



REPORT OF ON-SITE HEALTH CARE BY NON-HEALTH CARE STAFF

Youth's Name:

Date/Time of Care:

/

DJJID:

Printed Name of Staff Member:

Signature of Staff Member:

I. Instructions:

Direct care and custodial staff who administer first aid/emergency care may document that care on this form. This form is not to be used to document routine administration of ongoing prescription medications or over-the-counter medication administration for minor complaints. This form must be filed in the chronological progress notes of the youth's Individual Health Care Record. If health care staff are available on-site part-time, these forms may be collected and given to health care staff at regularly scheduled hours for their review.

II. Youth Information:

Is youth on Medical Alert?

No Yes

Youth's Medical Classification (if known):

1 2 3 4 5

Youth's allergies (list):

III. Nature of Youth's Complaint (briefly describe):

IV. Over-the-Counter Medication Given (if any, please list medication and dosage):

V. Other Care Given (if any):

VI. Other Action (May check more than one box):

- Placed on Medical Alert, Placed on Call-out to see Nurse, After-Hours Nurse Consulted by Phone, After-Hours MD, PA, or ARNP Consulted by Phone, Taken to ER by Staff, Taken to ER by ambulance (EMS), No further Action Required

VII. Parental Notification

- Parent/Guardian contacted by phone and informed of youth's complaint and treatment received.

Name of Parent/Guardian:

Date/Time Informed:

- Parental Notification not required. Parent/Guardian called/Unable to contact. Parental Notification of Health Related Care mailed. (Copy placed in record.)

Signature of Staff Member Providing Care

Printed Name

Date/Time of Care