

Chapter: Health Care and Treatment	Effective Date: 2/1/14
Title: Initial Intake Screening	Page: 1 of 2
ACA: 4-JCF-4C-01(M)	Replaces: HSP.04.01, 7/15/11

(a) **Standard.**

- (1) The intake health screening begins upon a youth's arrival at the facility and is performed by a qualified health care professional.
- (2) The Texas Juvenile Justice Department (TJJD) and University of Texas Medical Branch – Correctional Managed Care (UTMB) medical directors establish:
 - (A) health screening procedures and approve a health screening form; and
 - (B) procedures regarding the discontinuation of medications upon admission.
- (3) Upon a youth's admission to an institution he/she is placed on full activity restriction until cleared by the unit provider at the time of the intake physical examination. If a youth refuses his/her intake physical examination, the full activity restriction continues until a physical examination is completed.

(b) **Applicability.**

- (1) This standard applies to youth upon initial commitment, parole revocation, or recommitment to TJJD.
- (2) This standard does not apply to intrasystem transfers.

(c) **Procedures.**

- (1) During the initial intake screening, a **nurse**:
 - (A) collects all health screening data and records, including all current medications, and documents the information on the Initial Health Screening form,  [HLS-100](#);
 - (B) notifies the medical provider and/or psychiatrist, as indicated, regarding currently prescribed medications and obtains medication orders;
 - (C) immediately contacts the provider for instructions regarding a youth with immediate health care needs;
 - (D) reviews all community records and documents the review and any findings on the HLS-100;
 - (E) creates appropriate electronic medical record (EMR) reminders;
 - (F) performs a Nutrition Risk Screening and documents the screening in the EMR;
 - (G) reviews immunization history to determine immunizations needed and administers immunizations as required by the Texas Department of State Health Services immunization guidelines;
 - (H) ensures community records are scanned into the EMR;
 - (I) determines disposition to:
 - (i) general population;
 - (ii) general population with follow-up indicated;

- (iii) infirmary admission; or
 - (iv) emergency room;
 - (J) contacts the facility provider for medical clearance and orders for placement in the infirmary or general population if the youth was referred for emergency treatment before or during admission; and
 - (K) ensures proper steps are taken if a youth has any special medical needs or problems when the initial screening is completed, including:
 - (i) notifying the youth's program staff (i.e., case managers, dorm, recreation, and school) by telephone;
 - (ii) documenting verbal notification in the EMR;
 - (iii) sending written notification to program staff; and
 - (iv) scanning a hard copy of the notification into the EMR.
- (2) A **provider** reviews the  [HLS-100](#) form to identify current medications and determines the course of action.
- Note: In general, no current medications should be discontinued or changed without a medical/psychiatric evaluation and appropriate EMR documentation.
- (A) If the **provider** determines that some or all medications should be discontinued (if deemed appropriate and safe), the **provider** must document the decision and the rationale in the EMR.
 - (B) The **provider** ensures that appropriate action is taken if the medication needs to be tapered but not stopped abruptly.
 - (C) During the youth's intake physical examination, the **provider** determines if the youth's activity restriction will be:
 - (i) continued; or
 - (ii) cleared to participate in day-to-day activities.
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