


2270 MEDICAL CONSULTATION	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-11
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): Consultation Form Bridges' Screen(s) and Attachment(s): _____

The SYSC provides a general level of medical care for its residents. Occasionally, the Medical Department will be presented with a medical problem that requires more specialized intervention than it is designed to provide. In those instances, the SYSC physician will make a referral for consultation to a local specialist.

Purpose

The purpose of this policy is to establish the SYSC medical consultation procedure.

Procedure

I. Physician Referral

- A. The SYSC physician shall identify the medical problem and order a specialist consultation in the identified problem area. (This may include the emergency room for further diagnostic work-up.) Note, in an emergency, the nurse may determine the need for emergency room consultation without consulting the physician.

II. Nurses Responsibility to Make Referrals and Appointments

- A. Day-shift nurses primarily shall be responsible for making referrals and appointments. Nurses shall be sensitive to Youth Counselor staffing patterns when establishing the dates and times.

III. Documentation

- A. Nurses shall notify the parent of the consult and obtain health insurance information from the parent/legal guardian of the resident prior to making the appointment. When a fee for service is involved, the nurse shall notify the health insurance provider, or primary care physician (depending on the procedure of the resident's insurance plan), to obtain referral/authorization prior to making the appointment if possible (the nurse shall request that the referral be faxed to SYSC). This shall be documented on the nursing progress note.

IV. Consultation Form

- A. Use of this form improves the chances of receiving more prompt and complete information back from the consulting physician. This form shall be completed by the nurse making the referral.

- B. Fill in the top bar of the form, giving pertinent history, symptoms, medications, and treatments. (The bottom part requests that the consulting physician indicate any specific treatment information).
- C. Fill in the date of the order and sign (e.g., "Jane Smith, RN, for Dr. Jones").
- D. Fill in the identification box with the resident's name, and date of birth.
- E. On the Physician Order sheet, indicate that the order had been noted, and sign off.

V. Documentation to Accompany Resident

- A. Health insurance information, parental authorization, the consultation and any other applicable information shall accompany the resident and be provided to the consultant's office. This paperwork shall be completed by the nurse making the consultation and left in a specified location for the transporting YC to pick up.

VI. Nurse Notification

- A. The nurse shall notify both the Supervisor and the resident's unit of the date and time of the appointment. For security reasons, the appointment date and time shall not be given to the resident. The time, date, destination shall be posted on the appointment calendar with the initials of the operations officer and youth counselor who were notified.

VII. Diagnostic Work-ups

- A. Consultations may be needed in many areas including but not limited to: X-ray; EKG; EEG; Gynecology; Dermatology; Neurology; Surgical; Orthopedic; Internal medicine/cardiology; and Ear, Nose, and Throat. In acute situations a referral to the Elliot Hospital Emergency Room for further diagnostic work-ups may be required. Consultations shall be made to providers on the States Private Provider List.

VIII. Medical Prostheses

- A. Medical prostheses are provided when the health of the juvenile would otherwise be adversely affected, as determined by the responsible physician in consultation with the SYSC Health Authority.

IX. Elliot Hospital

- A. The SYSC medical authority will utilize the Elliot Hospital for emergency medical services that cannot be provided within the facility. Most of the providers associated with the Elliot Hospital are on the Department's Provider List.

X. Dartmouth Hitchcock Clinic – Manchester (DHCM)

- A. The SYSC medical authority will utilize the DHCM for medical specialty services whenever possible as they are on the department's provider list.

XI. Manchester Eye Associates (MEA)

- A. The SYSC medical authority will utilize MEA for routine eye exams and optometry.

XII. **NH Eye Associates (NHEA)**

A. The SYSC medical authority will utilize NHEA for ophthalmological services.

XIII. **Ear, Nose, Throat Specialist of Manchester**

A. The SYSC medical authority will utilize the Ear, Nose, Throat Specialist for ENT issues.

XIV. **Child Health Services**

A. Teen Health Services for STD services and human reproductive and education.

Health Authority Signature

Date