



**CORRECTIONS MEDICINE**  
**Clinical Services – Sick Call**  
**ACA Standard: 4 ALDF – 4C – 03**

Effective: March 1990

Revised: May 2013, April 2016, April 2019, July 2019

Reviewed: Aug 2001, June 2005, April 2017, July 2018

Policy Number:  
CM – 39

- I. **PURPOSE:** To provide access to medical care for all patients in the Buzz Westfall Justice Center, and assure patient’s health requests are documented and processed daily.
- II. **POLICY:** All patients shall have access to medical care. Health concerns of patients are collected, processed and documented on a daily basis. Appropriate triage and treatment is completed by Saint Louis County Department of Public Health (DPH) Corrections Medicine personnel.
- III. **RESPONSIBILITY:** All staff working in the Corrections Medicine program are responsible for the content of this policy and procedure as well as adherence to the policy.
- IV. **PROCEDURE:**
  1. Sick call slips are accessible at all times to patients.
  2. Patients may obtain a sick call form from a Department of Justice Services (DJS) corrections officer in their housing unit. Each patient who has a medical or dental concern will write down his/her concerns and sign the form. If the patient is unable to write their health concern, then a DJS staff members will facilitate getting the patient assistance in completing the form.
  3. Sick Call forms are given to the nurse by the patient at the morning medication pass.
  4. The nurse shall review the sick call slip and triage care according to acuity. The nurse will make a determination regarding care of the patient which can include referral for urgent, emergent, or routine care. Referrals can be made to a sick call nurse or a provider. The nurse may implement a standing order or obtain orders from a provider including transfer to the Infirmary or an emergency department. The nurse shall document the sick call in the electronic medical record (EMR).
  5. The nurse shall then complete the bottom portion of the sick call form for communication back to the patient. The information will include any new medication orders so the patient knows to come to the medication cart for their medications. There will also be documentation of referrals to providers on the sick call form so the patient knows that follow up care is scheduled.
  6. A copy of the sick call form will be given to the patient at the next medication pass.
  7. Patients requesting to see the nurse and/or medical providers at times other than during scheduled sick call will notify the Corrections Officer, who will contact the nurse for that housing unit, or the nurse on-call for the night shift who will triage acuity of needs and contact the provider for orders, use standing orders, provide care, or schedule the patient for a clinic visit.

SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH CORRECTIONS MEDICINE

**SICK CALL FORM**

Name (Please Print): \_\_\_\_\_ Floor / Pod: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ IMN#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please explain your problem in detail. Please include all symptoms:

\_\_\_ MEDICAL PROBLEM \_\_\_\_\_ DENTAL PROBLEM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\*\*\*\*\* THIS AREA IS FOR NURSING RESPONSE TO INMATE ONLY \*\*\*\*\*

Date Received: \_\_\_\_\_

**Nurse's Assessment to Inmate: (A complete sick call note is in E.H.R.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nurse's Actions/ Response to Inmate: (Orders are documented in E.H.R.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If symptoms persist, worsen, or you develop new symptoms, please ask to see the nurse.

Medications Started \_\_\_ Yes \_\_\_ No (If yes, please see the nurse during medication pass)

___ Refer to Sick Call Nurse	___ Refer to Provider
___ Refer to Mental Health	___ Refer to Dental

\_\_\_ There is a \$2 charge for Sick Calls

\_\_\_\_\_  
Signature of staff member accepting sick call form

\_\_\_\_\_  
Date

NOTE: Referrals to Sick Call Nurse and Provider will be documented as a visit in the EMR.