

 <p style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </p>	Index #: 113.75	Page 1 of 1
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Approved by: Lisa Helton		
Subject: LABORATORY SERVICES		

POLICY CHANGE NOTICE 22-2

**INSTRUCTIONS:**

Please add to Section VI. (H):

- “3. The following CR forms shall be used to document the respective on-site testing and filed in Section II of the health record:
- a. Diabetic Record, CR-2006 (See Policy#113.71 for form sample)
  - b. Prothrombine Time: International Ratio (PT/INR) Result Sheet, (Non-Coumadin Patient), CR-4211
  - c. Coumadin Patient Flow Sheet, CR-4212
  - d. Urine Dipstick Results, CR-4186
  - e. Fecal Occult Blood/Hemocult Card Results, CR-4268”

Please change Section VII. to read as follows:

“VII. ACA STANDARDS: 5-ACI-6D-05.”

Please strikethrough the CR-1884 on page three, and add the attached pages four, five, and six and re-number accordingly.





TENNESSEE DEPARTMENT OF CORRECTION

URINALYSIS DIPSTICK RESULTS

INSTITUTION \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Brand/Type of Dipstick: \_\_\_\_\_ Time: \_\_\_\_\_

**TEST RESULTS**

*\*Results-Circle Appropriate Reading*

<b>Appearance:</b>	Clear	Cloudy	Sediment					
<b>Color:</b>	Yellow	Amber	Pink	Orange	Blue	Green	Brown	Red
<b>Leukocytes:</b>	NEG	15+	70+	125++	500+++			
<b>Nitrite:</b>	NEGATIVE	POSITIVE	(Any degree of pinkish color) **See Strip Bottle					
<b>Urobilinogen:</b>	NEG	Trace	0.2(3.5)	1 (17)	2(35)	4(70)	8(140)	12(200)
<b>Protein:</b>	NEG	15(0.15)	30(0.3)+	100(1.0)**	300(3.0)+++	2000(20)++++		
<b>PH:</b>	5.0	6.0	6.5	7.0	7.5	8.0	9.0	
<b>Blood:</b>	NEG	TRACE (+/-)	+	++	+++	5-10	50	
<b>Specific Gravity:</b>	1.000	1.005	1.010	1.015	1.020	1.025	1.030	
<b>Ketone:</b>	NEG	5(0.5) <sup>+</sup>	15(1.5) <sup>++</sup>	40(4.0) <sup>++</sup>	80(8.0) <sup>+++</sup>	160(16) <sup>++++</sup>		
<b>Bilirubin:</b>	NEG		1(17) <sup>+</sup>		2(35) <sup>++</sup>		4(70) <sup>+++</sup>	
<b>Glucose:</b>	NEG	100(5)+/-	250(15) <sup>+</sup>	500(30) <sup>++</sup>	1000(60) <sup>+++</sup>	2000 or more	(110) <sup>++++</sup>	

Nurse completing reading: \_\_\_\_\_ Date: \_\_\_\_\_

Provider reviewing results: \_\_\_\_\_ Date: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION**

**Prothrombin Time: International Ratio (PT/INR)**

**Result Sheet**

**(Non-Coumadin Patient)**

**Patient Name** \_\_\_\_\_ **TDOC ID:** \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>PT Result</b>	<b>INR Result</b>	<b>Nurse Signature</b>

**Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION

Coumadin Patient Flow Sheet

DEMOGRAPHICS	
Facility Name:	TDOC ID:
Patient Name:	DOB:
Location:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Clinical Indication*:	INR Therapeutic Range: <input type="checkbox"/> 2-3 <input type="checkbox"/> 2.5-3.5 <input type="checkbox"/> _____

Cautions:

- Coumadin fact sheet reviewed with patient       Master Problem List Populated

Date Of INR Result	Current Dose	INR Result	Complications	List Dose Change	Next INR Date	Practitioner's Signature

**Guideline for Adjusting Coumadin Dosages:**

INR less than lower limit of therapeutic range (2) – increase weekly Coumadin dose by 5 – 20%;  
 INR above therapeutic range by 0.1 - 0.5 – decrease weekly Coumadin dose by 5 – 10%;  
 INR 0.6 – 2 above therapeutic range – consider withholding one dose, and decrease weekly dose by 10 -15%;  
 \*\*INR 2-7 above therapeutic range – withhold 2 doses, decrease weekly dose by 15-20% and administer a single dose of Vitamin K 1-2.5 mg p.o.  
 \*\*INR > 7 above the therapeutic range – hold Coumadin **and** administer a single dose of Vitamin K 3-5 mg p.o.; the provider should anticipate significant reduction in INR within 24-48 hours

**Monitoring:**

INRs are to be monitored at least twice a week when Coumadin is initiated; Then weekly for at least 4 consecutive weeks of therapeutic values, then monthly; The monitoring cycle restarts from the beginning whenever an INR is non-therapeutic.

**\*\*Supra-therapeutic INRs Require Emergent Attention with a Provider**

**In the case of significant bleeding, patients must be referred to hospital for parenteral Vitamin K and fresh frozen plasma (FFP) infusion.**

**\*Indication and INR Range**

- |   |   |
|---|---|
| 1. Acute Myocardial Infarction with risk 2-3                | 6. Prevention of Venous Thromboembolism (High risk surgery) 2-3 |
| 2. Recurrent Myocardial Infarction 2.5 – 3.5                | 7. Treatment of Venous Thrombosis 2-3                           |
| 3. Atrial Fibrillation (moderate to high-risk patients) 2-3 | 8. Bi-leaflet Mechanical Heart Valve 2-3                        |
| 4. Valvular Heart Disease 2-3                               | 9. Mechanical Heart Valve (caged ball, caged disk) 2.5 -3.5     |
| 5. Tissue Heart Valves 2 -3                                 | 10. Other:  |

