



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

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|------------------------------------------|-----------------------------------------|-----------------------------------------|
| CD-170000 Health Services Administration | Issued: 11/24/94 Effective: 11/24/94 | Reviewed: 10/31/20 Revised: 10/27/17 |
| Alisha Tafoya Lucero, Cabinet Secretary | | <i>Original Signed and Kept on File</i> |

AUTHORITY:

- A. NMSA 1978, Sections 33-1-6 and 14-2-1, and 9-3-5, 14-2-1, as amended.
- B. Policy *CD-010100*.
- C. Federal Privacy Act of 1974 42 C.F.R. §2.32(a), 1978.

REFERENCES:

- A. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. National Commission on Correctional Health Care, *Standards for Health Care in Prisons*, 1997.
- C. ACA Expected Practices 5-6B-4380 through 5-6B-4393 and 5-6D-4424, *Performance Based Expected Practices for Adult Correctional Institutions*, 5th Edition.
- D. ACA Standards 1-CTA-3F-03, *Standards for Correctional Training Academies*, 1st Edition.
- E. NMSA 1978, Section 61-3-1 through 63-1-18, the Nursing Practice Act, New Mexico Administrative Code 16.12.2: Occupational and Professional Licensing; Nursing and Health Care Related Providers, Nurse Licensure, and related.
- F. Transfer of Inmates with Acute Medical or Psychiatric Illness (*CD-173100*)
- G. Employee Tuberculosis Screening (*CD-036200*)

PURPOSE:

To establish a guide to provide opportunities for reasonable and appropriate access to medical, psychiatric/mental health and dental health care. New Mexico Corrections Department (NMCD) requires appropriate and uninterrupted health care be provided to inmates with health conditions. Security, transportation, program, and health staff cooperate and coordinate their activities to provide scheduled health and emergency health treatment.

References to health care professional (i.e., Health Services, Psychiatric /Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

APPLICABILITY:

All employees of the New Mexico Corrections Department (NMCD) and contracted employees involved in the management or operation of the adult health services delivery system for inmates housed in state and contracted institutions.

FORMS:

None

ATTACHMENTS:

None

DEFINITIONS:

- A. ACA: The American Correctional Association
- B. Clinical Provider: A licensed individual, including MD, DO, PA, and NP, who may independently examine, diagnose and treat inmate(s). Elsewhere defined as “Provider”.
- C. Director of Nursing: A professional nurse, employed by the vendor who is responsible for overseeing the entirety of nursing services at a facility.
- D. Encounter: An instance of the provision of service to a person seeking medical.
- E. Health Services Administrator (HSA): The institutional operational health authority, employed by the medical contractor responsible for the entirety of healthcare services rendered at that facility.
- F. Hospital Admission: Admission of an inmate to a local community hospital for provision of medical care not available at the facility.
- G. Medical Director: A physician responsible for the delivery of medical and dental contract services, either at a facility, regional, or statewide level. The term may in context imply the senior medical physician at a facility, the senior physician employed by a medical services contractor and responsible for the statewide contract, or the Chief Medical Administrator of the New Mexico Corrections Department
- H. Medical Infirmity Services: Infirmity-level care for an illness or diagnosis that requires observation and management, but does not require admission to a licensed hospital.
- I. Medical Out-Patient Services: Ambulatory clinic areas designed to provide sick-call, health maintenance, and limited emergency services.
- J. Mid-Level Practitioner: As defined in New Mexico statute and administrative code, a certified physician's assistant or certified nurse practitioner whose scope of practice allows direct patient diagnosis and treatment.

POLICY:

- A. New Mexico Corrections Department (NMCD) medical policies provide for a comprehensive health care services program, staffed by qualified health care professionals that are available to all New Mexico Corrections Department patient inmates. These policies cover the following:
[2-CO-4E-01]
 - responsible health authority
 - facilities and equipment

- personnel
- health screenings and examinations
- specialized programs
- specialized population
- quality assurance
- participation in research
- death of inmate
- pharmaceuticals
- levels of care
- informed consent
- health record files
- notification of designated individuals
- AIDS and other communicable diseases

- B.** Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised, if necessary. **[5-6D-4424]**
- C.** Health care professionals are prohibited from participation in capital punishment in order to not compromise their professional ethics and capacity to provide health care services. Therefore, no health care professional will be permitted to participate in capital punishment in New Mexico. New Mexico policy prevents any healthcare professional employed by or through NMCD from participating in the execution of sentence for capital crimes.



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AUTHORITY:

Policy CD-170000

PROCEDURES:

A. Central Office Health Services Bureau (HSB) and the Medical Health Authority: [2-CO-4E-01]

1. Central Office Health Services Bureau (HSB) is the central authority at NMCD responsible for oversight of all adult correctional health services operations, personnel, and resources; is responsible for adult health services for state correctional inmates monitoring public health concerns that could affect health and safety within the institutions, and functions as the administrative liaison between adult health services and institutional services.
2. The Health Services Administrator or designee shall stand as the Medical Health Authority responsible to the Secretary through the Deputy Secretary of Operations. Adult health services personnel throughout the Department are organizationally accountable to the Central Office Health Services Bureau (HSB) for health services operations, monitoring standards of health care. In the areas of institutional safety and security, however, such personnel report to the Warden.
3. All policies governing adult health care services or programs are to be established by the Central Office Health Services Bureau (HSB) and subject to approval of the Secretary.
4. Corrections Department Policy and Procedure shall be adhered to by all contract medical providers under contract with NMCD. The Medical Contractor's policies and procedures shall be recognized as protocols which require approval of the Medical Health Authority on behalf of the Department.

B. Facility Health Services Administrator:

1. Each facility will have a designated health authority with responsibility for health care services pursuant to a job description or written contract. Such responsibilities include: [5-6B-4380]
 - establish a mission statement that defines the scope of health care services;
 - develop mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored;

- develop facility's operational health policies and procedures;
 - identify the type of health care staff needed to provide the determined scope of services;
 - establish systems for the coordination of care among multidisciplinary health care providers; and
 - develop a quality management program.
2. When the facility health authority is other than a physician, final clinical judgments rest with a single, previously designated, responsible physician. The facility health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. **[5-6B-4380]**
 3. Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians. **[5-6B-4381]**
- C. Facilities that provide health care services shall provide services by qualified health care staff, whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file in the facility. **[5-6B-4382]**
1. All health services positions which require state and/or federal licensure, certification, or registration as an entry level qualification will be filled by persons who meet those qualifications.
 2. It shall be the responsibility of the Health Services Administrator at each institution to verify the current credentials of all applicants for any health services positions which require credentialing. A copy of each person's current license, certificate or registration shall be kept on file in the health services unit. A candidate approval request shall be sent to the NMCD Central Office HSA for review and approval. **[5-6B-4384]**
 - All persons who hold credentials are expected to perform the services for which they are qualified in accordance with the standards of practice for their particular profession or vocation.
 - All health care provided to inmates shall be performed or directed by those qualified and authorized through professional licensure, certification or registration to do so. All treatment provided shall be performed pursuant to written protocols.
 3. When institutions do not have qualified health care staff, health-trained personnel coordinate the health care delivery services in the institution under the joint supervision of the responsible health authority and Warden. **[5-6B-4383]**
 4. All direct care staff are screened for tuberculosis infection and disease prior to job assignment and periodically in accordance with recommendation from applicable local, state, and federal public health authority. **[5-6B-4386]**

- General Guidelines

The vendor shall ensure that direct care staff has Tuberculosis (TB) screening on hire and annually. All new employees receive a 2-step TB skin test in accordance with CDC guidelines.

5. All direct care staff shall be offered the Hepatitis B vaccine (HBV) immunization series in accordance with the institution's exposure control plan. [5-6B-4387]

D. Orientation and training for Health Services personnel.

1. All Health Care Staff in the facility are to be trained in the implementation of the facilities emergency plan. Health care staff is to be included in the facility emergency drills, as applicable. [5-6B-4388]
2. It is required that the licensed or certified professional obtain additional training needed to maintain credentials in accordance with New Mexico law.
3. All Health Services staff is to be trained in CPR and First Aid, and will receive a certification card with the date the course was completed. Re-certification is required as stipulated by the American Red Cross Association.

E. Designated correctional and all health care staff is trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instructions on the following: [5-6B-4389]

1. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations.
2. Administration of first aid.
3. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organizations.
4. Methods of obtaining assistance.
5. Signs and symptoms of mental illness, violent behavior, acute chemical intoxication, and withdrawal.
6. Procedures for patient transfers to appropriate medical facilities of health care providers.
7. Suicide intervention.
8. Training in infectious diseases to include universal precautions and bio-hazardous waste disposal.

This training will enable correctional and other personnel to respond to health related situations within a 5-6Bminute response time.

F. Medical Services in the event of a Disaster:

In the event of a disaster, the following system shall be utilized for notifying all available Health Services employees:

1. On-duty Health Services staff shall immediately notify the Health Services Administrator.
2. The Health Services Administrator or designee shall then contact the following Health Services personnel:
 - Director of Nursing (DON) or Nurse Supervisor.
 - Institutional Physician.
 - Midlevel Provider.
 - Institutional Dentist.
 - Health Information Clerk.
 - Administrative Assistant.
 - Dental Assistant.

In the absence of the Health Services Administrator, responsibility for notification of Health Services personnel shall rest with the DON or designee.

3. The DON or designee shall be responsible for contacting the following Health Services personnel:
 - All Registered Nurses (RN).
 - All Licensed Practical Nurses (LPN).
 - Non-Licensed Health Care Workers.
4. All Health Services staff shall be required to remain on-call and/or report for duty as directed for the duration of the disaster situation.
5. Decisions regarding notification of additional health service personnel from the community shall be made after the HSA and the institutional Physician arrive at the facility.
6. Staff call-out list for disasters will be posted in the Health Services Pharmacy.
7. Emergency equipment and supplies shall be maintained in the Health Services Emergency Room and supply room for use in the event of a disaster.

A written inventory shall be maintained of all emergency supplies, including expiration dates when applicable. This written inventory shall be reviewed on a monthly basis and recorded on the man down bag and monthly crash cart check list inventory sheets.

8. Health Services Staff Assignments:

- The HSA will be responsible for the overall coordination of emergency medical services in the event of a disaster. This will include initial staff assignments and establishment of the chain of command. The HSA shall coordinate local care and response with the local emergency facility authority.
- The Facility Medical Director or designee will assume overall clinical control for medical services in the event of a disaster. This shall include directing medical staff in carrying out clinical duties, assisting in determining priorities for treatment, and providing direct treatment to patients requiring immediate care.
- The Facility Dentist shall be responsible for evaluating and treating all patients suffering from injuries to the teeth, gums, and maxillofacial areas.
- The Dental Assistant shall work with the Facility Dentist.
- The Health Information Clerk and the Administrative Assistant shall be responsible for initiating medical records for patients as they are brought into the triage area.
- Litter teams will consist of Correctional Officers whose assignments will be to transport injured inmates and staff members to the appropriate triage sites. If additional litter teams are needed, inmates may be used **ONLY** after approval from the Warden or designee.

9. Triage Examination Areas:

- If the Health Services clinical site cannot be secured for safe operations; two (2) triage examination sites will be initiated.
- The employee triage examination area will be labeled "A". The inmate triage examination area will be labeled "B". Specific staff assignments will be made at the time of the occurrence.

10. The following prioritization of treatment shall be maintained:

- Priority I - Major Injuries:

Casualties suffering serious injuries shall receive as extensive emergency treatment as possible to preserve life and shall be transported immediately to a Medical Center for comprehensive treatment.

- Priority II - Intermediate Injuries:

Casualties suffering non-serious injuries, but who require extensive care shall be retained in the treatment area until such time as transportation is available after Priority I patients are evacuated.

- Priority III - Minor Injuries:

Casualties suffering only minor injuries which are not incapacitating will be treated and transported to a secure area of the institution for supervision by correctional staff.

- Priority IV - Psychological Impairment:

Casualties who exhibit manifestations of psychological illness shall be segregated from all other casualties.

Staff with psychological problems shall be treated in an Administration office. Inmates with psychological problems shall be treated in the Mental Health area.

Close surveillance shall be maintained, medication administered if needed, and medical restraints applied when necessary. Psychiatric or mental health/behavioral staff shall supervise and provide the mental health care for these individuals.

- Priority V - Expired:

Casualties who are dead on arrival or who expire during or after treatment shall be retained in a pre-designated morgue area.

11. Safety and security of the triage examination areas shall be provided by Security staff.

- a. Assignment of Security staff to the triage examination areas shall be designated by the Shift Supervisor.
- b. The Shift Supervisor or his or her designee will assist in providing protection for each litter team on the field.
- c. The Chief of Security will arrange for security procedures when immediate transfer of inmates to a Medical Center is required. Master Control will keep a record of the inmates being transferred to a Medical Center, as notified by the DON.

12. Communications:

The Officer in Charge will be equipped with a portable radio and will coordinate communications between the triage examination areas, security, emergency vehicles, and the hospital.

13. Evacuation of Staff and Patients:

In the event of a disaster requiring evacuation, non-essential staff and any patients will exit by the most expeditious routes available. Security and/or Health Services staff on duty will ascertain from the Control Center what evacuation route is available and whether Security staff can be provided to assist in the evacuation.

14. Ambulance Services (*See also (CD-173100) Transfer of Inmates with Acute Medical or*

Psychiatric Illness):

- An ambulance service will provide additional emergency vehicles as needed.
- The Health Services Administrator will arrange with the Shift Supervisor and Traffic Control to allow prompt passage of emergency vehicles in and out of an institution.
- Emergency vehicles will transport casualties directly from the triage examination areas to a Medical Center.

15. Medical Records:

The Health care documentation shall include at a minimum:

- Full patient identification, as obtainable (name, NMCD #).
- Time of patient arrival in triage examination area.
- Diagnosis.
- Appropriate details of treatment.
- Condition upon discharge or transfer.
- Location of patient if transferred to another facility or hospital.

16. Practice Drills and Staff Training:

The HSA will be responsible for providing staff training and holding monthly emergency response drills.

17. Release of Information:

Release of information will be done in accordance with New Mexico Corrections Department policies and procedures.

18. Debriefing:

All Health Services employees involved in the disaster will be provided debriefing and after-care services by Mental Health Services.

G. First Aid Kits and Supplies: [5-6B-4390] [1-CTA-3F-03]

First aid kits are available in designated areas of the facility based on need and an automatic external defibrillator is available for use in the Health Services Emergency Room. The Health

Authority at each facility approves the contents, number, location, and procedures for monthly inspection of the kits and develops written procedures for the use of the kits by nonmedical staff.

1. A first aid kit and a litter stretcher will be located in each housing unit.
 - a. Rescue masks with one-way valves shall be available in each housing unit.
 - b. First aid kits will not be stocked with emergency drugs.

- c. The kits should be large enough and should have the appropriate contents for the place where it is to be used.
 - d. The contents shall be arranged so that the desired package can be found quickly without unpacking the entire contents of the box.
 - e. Material should be wrapped so that unused portions do not become dirty through handling.
 - f. First aid kits will be sealed with breakable plastic ties, which will alert supervisors/department heads that the first aid kit has been opened and may need to be restocked.
 - g. Each correctional officer assigned to the control center in the housing unit will inspect the first aid kits daily to insure sealed kits.
 - h. Monthly inspection of the first aid kits shall be the responsibility of the supervisor of each area.
 - i. Supervisors shall notify the Safety and Sanitation Officer of kits that need to be restocked. Restocking and sealing of the kits will be the responsibility of the Safety and Sanitation Officer.
2. In addition to the equipment and supplies listed above, stretchers, backboards, and wheelchairs shall be kept in the Health Services Department for use in emergencies. Additional emergency equipment shall be available in the emergency room of the Health Services Department.
 3. An emergency trauma kit shall be equipped and maintained by the Health Services personnel to be used during emergency situations.
 - a. The trauma kit will be properly equipped.
 - b. The emergency trauma kit will be kept in the Emergency Room at the Health Services Department.
 - c. The trauma kit will be routinely checked at the beginning of each month and after each use by nursing personnel.
- H.** If volunteers are used in the delivery of health care; there is a documented system for selection, training, staff supervision, facility orientation, and a definition of tasks, responsibilities, and authority that is approved by the health authority. Volunteers may only perform duties consistent with their credentials and training, Volunteers agree in writing to abide by all facilities policies, including those relating to security and confidentiality of information. **[5-6B-4391]**
- All related documentation will be retained by the facility health services administrator.

- I. Students and/or interns involved in the delivery of health care to inmates of the NMCD shall do so only under the direct supervision of the appropriate medical staff member and shall perform only those duties which are commensurate with their current level of training. [5-6B-4392]

J. Inmate Workers in Health Services:

1. Unless prohibited by law, inmates (under staff supervision) may perform familiar duties commensurate with their level of training. [5-6B-4393] These duties may include:
 - a. Providing peer support and education;
 - b. Performing hospice activities;
 - c. Assisting impaired inmates on a one-on-one basis with activities of daily living;
 - d. Serving as a suicide companion or buddy if qualified or trained through a formal program that is part of suicide-prevention plan; and
 - e. Handling of dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable tool control policies, while in a dental assistant's training program certified by the state department of education's or other comparable appropriate authority.
2. Inmates are not to be used for the following duties:
 - a. Performing direct patient care services;
 - b. Scheduling health care appointments;
 - c. Determining access of other inmates to health care services;
 - d. Handling or having access to surgical instruments, syringes, hypodermic needles or medication;
 - e. Handling or having access to health records;
 - f. Operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program.
3. The designated facility HSA is responsible for generating appropriate policies and procedures to delineate the tasks and conditions for selection of inmate workers for health services.

NEW MEXICO CORRECTIONS DEPARTMENT
Emergency (Man-Down) Response Progress Notes
Must complete and attach the medical incident report form # 244



Date: ___/___/___ Time: ___:___ of Man-Down Notification Date: ___/___/___ Time: ___:___ of Medical Staff Arrival Allergies: _____

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Mechanism of Injury <input type="checkbox"/> Stabbing <input type="checkbox"/> Physical Altercation <input type="checkbox"/> Burn <input type="checkbox"/> Sports injury <input type="checkbox"/> On the job injury <input type="checkbox"/> Self-harm Specify _____ | Evidence of Trauma <input type="checkbox"/> Chest <input type="checkbox"/> Head <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> G/U <input type="checkbox"/> Extremities <input type="checkbox"/> Pelvis <input type="checkbox"/> Back / Spine <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Ear <input type="checkbox"/> Other | Skin <input type="checkbox"/> Pink <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____ | Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes On Scale 1-10 _____ Describe: _____ Induced/increased with: _____ Relieved/decreased with: _____ | Chief Complaint: _____ _____ _____ _____ _____ |
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| Resp. Character <input type="checkbox"/> Labored <input type="checkbox"/> Symmetrical <input type="checkbox"/> Unlabored <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Painful <input type="checkbox"/> Crepitus Location _____ | Lung Sounds <input type="checkbox"/> R Clear <input type="checkbox"/> L <input type="checkbox"/> R Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Diminished <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L | Glasgow Coma Scale (complete only if applicable) <input type="checkbox"/> NA <table style="width:100%; border-collapse: collapse;"> <tr> <td>Eyes Spontaneously</td> <td align="right">4</td> </tr> <tr> <td>Verbal Command</td> <td align="right">3</td> </tr> <tr> <td>Pain</td> <td align="right">2</td> </tr> <tr> <td>No Response</td> <td align="right">1</td> </tr> <tr> <td>Verbal Oriented Converses</td> <td align="right">5</td> </tr> <tr> <td>Disoriented & Converses</td> <td align="right">4</td> </tr> <tr> <td>Inappropriate Words</td> <td align="right">3</td> </tr> <tr> <td>Incomprehensible Speech</td> <td align="right">2</td> </tr> <tr> <td>No Response</td> <td align="right">1</td> </tr> <tr> <td>Motor Obeys Commands</td> <td align="right">6</td> </tr> <tr> <td>Localizes Pain</td> <td align="right">5</td> </tr> <tr> <td>Withdraw (pain)</td> <td align="right">4</td> </tr> <tr> <td>Flexion (pain)</td> <td align="right">3</td> </tr> <tr> <td>Extension (pain)</td> <td align="right">2</td> </tr> <tr> <td>No Responses</td> <td align="right">1</td> </tr> <tr> <td>Total _____ Right _____ mm Left _____ mm</td> <td></td> </tr> </table> | Eyes Spontaneously | 4 | Verbal Command | 3 | Pain | 2 | No Response | 1 | Verbal Oriented Converses | 5 | Disoriented & Converses | 4 | Inappropriate Words | 3 | Incomprehensible Speech | 2 | No Response | 1 | Motor Obeys Commands | 6 | Localizes Pain | 5 | Withdraw (pain) | 4 | Flexion (pain) | 3 | Extension (pain) | 2 | No Responses | 1 | Total _____ Right _____ mm Left _____ mm | |
| Eyes Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verbal Command | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Response | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verbal Oriented Converses | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disoriented & Converses | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inappropriate Words | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incomprehensible Speech | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Response | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motor Obeys Commands | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Localizes Pain | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Withdraw (pain) | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flexion (pain) | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension (pain) | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Responses | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total _____ Right _____ mm Left _____ mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 Applied Time: _____ Liters: _____ Route: _____ CPR Initiated: Time: _____ Cardiac Monitor/Pads Applied: Time: _____ IV Access Started Time: _____ Catheter Size _____ Site: _____ Type Fluid Started: _____ Rate: ml/hr _____ Bolus amt _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Blood Glucose</td> <td style="width:10%;">Time:</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>Result:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | Blood Glucose | Time: | | | | | | | | | | Result: | | | | | | | | | | | | | | | | | | | | |
| Blood Glucose | Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Result: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Vital | Time | BP | P | R | O2 SAT | | Vital Signs | Time | BP | P | R | O2 SAT |
|----------------------------------|------|----|---|---|--------|--|----------------------------------|------|----|---|---|--------|
| Q 5-10 mins Until transported | | | | | | | Q 5-10 mins Until transported | | | | | |

| Medication | ASA | Nitroglycerin | Narcan | Atropine | Epinephrine | Nebulizer Treatment | Acetaminophen | Ibuprofen | Diphenhydramine | Normal Saline | Activated Charcoal | D50 |
|------------|-----|---------------|--------|----------|-------------|---------------------|---------------|-----------|-----------------|---------------|--------------------|-----|
| Time | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | |
| Route | | | | | | | | | | | | |
| Time | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | |
| Route | | | | | | | | | | | | |
| Time | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | |
| Route | | | | | | | | | | | | |

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|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initiated 911 Time _____ EMS Arrival Time _____ EMS Departure Time _____ | Disposition (check one) <input type="checkbox"/> Transported to ED <input type="checkbox"/> Returned to Housing <input type="checkbox"/> Medical Observation <input type="checkbox"/> Suicide Observation | Transported by: <input type="checkbox"/> Ambulance <input type="checkbox"/> Facility Van: Approved by (LIP): _____ <input type="checkbox"/> Air Transport | Print Name, Title, and Signature of Medical Staff: _____ RN Notified: _____ Time: _____ Provider Notified: _____ Time: _____ |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

Print Staff Name: _____ Staff Signature: _____ Date: _____

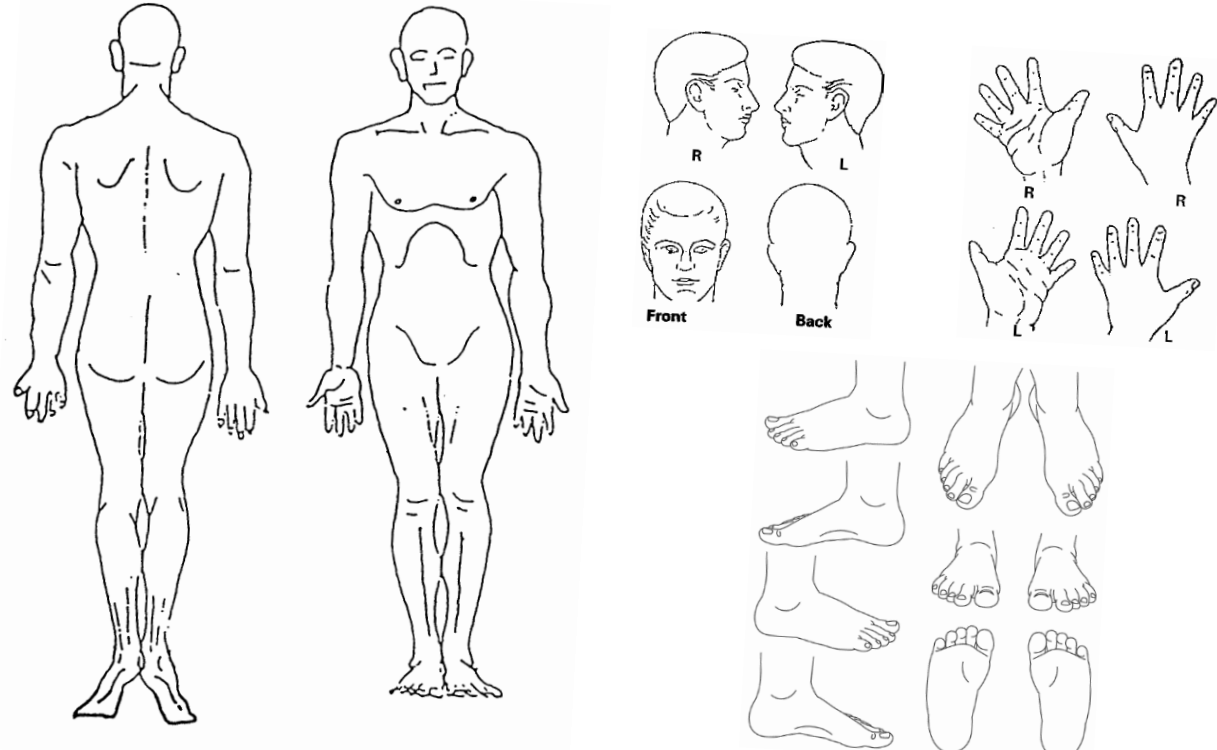
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|--------------|-------|-----|----------|
| Patient Name | NMCD# | DOB | Facility |
|--------------|-------|-----|----------|

**NEW MEXICO DEPARTMENT OF CORRECTIONS
MEDICAL INCIDENT REPORT**

Date: _____ Time: _____

INCIDENT SUMMARY:

NOTE PHYSICAL INJURIES:



DISPOSITION OF CASE:

- TREATED & RELEASED
 SENT TO EMERGENCY ROOM
 PLACED ON MEDICAL WATCH

NAME AND TITLE OF STAFF MEMBERS EVALUATING PATIENT:

 NAME (Please Print) TITLE

 ATTENDING MEDICAL PROVIDER (Please Print) TITLE

DISTRIBUTION: WARDEN HEALTH SERVICES ADMINISTRATOR

| | | | |
|--------------|-------|-----|----------|
| | | | |
| Patient Name | NMCD# | DOB | Facility |