

FOLLOW-UP ASSESSMENT RETURN FROM WRIT/COURT

Subjective Data:

Allergies: _____

Chief complaint: _____

Current problems: (list) _____

Current medications: (list) _____

Has your condition improved, deteriorated, or remained the same since you last saw the health care provider?

- N/A improved deteriorated remained the same

Current medication(s): _____

Are you experiencing any problems with your current medications?

- N/A Yes No If "Yes" Explain: _____

Are you experiencing any new health care/dental/optometric/mental health problems since arriving to the facility?

- Yes No If "Yes" Explain: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

If the inmate is experiencing any new medical/dental/optometric/mental health problems or deteriorating conditions since arriving to facility refer to appropriate Nursing Protocol or Referral to Health Care Provider.

- Complains of deteriorating condition
- Presence of abnormal findings
- Complains of severe pain
- Unexplained clinical abnormalities
- Abnormal vital signs, Temp >101, Pulse > 100 or < 50, Appears in acute distress
- Persistent or progressively worse symptoms

Plan: Interventions: (check all that apply)

- Requires referral to health care/dental/optometric/mental health provider
- Requires further nursing evaluation - Nursing Protocol
- No unexplained clinical abnormalities, signs and symptoms of illness, follow-up sick call PRN
- Education/Intervention: Instructed inmate to follow-up sick call if experiencing any signs and symptoms that warrant treatment, sick call process and medication refills. Inmate verbalizes understanding of instructions

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

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

Inmate Name
(Last, First)

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