

**Adult Correctional Health
Code Documentation**

Please complete and enter all information in the EHR under a Code Documentation encounter.

CODE:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Unfit <input type="checkbox"/> Other	OTHER CODE:		FIRST RESPONDER ARRIVAL TIME:	
FACILITY:	<input type="checkbox"/> MJ <input type="checkbox"/> RCCC	HOUSING UNIT:			
MEDICAL ARRIVAL TIME:		MEDICAL DEPARTURE TIME:			
EMS CALLED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TIME CALLED:		ARRIVAL TIME:	
				DEPARTURE TIME:	

INCIDENT TYPE:	<input type="checkbox"/> Cardiac <input type="checkbox"/> Trauma <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Altered Mental Status
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CARDIAC ARREST/MEDICAL SECTION

RESPONSIVENESS:	BREATHING:	PULSE:
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> No Breathing or agonal	<input type="checkbox"/> Absent
<input type="checkbox"/> Alert	<input type="checkbox"/> Normal	<input type="checkbox"/> Regular
<input type="checkbox"/> Responsive to verbal	<input type="checkbox"/> Labored	<input type="checkbox"/> Irregular
<input type="checkbox"/> Responsive to pain	<input type="checkbox"/> Shallow	<input type="checkbox"/> Strong
	<input type="checkbox"/> SOB	<input type="checkbox"/> Weak
		<input type="checkbox"/> Thready
		<input type="checkbox"/> Bounding

IF UNRESPONSIVE AND PULSELESS CPR: 30 Compressions to 2 ventilations and APPLY AED

TIME CPR STARTED:		TIME AED APPLIED:		NO SHOCK DELIVERED (REASON):	
SHOCK 1 DELIVERED:		SHOCK 2 DELIVERED:		SHOCK 3 DELIVERED:	
O2 APPLIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	O2 MECHANISM:	<input type="checkbox"/> Face mask <input type="checkbox"/> Cannula <input type="checkbox"/> Ambubag		

PUPILS

Left PERRLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Left Eye:	mm	Right PERRLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Right Eye:	mm
<p>1mm 2mm 3mm 4mm 5mm 6mm 7mm</p>							

CODE ASSESSMENT NOTES

ASSESSMENT:
PROBLEM:
INTERVENTION:
EVALUATION:

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DISPOSITION	
DISPOSITION:	<input type="checkbox"/> Taken to 2 Medical/MHU <input type="checkbox"/> Sent to ER <input type="checkbox"/> Remained in Unit
2 MEDICAL/MHU ROOM NUMBER:	
REMAINED IN UNIT:	<input type="checkbox"/> No further treatment <input type="checkbox"/> Follow up scheduled

STAFF RESPONDING	
TEAM LEADER:	
STAFF MEMBER 1:	
STAFF MEMBER 2:	
STAFF MEMBER 3:	
STAFF MEMBER 4:	
STAFF MEMBER 5:	
STAFF MEMBER 6:	