



State of Indiana  
Indiana Department of Correction  
Division of Youth Services

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Number

3.14Y

**HEALTH CARE SERVICES  
DIRECTIVE-YOUTH SERVICES  
Manual of Policies and Procedures**

Title

**NURSING ASSESSMENT PROTOCOLS**

Legal References  
(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures  
(includes but is not limited to)

01-02-101

Other References  
(includes but is not limited to)

National Correctional Healthcare  
Standards

**I. PURPOSE:**

This HCSD establishes guidelines under which nursing assessment protocols are to be developed, implemented, and monitored.

**II. DEFINITIONS:**

- A. **NURSING ASSESSMENT PROTOCOLS:** Written instructions or guidelines that specify the steps to be taken in evaluating a patient's health status and providing interventions.
- B. **CLINICIAN:** A physician, dentist, advance practice nurse (APN) or any other person allowed by law to independently prescribe medicine or a course of treatment.
- C. **STANDING ORDERS:** are written orders that specify the same course of treatment for each patient suspected of having a given condition.

**III. PROCEDURE:**

**A. General Information**

Protocols are not synonymous with standing orders. Standing orders require that the exact same course of treatment be provided in each situation. In circumstances when there is a well-defined patient population with predictable health care needs, standing orders can be an acceptable method of helping to ensure that appropriate care is provided. Standing orders may be used to promote identified health screening (such as

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HCV, HIV, and TB screening programs) and prevention activities (such as immunizations).

The Health Services vendor shall use nursing protocols to:

1. Provide guidance for nursing personnel to implement certaintherapeutic and diagnostic procedures in their clinical work,
2. Facilitate the management of some acute and chronic health conditions, and
3. Provide a framework for patient management in certain emergency situations.

In the absence of a protocol, standing order or other practitioner order (e.g., telephone or verbal), nursing personnel **are not** permitted to:

1. Administer any medication, including over-the-counter medications(OTCs),
2. Renew drug orders, or
3. Perform diagnostic tests such as laboratory studies or x-rays (excluding test used for patient assessments such as urine dipsticks and finger stick blood sugars)

Nursing assessment protocols should reflect an effective and appropriate standard of care based upon prevailing standards of clinical practice. Nursing assessment protocols must be appropriate to the educational preparation and skill level of the nursing staff who will carry them out, andthey must comply with the Indiana Nurse Practice Act.

Nursing assessment protocols may not include the use of prescription medication except for those covering emergency, life-threatening situations(e.g., nitroglycerin, epinephrine, Narcan, etc.). Emergency administration ofthese medications requires a subsequent clinician's order.

Nursing assessment protocols may include over-the-counter (OTC) medication necessary for the treatment of a serious medical condition. If thecondition is not a serious medical condition, the patient should be referred to the OTC products available on commissary. Nursing triage guidelines and patient instruction sheets which provide information on self-management including instructions for purchasing and using OTCs medications are acceptable.

#### B. Scope of Practice

Nursing assessment protocols may be utilized by RNs and LPNs. RNS must provide oversight LPNs conducting nursing protocols and a 5% review must be completed monthly by a supervising registered nurse or director of nursing.

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Nursing assessment protocols are not necessary for Advanced Practice Nurses (APNs) with prescriptive authority.

Practitioners may not use nursing assessment protocols to delegate interventions which are clearly beyond the scope of nursing practice or which are beyond the nurse's education or training. Nursing personnel are not permitted to perform a service, task or clinical intervention that exceeds their education, training, or skill.

**C. Implementing a Nursing Protocol**

The decision to proceed with any plan or strategy for care including nursing assessment protocols is dependent upon several factors:

1. The accuracy of the assessment or clinical evaluation,
2. What is known about the patient's health history and physical condition, and
3. The nurse's comfort with carrying out the particular therapeutic intervention.

Nurses may not deviate from the nursing assessment protocol. When a nurse finds it is necessary to vary or not implement the protocol, the nurse shall consult with a practitioner for guidance. Additionally, there are times when the presenting pattern is ambiguous, the findings from the assessment are contradictory, the interpretation of the clinical evaluation is beyond the scope or ability of the nurse, the best approach to treatment is debatable, or the nurse cannot decide which protocol is the most appropriate. In such circumstances the nurse must collaborate with or refer to a practitioner.

**D. Nursing Assessment Protocol Design**

Protocols designed for use within a facility must be established in collaboration with the Health Services vendor's regional medical director (RMD), the Health Services vendor's regional director of nursing (RDON) or RN nurse manager, and the Health Services Administrator (HSA), and they must comply with relevant State statutes and Administrative Codes. Nursing assessment protocols may be written in the style of an algorithm or a decision tree.

Each protocol should contain the following categories:

1. Subjective and objective data to be collected by the nurse,
2. Nursing assessment or patient symptomatology which forms the foundation for therapeutic intervention, and

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3. Specific treatments to be implemented including the specific circumstances

Once developed, approved, and implemented, each protocol must be reviewed annually by the facility's HSA, RN Supervisor, and Site Medical Director

**E. Staff Training**

All nursing staff responsible for nursing assessment protocol implementation must receive training. Documentation of training must include:

- Evidence that all new nursing staff are trained
- Demonstration of knowledge and skills
- Evidence of annual review of skills
- Evidence of retraining when new protocols are introduced or revised.

**F. Health Record Documentation**

Implementation of a nursing assessment protocol should be documentation on the appropriate template in the electronic medical record (EMR). All sections (e.g., page 1 and 2) of the template must be completed and the plan clearly defined.

**G. Implementation and Monitoring**

Nursing assessment protocols designed by a contractor may only be implemented after they have been approved by the Executive Director of Physical Health.

Any modification to a written nursing assessment protocol requires the initiation of a new protocol (including Division of Health Services approval). Protocols must be signed by current Site Medical Director, the HSA, the Director of Nursing, or RN Supervisor.

The facility's DON or RN Supervisor shall routinely monitor the use of nursing assessment protocols. Periodic health record reviews should be conducted and include but not be limited to the following indicators:

1. Nursing personnel were authorized to treat the identified health condition;
2. Acuity level of the youth or condition was consistent with that of the protocol used.
3. Nursing personnel using the protocol followed the treatment regimen contained in the protocol, including notification of the on-call physician as required.
4. Nursing personnel complied with required or customary follow up applicable to the health condition treated.

When protocols involving the use of emergency or lifesaving medications are employed, a practitioner must review the usage, with the review documented by an entry in the electronic medical record and must sign off all verbal orders.

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### III. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date