

CHRONIC CARE MANAGEMENT USES A COLLABORATIVE MULTIDISCIPLINARY TEAM APPROACH. CHRONIC CLINIC NURSING INTERVENTIONS ARE APPROVED BY THE CHIEF MEDICAL OFFICER FOR NURSING TO PERFORM IN ACCORDANCE WITH THE CHRONIC ILLNESS MANAGEMENT GUIDELINES. THESE APPROVED CHRONIC CLINIC NURSING INTERVENTIONS DO NOT REQUIRE A HEALTHCARE PROVIDERS ORDER. THE CHRONIC ILLNESS NURSING INTERVENTIONS ARE BASED UPON NATIONALLY RECOGNIZED EVIDENCE-BASED GUIDELINES AND RECOMMENDATIONS.

Chronic Illnesses: _____ Medical Provider: _____

Routine Physical labs/procedures required: Yes No If "Yes" complete the "Routine Physical Nursing Interventions".

CHRONIC ILLNESS LAB:

- CBC** - Annually - CAD, HTN, Liver Disease, Every 4 months - HIV/AIDS , Bi-Annual - Liver Disease - APRI in severe disease (refer to provider prior to ordering. Offender may not have severe disease)
- CMP** - Annually - CAD, HTN, Diabetes, Liver Disease, Seizures, Every 4 months - HIV/AIDS , Bi-Annual - Liver Disease - APRI in severe disease (refer to provider prior to ordering. Offender may not have severe disease)
- FLP** - Annually - Diabetes, HTN, HIV/AIDS, CAD (if not on statin), if 40 or over - Liver Disease
- UA Dipstick** - Annually - Diabetes, HTN
- Urine Albumin-to creatinine ratio** - Annually - Diabetes (only if urine protein is negative and patient is NOT on ACE inhibitor)
- HgbA1C** - Every 3-6 months – Diabetes
- Viral Load** - Every 4 months - HIV/AIDS
- CD4** – Every 4 months - HIV/AIDS
- Rapid Plasma Reagin (RPR)** - Annually - HIV/AIDS
- PT** - Liver Disease - for severe disease (refer to provider prior to ordering. Offender may not have severe disease)
- TSH** - 40 and over - Liver Disease
- AFP** - Liver disease - for severe disease (refer to provider prior to ordering. Offender may not have severe disease)
- Carbamazepine Level** - If seizures uncontrolled and toxicity symptoms present. Order CBC and CMP every 6 months
- Phenobarital Level** - If seizures uncontrolled or toxicity symptoms present
- Phenytoin Level** - If seizures uncontrolled and toxicity symptoms present
- Ethosuxiide Level** - If seizures uncontrolled and toxicity symptoms present
- Valproic Acid Level** - If seizures uncontrolled and toxicity symptoms present. Order CBC and CMP every 6 months
- Other:** (requires a medical providers order)_____

CHRONIC ILLNESS PROCEDURES AND SPECIALTY CARE:

- EKG** - Baseline then at provider's discretions - CAD, HTN
- Dilated Retinal Examination** - Annually - Diabetes, HIV/AIDS
- Spirometry / Peak Flow** - Annually – Asthma, Every 3-6 months – COPD
- EGD / Abdominal Ultrasound** - Refer to medical provider prior to ordering. Offender may not meet criteria.

CHRONIC ILLNESS VACCINES/INJECTIONS:

- Flu Vaccine**
- Pneumovax**
- Tetanus**
- Hepatitis A & B Series (if no serological evidence of immunity) – HIV**
- Hepatitis A & B Series (if not contraindicated) - Liver Disease**

MEDICAL DIET:

- Medical Diet – Annually** (write a verbal order and assign to medical provider...complete Medical Diet Request and forward to food services)

NURSING ROUTINE INTERVENTIONS:

- Offender identified and procedure explained.
- Hands washed/sanitized and gloves applied.
- Offender arm positioned, tourniquet applied, puncture site identified and cleansed.
- Venipuncture site: _____ Needle gauge size: 20 21 22 23 24 25
- Butterfly Huber
- Number of attempts: 1 2 Other: _____
- Unable to obtain. Reason: _____ Notified: _____
- Pressure applied, no bleeding, swelling or redness observed.
- Applied: (check all that apply) Band-Aid Gauze Cotton ball Tape Coban
- Vaccine administered. No problems noted. Offender tolerated procedure, voiced no concerns.
- Sharps disposed into biohazardous container.
- EKG performed. Results placed in EHR.
- Dilated retinal examination scheduled. EGD scheduled. Abdominal Ultrasound scheduled.

PROGRESS NOTE: _____

PATIENT EDUCATION:

- Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Offender verbalizes understanding of instructions.

QHCP Signature/Credentials: _____ Date: _____ Time: _____

Offender Name
(Last, First)

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