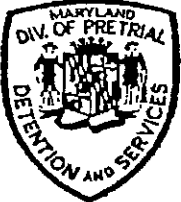



STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
DIVISION OF PRETRIAL DETENTION AND SERVICES

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|  | PROGRAM: Primary/Speciality Medical Services   |
|   | PDSD: 130-120  |
|   | TITLE: Infirmary Care  |
|   | ISSUED: January 31, 1999   |
|   | APPROVED: LaMont W. Flanagan  COMMISSIONER |

- I. References: DPSCSD# 130-100, Primary/Speciality Medical Services, Section 120-Infirmary Care
- II. Applicable to: The Division of Pretrial Detention and Services
- III. Purpose: To provide standardized guidelines for the management of inmates assigned to the WDC medical infirmary.
- IV. Definitions:
  - Infirmary - On-site area accommodating 2 or more inmates for a period of 24 hours or more, specifically set up and operated for the purpose of caring for patients who are in need of acute skilled medical care and/ or specialized medical services.
  - Clinician - Physician, physician assistant or nurse practitioner.
- V. Policy: It is the policy of the Division of Pretrial Detention and Services that on-site, state-licensed infirmary care shall be provided to female inmates in accordance with applicable state law and regulations, DPSCDs and PDSDs. Male infirmary care shall be provided off-site at M.T.C.
- VI. Procedure:
  - A. Admission
    - 1. Inmates shall be admitted to the infirmary only when ordered by a licensed physician.

2. Prior to transferring the patient to the infirmary, the admitting physician shall communicate the pertinent information to the infirmary physician.
3. Within 24 hours of infirmary admission:
  - a. a history and physical examination shall be documented on the medical record by a clinician, utilizing the DPSCS Infirmary Admission History and Physical form, and
  - b. a nursing care plan shall be developed and documented in the medical record.
4. Within 48 hours of infirmary admission, a physician's evaluation including an individualized treatment plan shall be documented on the medical records.

**B. Infirmary Care**

1. A licensed physician shall be responsible for the medical management of infirmary patients and ensure infirmary compliance with all applicable DPSCS and DPSD directives.
2. The infirmary shall have daily, 24-hour physician on-call coverage and daily, 24-hour nursing on-site coverage from a registered nurse.
3. Once every shift, a nursing assessment for each infirmary patient shall be documented in the patient's progress notes, to include:
  - a. subjective data;
  - b. objective data;
  - c. assessment; and
  - d. nursing plan.
4. At least 5 days a week, each infirmary patient shall receive a clinical evaluation, to be conducted by a physician.
5. Each infirmary patient shall receive a daily clinical evaluation, to be completed by a clinician.
6. All infirmary patients shall have a clinical assessment documented daily in their progress notes, to include:
  - a. subjective data;
  - b. objective data;

- c. assessment; and
  - d. treatment plan.
7. Progress notes shall include patient education and specific instructions as to disease process.
  8. Nursing staff shall conduct daily safety and sanitation inspections to ensure a safe infirmary environment.
  9. Inmates shall be admitted and discharged to infirmary isolation units and medically managed in accordance with DPSCSD 130-200, DPSCSD 130-100, Section 160 and PDSD# 130-116.
  10. The attending physician shall discuss medical treatment options with all terminally ill infirmary inmates in accordance with DCD 130-100, Section 160 and PDSD# 130-100.

C. Infirmary Transfers

1. If problems develop that cannot be effectively managed in the infirmary setting, the inmate shall be immediately transferred to an appropriate hospital for acute care.
2. A clinician shall document a transfer note summarizing the medical indications for hospitalization in the progress notes.
3. All inmates discharged from a community hospital inpatient service shall be transferred to an infirmary for evaluation as follows:
  - a. A physician shall evaluate all inmates upon transfer from the community hospital to determine if infirmary admission is medically indicated or if the inmate can be housed in the general population. (Inmates returning from an emergency room admission will be managed under DPSCSD 130-100 Section 140, Emergency Services.)
  - b. For all discharged inmates, a treatment plan shall be initiated in consultation with the community hospital's discharging physician and documented in the medical record.
4. The regional medical director, or designee, shall ensure that all inmates admitted to the infirmary are placed on "medical hold" and that Classification is notified of their status.

5. An Inmate may not be transferred from one infirmary to another infirmary without the approval of the DPSCS medical director, or designee.

D. Discharge

1. No inmate may be discharged from the infirmary without the order of a licensed physician.
2. For each discharge, a physician will summarize the treatment plan and the need for scheduled follow-up in a discharge note documented in the medical record.
3. The infirmary physician will communicate the discharge plan to the receiving physician prior to transfer.

E. Infirmary Log

Each infirmary shall maintain a log to include:

- a. Inmate name
- b. I.D.#
- c. Disposition
- d. Date and time of each infirmary admission, infirmary discharge, community hospital emergency room transfer and release.

VII. Attachments: None

VIII. Rescissions: None

Distribution: "B"