STANDARD OPERATING PROCEDURE
Short Stay Unit
SOP 8.18

Revised 5/01

Revisions: (1) Requirement for nurse practitioner/physician assistant on site changed from 24 hours a day to 16 hours a day; (2) Added requirement that Registered Nurse be on site 24 hours a day; Changes in who can admit .

PURPOSE: DEFINES THE ADMISSION CRITERIA, OPERATION OF THE SHORT STAY UNIT (SSU), ADMITTING PROCESS AND DUTIES AND RESPONSIBILITIES OF MEDICAL STAFF AND NURSING STAFF.

DIHS has established short-stay units (SSU) in selected Service Processing Centers (SPCs) as areas available to provide continuous medical, mental or pharmaceutical care to detainees who require bed rest, restriction of activity and movement, supervised therapy, or continued surveillance. Depending on the particular SSU, these areas can accommodate three, or more detainees for a period of 24 hours, or more. SSUs are operated for the purpose of providing skilled nursing care for persons who are *not* in need of hospitalization. These areas have been divided into two to three levels depending upon the criteria for admission, which are also defined by the availability of medical and fiscal resources**.**

I. OPERATION

A. The SSUs will be open 24 hours a day, 7 days a week. The area is supervised by a registered nurse who is there on a daily basis during normal working hours and on call 24 hours a day. There is also a physician on call 24 hours a day and at a minimum, a nurse practitioner/physician assistant on site 16 hours a day. A Registered Nurse must be on site 24 hours a day. Detainees must meet at least one of the following criteria for admission:

1. Are in need of constant medical care but do not require hospitalization;
2. Are in need of supervised medical, surgical or psychiatric therapy (to include all modes of therapy);
3. Have disabilities that curtail their functioning in the general population;
4. Have suicidal ideation or gestures that do not require hospitalization, but need observation in a controlled environment;
5. Are, in the opinion of the medical staff, at risk of clinical deterioration by remaining in the general population;
6. Have a highly contagious disease requiring medical isolation.

II. ADMISSIONS

A. Patients placed in the SSU for less than 24 hours will be considered under observation. These patients do not require a separate medical record. Entries should be made on the progress notes as often as necessary. Patients that remain in the SSU over 24 hours will require a complete admission.

B. Only the following medical providers can admit detainees to the SSU:
   1. Clinical Director
   2. Staff physicians
   3. Nurse Practitioner
   4. Physician Assistant
   5. Psychiatrist
   6. Psychologist (May co-admit with the CD)
   7. Dentist

Note: *Whenever a detainee is admitted to an SSU, the Clinical Director (CD) must be notified.*

III. ADMITTING PROCESS

A. The admitting medical provider will complete the admission section of the DIHS-837.
B. DIHS-793 will be signed by the detainee.
C. A complete admission note by the admitting provider will be written on an SF 509 within 4 hours of admission to include:
   1. Present medical history (Subjective)
   2. Physical examination (Objective)
   3. Diagnosis (Assessment)
   4. Treatment (Plan)
      a) Frequency of vital signs (at least once/shift)
      b) Diet
      c) Special instructions/precautions
      d) Laboratories/x-rays
      e) Medications
      f) Follow up instructions and Patient education
D. A complete admission note will be written by the nurse (RN/LPN/LVN) on the SF 510 to include: Review and summary of history of past and present illnesses.
   1. Complete nursing assessment.
   2. Review of physician's orders.
   3. Review provider's orders.
   4. Patient specific interventions from the nursing care plan.
   5. Completion of the pertinent forms as necessary (see SSU Record section).

E. An encounter form will be completed and sent to the Health Records department for the DMIS.
F. The DIHS-834 will be completed and sent to the pertinent INS authority and a copy retained in the health record.

IV. DAILY VISIT PROCESS

A. The physician, or NP/PA will do daily rounds in the SSU. Documentation will be placed on the SF 509 including any orders (medications, labs, diet changes, activity, etc.). The entries will be in SOAP format, dated, time (military) indicated and signed. The note will contain a comprehensive assessment of the past and current status of the patient including results of diagnostic testing and responses to treatment. Recommendations for treatment made by consultants will be transcribed from the consultation sheet to the SF 509.

B. Nursing (RN/LPN/LVN) entries will be made at least once per shift on the SF 510 and will be dated, time (military) indicated and signed.

V. DUTIES AND RESPONSIBILITIES OF STAFF MEMBERS

A. Clinical Director

The following are the responsibilities of the CD regarding the SSU:

1. Is responsible for the day-to-day operation of the SSU
2. Reviews, approves and co-signs admissions and discharges
3. Makes rounds, as appropriate and reviews documentation, orders, results of laboratory tests, x-rays and current detainee status

B. Admitting Staff (Physician/NP/PA)

1. Admitting/on-duty Physician completes all necessary forms
2. Discusses each case with the Clinical Director or designee
3. Performs a complete physical examination on the detainee
4. Requests all necessary laboratories, x-rays, medications and diet

C. On duty Physician, or NP or PA

Performs rounds at least once during the shift including documentation

D. On duty RN/LPN/LVN

VI. SSU MEDICAL RECORDS

A. The SSU record will contain the following forms in the order indicated below. This health record will be kept separate from the ambulatory care health

record until the detainee is discharged.

1. Short-Stay Unit Admission and Discharge (DIHS-837)
2. Medication Profile (DIHS-840, obtained from ambulatory care record)
3. Vital Signs Record (SF 511)
4. Nursing Progress Notes (SF510)
5. Chronological Record of Medical Care (SF 600)

As applicable:

6. Generic Short-Stay Unit Flow Sheet (DIHS-838)
7. Input and Output Flow Sheet (DIHS-836)
8. Hunger Striker Monitoring Flow Sheet (DIHS-839)
9. Suicide Observation Checklist (DIHS-835)
10. Laboratory Reports
11. X-Ray Reports
12. Nursing Care Plans
13. Medical/Psychiatric Alert Form (DIHS-834)
14. Short-Stay Unit Discharge Summary (DIHS-837A)
15. Consent Form (DIHS-793)
16. Other

VII. DISCHARGE PROCESS

Provider

Once it is determined by the Physician Assistant or Nurse Practitioner (with consultation with the physician) that the detainee is ready for discharge, the provider will:

1. Enter a discharge note on the SF 509.
2. Complete the DIHS-837A form.
3. Complete the discharge section of the DIHS-837 form.
4. Forward the Medical record to the Pharmacy if medications are needed.
5. Forward the record to the Medical records department for placement in the ambulatory care record.

VIII. MEDICAL RECORDS

Medical records department will combine the inpatient record with the patients' outpatient record.