follow up request sent in 14 days if records not received.
5. Vision screening shall be completed by nursing personnel on all youths during the intake process. The nurse completing the screen shall document results on the Hearing and Vision Screening Form XI.15.C. Refer to MDYS Policy XI.18, Optometry Services.
6. Hearing screening shall be completed by nursing personnel on all youths during the intake process. The nurse completing the screen shall document results on the Hearing and Vision Screening Form XI.15.C.
  - a. The facility physician shall review, sign and date the Hearing and Vision Screening Form.  
This form shall be maintained in the youth's medical record.
    - i. If the youth fails any part of the hearing screen, the test must be repeated in 2 (two) weeks.
    - ii. If the youth fails any part of the repeat hearing screen, the nurse who performed the hearing screen shall present the health record to the facility contract physician for appropriate referral.
  - b. When a referral is made by the facility physician refer to MDYS Policy XI.25, Medical Consultation and Hospitalization.
7. Dental screening shall be completed by nursing personnel on all youths during the intake process. Refer to MDYS Policy XI.19, Dental Screening and Examination.
- B. The Health Services Supervisor shall be notified verbally or via the Medical Department Shift Report XI.10.A when a youth reports any of the following conditions, regardless of the youth's condition, upon admission:
  - Asthma requiring scheduled medications

Subject	Policy Number	Page
Admission Health Screening and Assessment	XI.15	5 of 5

- Blood Disorders
- Cardiovascular Disorders
- Cancer
- Diabetes
- Hepatitis A, B, or C
- Hypertension
- Immunodeficiency
- Pregnancy
- Recent Head Injury (actual or suspected)
- Renal Disorders
- Seizure Disorder
- Severe Allergies
- Other severe chronic or critical medical conditions requiring close medical supervision
- History of Tuberculosis or currently undergoing treatment (youth with symptoms of active disease shall not be placed in general population until procedures have been followed to determine whether additional clinical testing is necessary).

The nurse shall initiate the Medical Problem List Form XI.20.A, when a youth presents with a chronic problem as outlined above. Refer to MDYS Policy XI.20, Special Health Needs Programs and Health Care Treatment Plans.

- C. Upon arrival at the facility, all youth shall be informed about how to access health services. This information shall be communicated orally and in writing to youths on arrival at each facility, and conveyed in a language that is easily understood by each youth. When literacy, language problem, or physical handicap prevents a youth from understanding oral and written information, a staff member or translator shall assist the youth. Documentation of instructions given shall be maintained in the youth's health record. (4-JCF-4C-05) Refer to MDYS Policy XI.13, Access to Health/Mental Health Care.
- D. Directions for personnel regarding their roles in the care and supervision of the youth is in written form. The nurse shall complete the Health Care Plan and Medical Instructions Form and distribute to all appropriate staff areas. (4-JCF-4C-16) The nurse shall only provide information to staff that address the medical needs of the youth as it relates to housing, programming, placement, security, and transport. Refer to MDYS Policy XI.20, Special Health Needs Programs and Health Care Treatment Plan.
- E. The facility Physician shall complete a physical examination within fourteen (14) days of the youths' arrival at the facility. Refer to MDYS Policy XI.16, Health Care Appraisal and Examination.
- F. The Division's Health Services Coordinator shall revise this policy as necessary.