

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-E-04**

SUBJECT: INITIAL HEALTH ASSESSMENT

POLICY: The assessment of an individual inmate's health status provides the initial database for health care to be recommended during incarceration. Health assessment provides essential information for the diagnosis of health conditions that are preventable or treatable and continuity of care for chronic health conditions. The health assessment provides the database for inmate classification, which determines institution, work and activity assignments or restrictions, as well as the health care classification, which determines the frequency and content of follow-up health status assessments during incarceration. An initial Health Assessment will be done on all new inmates within one week of intake.

REFERENCE: OAR 291-124-030  
NCCHC Standard P-E-04

PROCEDURE:

- A. Newly committed inmates will receive a full health status assessment as soon as possible but no later than seven (7) calendar days of admission. This assessment will be completed by a physician, physician's assistant, or nurse practitioner. The health assessment will include but is not limited to:
1. A review of the receiving screening.
  2. Collection of additional information to complete the medical, dental, and mental health histories taken during receiving screening and any subsequent encounters.
  3. Collection and review of laboratory and diagnostic tests to detect communicable disease, particularly tuberculosis and other communicable diseases as determined in consultation with the State Public Health Department.
  4. Review of height, weight, pulse, blood pressure, temperature, as recorded by a qualified health professional.
  5. A physical examination as indicated by patient's gender, age, and risk factors.

## Initial Health Assessment

6. For women, the health assessment will include, a pelvic examination, pap smear, and cultures for gonorrhea and chlamydia. If indicated, pregnancy testing will be completed.
  7. Review of health records information received from any correctional facility having custody of the inmate immediately prior to incarceration at an ODOC facility.
  8. A review of prior significant findings and problems identified by a community practitioner, if available.
  9. Initiation of therapy and immunizations when appropriate.
  10. Snellen test.
- B. During the initial health assessment, an initial problem list along with a diagnostic and therapeutic plan will be started.
  - C. The collection of laboratory and diagnostic tests may be waived if copies of the results of these tests are forwarded from the previous correctional facility to the DOC Health Services prior to the scheduled health assessment. TB screening is exempted from the above statement. (See TB Protocol)
  - D. The data collected and reviewed during the health assessment is recorded in the inmate's health record (using attachment 1) at the time the assessment occurs.
  - E. Any housing, work, activity or other restrictions necessary because of a health condition are to be communicated to other correctional staff on the automated Health Status according to Procedure #P-A-08, Communication on Patient's Health Needs.
  - F. Any orders for further diagnostic evaluation, referral, and/or treatment of a health condition are prescribed on the order sheet and justifying information documented in the progress notes.
  - G. The inmate is to be informed of the results of the initial health assessment and recommendations for further evaluation, referral or treatment if any.
  - H. After completion of the initial health assessment, identified major diagnosis inmates are to be scheduled for continued care according to P-G-01, Chronic Disease Services and P-G-02, Patients with Major Diagnoses.

Effective Date: \_\_\_\_\_

Review date: August 2014

Supersedes P&P dated: April 2014

OREGON DEPARTMENT OF CORRECTIONS  
**PHYSICAL EXAMINATION**

DISTANT VISION With Without Glasses R \_\_\_\_\_ L \_\_\_\_\_

HEARING Adequate Not Adequate (Spoken voice at 20 feet)

SUBJECTIVE

CURRENT COMPLAINT: \_\_\_\_\_

OBJECTIVE

Make pertinent comments regarding positive findings, correlate with positive history when indicated.  
WNL indicates that the examiner found no clinical evidence of disease or other health condition.

SYSTEM	+ HISTORY	EXAMINATION
I. Integument scars scalp hair skin nails		
II. HEENT head eyes ears nose throat/mouth		
III. Lymph Nodes		
IV. Breasts		
V. Lungs/Chest		
VI. Cardiac/Circ.		
VII. Abdomen		

Male Female  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Pulse \_\_\_\_\_ B/P \_\_\_\_\_  
Temp \_\_\_\_\_

Name _____
SID # _____
DOB _____

SYSTEM	+ HISTORY	EXAMINATION
VIII. Hernia		
IX. GU (Male) penis testes/scrotum		
X. Rectum		
XI. GU (Female) BSU/external cervix uterus adnexa		
XII. Nervous System		
XIII. Orthopedic		
XIV. Mental Status		

ASSESSMENT

1. Write major diagnoses/problems on Problem List.

PLAN

1. Write necessary follow-up on Order Sheet.
2. Write brief SOAP note in Progress Notes.

PATIENT TEACHING COMPLETED DURING EXAMINATION

- Medications                       Diet/Exercise                       Self Testicular Exam  
 Weight Reduction                       Back Care                       Self Breast Exam  
 Communicable Disease Control                       Smoking Cessation

Instructions/Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Practitioner                      Date \_\_\_\_\_

Name _____
SID# _____
DOB _____