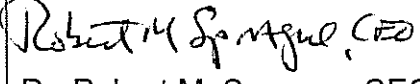


CHAPTER Health/Medical	CHAPTER 03	SECTION 002	SUBJECT 20
SECTION Health Care	DESCRIPTION Physical Examinations		
WRITTEN BY Lisa K. Jolly, B.S. Recipient Rights Officer	REVISED BY Jennifer Rayburn R.N. B.S.N.	AUTHORIZED BY  6/26/15 Dr. Robert M. Sprague, CEO	

APPLICATION:

► All Staff

► Contractual Service Providers

POLICY:

In all programs, there shall be documentation to verify that a decision concerning the need to perform a physical examination was made prior to the development and implementation of each treatment plan for the person served.

STANDARDS:

The final decision concerning the necessity for a physical examination rests with the agency psychiatrist either at the time the intake is reviewed or later during the course of the treatment of the person served. A medical evaluation may be required when the psychiatrist ascertains that a medical condition may exist which would impact the current or planned services provided by LCCMH.

Annual physical examinations are not required for outpatient persons served unless the psychiatrist determines that one is necessary. Residential, work activity, day activity and recreational therapy persons served are required to have an annual health assessment completed by a physician.

PROCEDURES:

Prior to intake, all persons served will complete the Personal Information Form (93 and/or 94) which queries general health, past health history and current symptoms and conditions.

At the time of the psychiatric evaluation, if the person served was recently discharged from the hospital, a physical will be obtained and reviewed by the agency psychiatrist. The Agency nurse will complete a Wellness check documented in the Nursing Progress note at the time of the psychiatric evaluation and medication reviews. Results found

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outside of accepted parameters will be shared with the person served (guardian and/or parent if applicable), the primary case holder, the primary care physician, and the treating psychiatrist. The purpose of the Wellness check is to identify health care concerns, provide education regarding identified health care concerns, and to facilitate the integration of treatment with the primary case holder and primary care physician.

Referral: When a physical examination is recommended or required, persons served shall be referred to their personal / primary physician. All returned physical examinations will be reviewed by the psychiatrist and his/her recommendations documented in the record of the person served.

Annual Assessment: At the time of annual review or sooner if indicated, a physical examination may be recommended for outpatient persons served and ordered by an agency physician. The procedures for determining the need for a physical examination and referral are the same as for intake.

Residential: A complete health record is maintained by the foster care provider and monitored quarterly or more frequently as indicated by the residential case manager. Annual physical and dental examinations are completed and documented in the provider's record. As needed, copies may be included in the LCCMH case record.

Clinicians who note conditions, medications, and/or symptoms which may preclude, effect, or impact the mental health treatment of a person served in any manner are to seek consultation from the agency psychiatrist.

REFERENCES:

American Heart Association

University of Wisconsin School of Medicine and Public Health

EXHIBITS:

Table 1: Blood Pressure Categories

Table 2: Vital Signs and processes

Questions regarding this policy and procedure may be addressed to the Chief Executive Officer or any member of the management team.

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JR:mgr

This policy supersedes
#10/09036 dated 10/06/2009.

Table 1: This chart reflects adult blood pressure categories defined by the American Heart Association.

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
Hypertensive Crisis (Emergency care needed)	Higher than 180	or	Higher than 110

Table 2:

Vital Sign	Infant	Child	Pre-Teen/Teen
	0 to 12 months	1 to 11 years	12 and up
Heart Rate	100 to 160 beats per minute (bpm)	70 to 120 bpm	60 to 100 bpm
Respiration (breaths)	0 to 6 months 30 to 60 breaths per minute (bpm) 6 to 12 months 24 to 30 bpm	1 to 5 years 20 to 30 (bpm) 6 to 11 years 12 to 20 bpm	12 to 18 bpm ¹
Blood Pressure (<u>systolic</u> / <u>diastolic</u>) ¹	0 to 6 months 65 to 90/45 to 65 millimeters of mercury (mm Hg) 6 to 12 months 80 to 100/55 to 65 mm Hg	90 to 110/55 to 75 mm Hg	110 to 135/65 to 85 mm Hg
Temperature	All ages 98.6 F (normal range is 97.4 F to 99.6 F)	All ages 98.6 F (normal range is 97.4 F to 99.6 F)	All ages 98.6 F (normal range is 97.4 F to 99.6 F)

University of Wisconsin School of Medicine and Public Health