

# **Chapter: Consultative Services (CS)**

## **Section 1: Outside Provider Consultants**

### ***Policy***

Utah State Hospital refers patients to outside provider consultants as appropriate.

### ***Procedure***

1. The Director of Medical Services or designee decides when the services of an outside consultant are appropriate.
2. When a consultation is requested by a USH practitioner, the outside consultant form is completed and kept in the front of the chart until the appointment. The form is sent with the patient to the appointment. (A copy is sent to the Business Office.) The form is completed by the consultant with comments, directions, etc and returned to the USH practitioner.
3. Recommendations for follow-up care are reviewed by medical services.

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# **Chapter: Consultative Services (CS)**

## **Section 2: Dental Services**

### ***Policy***

The Utah State Hospital provides dental services for its inpatient community. Dental health care needs of patients are assessed, and treatment is provided.

### ***Procedure***

1. Staff Composition and Supervision.
    - 1.1. The Dental Service is directed and supervised by a licensed dentist, who is a contract employee of USH and has hospital-specific clinical privileges. The Director of the Dental Service is qualified to assume management and administrative responsibility for the Dental Service. The Director of the Dental Service is responsible to and receives general supervision from the Director of Medical Services.
    - 1.2. The Dental Service receives administrative assistance and support from the Assistant Nursing Administrator in the areas of personnel management, environment, and expenditures.
    - 1.3. The Dental Service includes a dental assistant and any associate dentist, who are clinically supervised by the Dental Service Director and is responsible to assist the Dental Service Director in all clinical procedures.
  2. Each patient admitted to Utah State Hospital is provided with an initial dental examination upon admission unless there are reasonable scheduling difficulties, patient refusal, directives from the attending physician, agitation, significant elopement risk, etc.
    - 2.1. On admission patients are screened by members of the medical services and nursing staffs. If the patient is in pain or has a significant problem, they are referred immediately to the dental clinic for a comprehensive exam.
    - 2.2. When patients are given their initial dental examination, they are provided with a complete explanation of the condition of their teeth and mouth. When problems are apparent that might be improved by better oral hygiene, the patient is given instruction in such techniques by the hospital dental assistant. This instruction includes, but is not limited to, the following: brushing, flossing, cleansing of the mouth, eating habits, care of dentures.
    - 2.3. Each forensic evaluation patient is provided with acute dental services as needed for pain or infection.
    - 2.4. The dentist is available upon request to come to the treatment units to provide instruction to patients or in-service training to staff on proper oral hygiene techniques.
    - 2.5. Oral hygiene aids for patients are available from the Dental Clinic upon request.
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- 2.6. Subsequent appointments for routine care, restorative work, dental emergencies, annual examinations, etc are made and the necessary dental work completed.
  3. Patients who remain in the hospital for one year or longer are given annual dental examinations.
    - 3.1. Youth and Children receive dental exams every six months.
    - 3.2. Patients discharged and re-admitted before their annual examination anniversary date are not seen until that date, unless emergent circumstances require otherwise.
    - 3.3. Findings on the annual examination and recommendations for treatment are documented in the dental record and explained to the patient.
  4. Patients receiving Dilantin are scheduled for prophylaxis every three months to control hyperplasia.
  5. Prophylactic antibiotic treatment is given as appropriate.
  6. Emergency dental services are available for the Utah State Hospital patient population.
    - 6.1. Medical staff may request the switchboard operator to contact the dental services director for emergencies at any time.
    - 6.2. If the dental services director cannot be reached, dental emergencies may be referred to a local hospital emergency department.
  7. Informed consent. A written, dated and signed Informed Consent will be obtained from the patient or the Legal Guardian prior to any dental extractions performed in the USH Dental Clinic.
    - 7.1. In the event that a patient cannot or will not give informed consent, the patient will be referred back to the unit with a form explaining the extraction procedure. This form is used by unit staff to help the patient better understand the procedure.
    - 7.2. If after a thorough examination the situation is deemed potentially life-threatening, the dentist may proceed with the dental extraction without a written consent, but with the assent of the patient. In such a case, full documentation will be provided in e-chart including facts to support the decision.
  8. Patients requiring the services of a dental specialist are referred to a local practitioner specializing in the service needed. The referral is made when the Director of Medical Services and Dental Services Director agree that the treatment is necessary but unable to be provided by the Utah State Hospital.
  9. Orthodontic treatment is not generally provided. Patients who are in the process of having orthodontic treatment are seen by their orthodontist as often as necessary through home visits and therapeutic leaves.
  10. Restorative work such as dentures, bridges, crowns, etc. may be done, providing the patient remains at the hospital long enough to have the work completed.
  11. If a patient is opposed to having dental treatment at the hospital, it is so noted by the attending physician or the Dental Services Director in the dental chart. The patient may make arrangements with a private dentist in the local community for the treatment. Such arrangements are paid for by the patient.
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# **Chapter: Consultative Services (CS)**

## **Section 2A: Radiologic Exposures/Safety in Dental Clinic**

### ***Policy***

Precautions are taken to prevent unnecessary radiation exposure to patients and staff in the Utah State Hospital dental clinic.

### ***Procedure***

1. Gonadal shielding is used on patients during radiologic examinations.
2. Radiologic exposures do not exceed exposure limits established by the Utah Bureau of Radiation Control.
  - 2.1. Radiographic equipment is certified every five years by the Bureau of Radiation Control as meeting established criteria. Negative determinations by the bureau are addressed as indicated.
  - 2.2. Dental exposures are monitored on a quarterly basis to verify that the exposures are visually consistent with the level established when the equipment is certified by the Bureau of Radiation Control.
3. The dental clinic staff stands behind a barrier wall when making exposures.

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# **Chapter: Consultative Services (CS)**

## **Section 3: Neurology Services**

### ***Policy***

Utah State Hospital provides neurology assessment and recommendations for the treatment of inpatient community in an ambulatory-care clinic setting.

### ***Procedure***

1. Scope of Service.
    - 1.1. Evaluation, examination, assessment, and recommendations for treatment provided for patients with seizure disorders, movement disorders, neurological deficits, and neurological problems related to trauma and/or drug abuse.
    - 1.2. Written evaluations of electroencephalograms (EEG's) are performed at the hospital by a registered EEG technician.
  2. Organization, Direction, and Staffing.
    - 2.1. The neurology service is directed and supervised by a board-certified neurologist who is a member of the integrated medical staff and possesses hospital-specific clinical privileges for the scope of service outlined in #1. The Director of Neurology Services is qualified to assume management and administrative responsibility for the neurology service.
    - 2.2. The Director of Neurology Services directs the medical assistant for his/her clinic.
    - 2.3. The Director of Neurology Services is responsible to and receives general supervision from the Director of Medical Services.
    - 2.4. The neurology service receives administrative assistance and support from the Assistant Nursing Administrator in the areas of personnel management, environment management, and expenditures.
    - 2.5. The neurology service includes the Clinics Manager who schedules appointments; organizes medical records, such as EEG results, etc.; and acts as the liaison between the neurology service and the treatment units. The Clinics Manager is required to be trained in CPR with subsequent annual training and to attend annual in-services in the areas of infection control, fire plan/evacuation plan, disaster plan, body mechanics, and fire prevention.
  3. Mechanism for Patient Referral.
    - 3.1. Authorized prescribers, the patient's attending psychiatrist, or medical services personnel (physician/RNP) write a physician's order for neurology consultation,
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specifying rationale, suspected pathology, and clinical findings in the progress-note section of the medical record or in the admitting history and physical exam.

3.2. Medical Services, the prescribing physician, or nursing services completes the consultation request form specifying rationale for referral, suspected pathology, clinical findings, current medications, current drug blood levels, and any other pertinent information helpful to the neurologist. The consultation request form is sent to the neurology services by nursing personnel, and the Clinics Manager schedules an appointment. The Clinics Manager also schedules all follow-up appointments with the treatment unit.

3.3. Referrals may be made to outside medical providers for other neurology services (neurosurgery or other specialty areas) by the unit physician.

4. Medical Record

4.1. Report of consultation, diagnosis, assessment, treatment recommendations, and EEG interpretations is dictated with typed narrative entered into e-chart. A verbal evaluation from the neurologist is available to the unit the same day as the consultation.

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*Revised: 9-11*

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# **Chapter: Consultative Services (CS)**

## **Section 4: Optometry Services**

### ***Policy***

Utah State Hospital provides optometry assessment and treatment for its inpatient community in an ambulatory care clinic setting.

### ***Procedure***

1. Scope of Service:
    - 1.1. general optometric examinations;
    - 1.2. diagnostic eye studies;
    - 1.3. diagnostic pharmaceutical agent use and evaluation;
    - 1.4. diabetic ocular screening and evaluation;
    - 1.5. visual field testing;
    - 1.6. spectacle prescriptions;
    - 1.7. contact lens management and instruction;
    - 1.8. non-invasive management of lid conditions;
    - 1.9. recommendations for topical treatments;
    - 1.10. non-invasive lacrimal function evaluation;
    - 1.11. corneal abrasion management;
    - 1.12. fluorescein use and evaluation;
    - 1.13. gonioscopy;
    - 1.14. referrals to ophthalmologists.
  2. Organization, Direction, Staffing.
    - 2.1. The optometry service is directed and supervised by a licensed optometrist who is a member of the Integrated Medical Staff and who has clinical privileges for the procedures included in the scope of service described under #1. The Director of Optometry Services provides contracted services for the optometry service.
    - 2.2. The Director of Optometry Services directs the assistant for his/her clinic.
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- 2.3. The Director of Optometry Services is responsible to and receives general direction from the Director of Medical Services.
  - 2.4. The optometry service receives administrative assistance and support from the Assistant Nursing Administrator in the areas of personnel management, environment, and expenditures.
  - 2.5. The optometry service includes an assistant who assists the Director of Optometry Services.
3. Mechanism for Patient Referral.
- 3.1. Utah State Hospital authorized prescribers, the patient's attending physician, or Medical Services write a physician's order for optometry consult assessment and/or treatment, specifying rationale and clinical findings in the progress note section of the medical record.
  - 3.2. Medical Services, the prescribing physician, or nursing services completes the consultation request form, specifying rationale for referral, clinical findings, and any other pertinent information helpful to the optometrist. The optometrist is available for a total of eight (or more if needed) hours per month.
4. Medical Record
- 4.1. The report of consultation, diagnosis, treatment, and recommendations is entered into e-chart. Recommendations for medication / treatment are reviewed and ordered by Medical Services at their discretion prior to implementation. Standard orders are not used in relation to optometry services.
  - 4.2. Prescriptions for eyeglasses may be used by the patient's family to obtain eyeglasses, or eyeglasses may be obtained through the clinics. The Clinics Manager facilitates the ordering of eyeglasses by the latter method, working in conjunction with the patient's unit environmentalist and the Hospital Business Office.

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# **Chapter: Consultative Services (CS)**

## **Section 5: Podiatry Services**

### **Policy**

Utah State Hospital provides podiatry assessment and treatment for its patients as indicated.

### **Procedure**

1. Scope of Service:
    - 1.1. diagnosis;
    - 1.2. general palliative treatment;
    - 1.3. orthotic controls;
    - 1.4. treatment for sprains, fungal infections, and verrucae;
    - 1.5. reconstructive and/or corrective surgery referral;
    - 1.6. preventative foot care/instructions to patients with diabetes or circulatory problems;
    - 1.7. minor superficial surgery with the use of local injectable anesthetic only, e.g., removal of corns, calluses, plantar warts.
  2. Organization, Direction, Staffing.
    - 2.1. The podiatry service is directed and supervised by a licensed podiatrist. The Director of Podiatry Services assumes management and administrative responsibility for the podiatry service.
    - 2.2. The Podiatrist directs the assistant during clinic hours.
    - 2.3. The Director of Podiatry Services is responsible to and receives general supervision from the Director of Medical Services.
    - 2.4. The podiatry service receives administrative assistance and support from the Assistant Nursing Administrator in the areas of personnel management, environment, and expenditures.
    - 2.5. The podiatry services includes an assistant who assists the Podiatrist in assessments and treatments, schedules appointments for initial and follow-up care, and acts as the liaison between the podiatry service and the treatment units.
  3. Mechanism for Patient Referral.
    - 3.1. The patient's medical provider writes an order for podiatry assessment/treatment.
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- 3.2. The consultation request form is sent to the podiatry service by unit nursing personnel, and the Clinics Manager schedules an appointment for the earliest convenient time.
- 3.3. Report of consultation, diagnoses, and treatment and recommendations is entered into E-chart. All recommendations for medication/treatment are reviewed and ordered by Medical Services at their discretion prior to implementation. Standard orders are pre-printed on an order sheet and taken back to the unit and delivered to the nurse.

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# **Chapter: Consultative Services (CS)**

## **Section 6: Speech, Hearing and Vision Evaluation and Care**

### ***Policy***

Hearing and vision screening occurs for patients at the time of admission.

### ***Procedure***

1. Patients admitted to USH for treatment are screened by the nurse and/or medical provider for speech, hearing, and visual problems at the time of admission.
  - 1.1. If a deficiency in vision is noted, the patient is referred to the optometry clinic at USH.
  - 1.2. If more extensive evaluation and treatment is needed for visual problems, the patient is referred to an ophthalmologist in the community.
  - 1.3. If evaluation of a hearing deficit is indicated, the patient is referred to the audiology clinic at USH.
  - 1.4. Patients needing speech therapy are seen by a consultant in the community.

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# **Chapter: Consultative Services (CS)**

## **Section 7: Language Barriers**

### ***Policy***

Provisions are made for communication with patients who are unable to speak or understand the English language.

### ***Procedure***

1. The State of Utah contracts for translation services. Utah State Hospital accesses the services by means of a translator phone.
2. Translation services are available 24 hours a day, seven days a week, for more than 150 languages.
3. A translator phone is located in each of the following areas: ADT Office, Forensic Building secretaries' office, Youth Center secretaries' office, Life Habilitation Unit nurses' station, and Mountain View Unit secretary's office.
4. Each phone is kept in a bag with a quick reference guide for use.
5. Family members and friends of the patient are not used as translators for therapeutic interventions.

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