

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Chronic Illness Nursing Interventions

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(R-3/24)
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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 HEALTH CARE PROVIDERS ORDER. THE CHRONIC ILLNESS NURSING INTERVENTIONS ARE BASED UPON NATIONALLY RECOGNIZED EVIDENCE-BASED GUIDELINES AND RECOMMENDATIONS.

Chronic Illnesses: _____

Health Care Provider: _____

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

CHRONIC ILLNESS LAB:

- CBC (CPL 1000):**
Annual: CAD, HTN, Hyperlipidemia, Hepatitis B, Hepatitis C (mild disease), Fatty Liver **Bi-Annual (every 6 months):** Cirrhosis, Hepatitis C (severe disease), Hep B;
Every 4 months: HIV/AIDS;
- CMP (CPL 9179):**
Annual: CAD, HTN, Diabetes, Hyperlipidemia, Seizures, Hepatitis B, Hepatitis C (mild disease), Fatty Liver **Bi-Annual (every 6 months):** Cirrhosis, Hepatitis C (severe disease), Hep B; **Every 4 months:** HIV/AIDS;
- FASTING LIPID PROFILE (FLP) (CPL 173):**
Annual: CAD, HIV/AIDS, Diabetes, Hyperlipidemia, Fatty Liver **Every 3 Years:** HTN
- DIPSTICK UA:**
Annual: HTN, Diabetes
- URINE ALBUMIN-TO CREATININE RATIO (4895 Random or 4893 24-hour):**
Annual: Diabetes (only if urine protein is negative and patient is NOT on ACE inhibitor)
- HGBA1C (CPL 2708):**
Annual: Fatty Liver **Every 3-6 Months:** Diabetes
- VIRAL LOAD (CPL 4571):**
Every 4 Months: HIV/AIDS
- CD4 (CPL 4875):**
Every 4 Months: HIV/AIDS
- RAPID PLASMA REAGIN (RPR) (CPL 3500):**
Annual: HIV/AIDS
- PT/INR (CPL 1425):**
Annual: Fatty Liver **Bi-Annual (every 6 months):** Cirrhosis, Hep B, Hepatitis C (severe disease)
- ALPHA-FETOPROTEIN (AFP) (CPL 2625):**
Annual: Fatty Liver; **Bi-Annual (every 6 months):** Cirrhosis, Hep B, Hepatitis C (severe disease)
- HBV SCREENING WITH HEPATITIS PANEL (CPL 162):**
Annual: Fatty Liver; **Bi-Annual (every 6 months):** Hep B **One Time:** Cirrhosis
- HBV VIRAL LOAD DNA (CPL 4286):** **Bi-Annual (every 6 months):** Hep B
- HBeAG (CPL 2735):** **Bi-Annual (every 6 months):** Hep B
- ANTI-HBeAG (CPL 2733):** **Bi-Annual (every 6 months):** Hep B
- HCV ANTIBODY WITH REFLEX RNA (CPL 4677):**
One time: Hep B, Hep C, Cirrhosis
- HIV SCREENING (CPL 3540)**
One Time: Hep B, Hep C, Cirrhosis

HEPATITIS C TREATMENT LAB:

BASELINE: = within the last year:

PRETREATMENT= with the last 3 months

- URINE DRUG SCREEN (CPL 3311):** Pretreatment x 1
- HIV AB (CPL 3540):** Baseline Only
- HBV/HAV SEROLOGY (Hepatitis Profile) (CPL 162)** (If either HBsAg, anti-HBc is positive or if AST/ALT increase while inmate is on HCV treatment - HBV PCR DNA is indicated)
- PT/INR – (CPL Code 1425):** Baseline and Pretreatment
- CBC – (CPL Code 1000):** Baseline, Pretreatment, 12-Week Post Treatment; 6-Months Post Treatment without Cirrhosis Diagnosis, and 12-Months Post Treatment with Cirrhosis Diagnosis
- CMP – (CPL Code 9179):** Baseline, Pretreatment, 12-Week Post Treatment; 6-Months Post Treatment without Cirrhosis Diagnosis, 12-Months Post Treatment with Cirrhosis Diagnosis **NOTE:** Positive anti-HBc require monthly CMP's during HCV treatment)
- HCC SCREEN: AFP – (CPL Code 2625) NOTE:** Inmates with cirrhosis an HCC screen AFP/RUQ US is indicated every 6 months indefinitely): Pretreatment
- RUQ ULTRASOUND NOTE:** Inmates with cirrhosis an HCC screen AFP/RUQ US is indicated every 6 months indefinitely): Pretreatment
- HCV RNA, (HCV antibody with reflex RNA) (CPL Code 4677):** Baseline, 12-week post treatment, 6 months post treatment in inmates without Cirrhosis diagnosis, and 12-month post treatment in inmates with Cirrhosis diagnosis.
- HCV GENOTYPE (CPL Code 4804):** Baseline only with provider order for HCV treatment work-up
- NS5A GENOTYPE 1a RESISTANCE (CPL code 4795):** Baseline only with provider order for HCV workup. **NOTE:** G1a patients with decompensated cirrhosis do NOT requires NS5A testing as Zepatier is contraindicated in these inmates. G1b inmates do not require baseline.
- Urine Pregnancy Test (CLP Code 1540):** Pretreatment within 30 days of medication initiation
- Other:** (requires a health care providers order) _____

Inmate Name
(Last, First)

DOC #

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CHRONIC ILLNESS PROCEDURES AND SPECIALTY CARE:

- EKG: Baseline** then at provider's discretions - CAD, HTN, Hyperlipidemia
- Dilated Retinal Examination: Annual:** Diabetes, HIV/AIDs
- Spirometry or Peak Flow: Annual:** Asthma, **Every 3-6 months:** COPD
- O2 Sats Routine:** COPD **Every 3-6 months if on oxygen:** COPD
- EGD: Annual in CTP Class C:** Hep B, Hep C, Cirrhosis **Every 2-3 years with Cirrhosis:** Hep B, Hep C, Cirrhosis
- Abdominal Splenic Ultrasound -** Refer to health care provider prior to ordering. Inmate may not meet criteria. **Annual: Fatty Liver Every 6 months for HCC Screening:** Hep B:
Bi-Annual (every 6 months): Cirrhosis, Hep C APRI \geq 2.0, FIB-4 > 3.25; stigmata of liver disease or platelets \leq 120,000.

CHRONIC ILLNESS VACCINES/INJECTIONS:

- Flu Vaccine
- Pneumovax
- Tetanus
- Prevnar 20
- HPV for < 27 years old - HIV
- Hepatitis A & B Series (if no serological evidence of immunity) – HIV
- Hepatitis A & B Series (if not contraindicated or already immune) – Every 2 – 3 years, **annual in CTP class C:** Hep C, Cirrhosis, Fatty Liver
- Hepatitis A (if not contraindicated or already immune) – Hep B
- Initiate 3 dosed vaccination against HBV (If anti-HBs is negative)

MEDICAL DIET:

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

DIAGNOSTIC TESTS:

- RUQ/Splenic US** (Pretreatment. Inmates with Cirrhosis (thrombocytopenia, APRI score > 2 or FIB-4 score > 3.25) require HCC screening: AFP/RUQ/Splenic US every 6 months).

INTERVENTIONS:

- Inmate identified and procedure explained.
- Hands washed/sanitized and gloves applied.
- Inmate 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. Inmate 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.
- Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress note: _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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