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### OUTSIDE HOSPITAL REFERRAL PROCEDURE

#### REVISION HISTORY AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
0		Original issue.	Supt. Roberto R. Rabo
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## OUTSIDE HOSPITAL REFERRAL PROCEDURE

#### 1. PURPOSE

To sustain standard procedure on patient's outside hospital referrals in accordance with Department of Justice Memorandum Circular No. 24 s. 2013.

#### 2. SCOPE

This procedure states the range of actions taken for patients that need immediate medical attention and that the hospital has no facilities and equipment to manage the illness and has no medical specialist to handle the medical and surgical cases.

#### 3. DEFINITION OF TERMS AND ACRONYMS

#### 3.1. Terms

EMERGENCY REFERRAL	• Immediate medical attention is needed within twenty four (24) hours, this is the situation where PDL-patient condition is considered by the physician as "between life and death", and that the hospital has no facilities and equipment to manage the illness and has no medical specialist to handle the medical case.
URGENT REFERRAL	• Immediate medical attention is needed, however, the medical condition can be attended within three (3) to five (5) days, and that the hospital has no facilities and equipment to manage the illness and has no medical specialist to handle the medical case.
REGULAR REFERRAL	The condition of PDL-patient can be momentarily attended to by the prison hospital, however, there are no facilities and equipment to continue the management of the illness, and there is a need to consult with a medical specialist.
Vital Signs	Clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure that indicate the state of a patient's essential body functions.

#### 3.2. Acronyms

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PIC	Physician-In-Charge
NOD	Nurse on Duty
MOD	Medical Officer of the Day
DG	Director General
DOJ	Department of Justice
SOJ	Secretary of Justice
PDL	Person Deprived of Liberty



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### 4. RESPONSIBILITIES

MOD	•	Medical Officer of the Day as the first doctor to assess the condition of the patient may determine the need for immediate or urgent referral as the situation may need the management of specialist or facility and equipment that the BuCor is deficient. MOD is also responsible to make a medical abstract for the referral of patient.
PIC	•	The physician-in-charge as the patient's assigned doctor after a thorough management sees the condition of the patient may need to be referred for further management of a specialist or facility and equipment that the Bucor is deficient. PIC is also responsible to make a medical abstract for the referral of patient.
Chief of Clinics	•	Reassesses the findings of the MOD or PIC, and concur with findings.
Chief of Hospital	•	Chief of Hospital evaluates the findings of the Chief of Clinics and recommends referral to the Superintendent. Also submits initial report to the DG of patient's admission to outside hospital.
Superintendent	•	The Superintendent has the authority to approve emergency referral after the recommendation of the Chief of the Hospital. He also recommends for the approval of urgent and regular referral to the DG.



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### 5. PROCEDURE DETAILS

### 5.1. Emergency Referral

5.1. Emergency Referral					
Activity	Person Responsible	Details/Functions	References		
MOD/PIC determines emergency referral	MOD/PIC	• Upon assessment MOD/PIC determines the need for emergency referral.	Department of Justice Memorandum Circular No. 24 s. 2013		
Issue certification on gravity of illness & Medical Abstract	MOD/PIC	MOD/PIC issues certification as to the gravity of illness/ condition and medical abstract is done	BuCor Operating Manual		
Reassess & Concurs findings	Chief of Clinics	• The Chief of Clinics will reassess & concur on the findings.			
Recommends for Emergency Referral to Superintendent	Chief of Hospital	• The Chief of Hospital will recommend the referral to the Superintendent.			
Approved Emergency Referral	Supt.	• The Superintendent approves emergency referral			
Patient transported with approved pass, trip ticket, medical abstract, signed waiver and proper	Ambulance Driver Conducting Officer Escorting Unit	• Patient will be transported by an ambulance with the conducting officer and proper escort guards. Bringing an approved pass, trip ticket, signed waiver, & medical abstract.			
Initial Report of Admission to DG	Chief of Hospital	• Chief of Hospital submits initial report of patient's admission to DG.			



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Activity	Person Responsible	Details/Functions	References
Monitor Patient's Status	Medical Personnel	Assigned Medical     Personnel will be     monitoring patient's     status while admitted     outside.	
Endorsement to DOJ  END	DG	• The DG submits to DOJ the endorsement of patient's admission to outside hospital.	

### 5.2. Urgent/Regular Referral

Activity	Person Responsible	Details/Functions	References
START  MOD/PIC determines Urgent/Regular referral	MOD/PIC	• Upon assessment MOD/PIC determines the need for urgent/regular referral.	Department of Justice Memorandum Circular No. 24 s. 2013
Issues certification on gravity of illness & Medical Abstract	MOD/PIC	• MOD/PIC issues certification as to the gravity of illness/condition, and lack of equipment, facility and specialist to handle the case.  Then medical abstract is prepared.	BuCor Operating Manual
Reassess & Concurs findings	Chief of Clinics	• The Chief of Clinics will reassess & concur on the findings of MOD/PIC.	



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Activity	Person Responsible	Details/Functions	References
Recommends for Urgent/Regular Referral	Chief of Hospital	• The Chief of Hospital evaluates the findings and will recommend the referral to the Superintendent.	
Superintendent forwards endorsement to DG	Superintendent DG	• The Superintendent	
DG forwards endorsement to DOJ	DG	forwards endorsement to DG, and DG forwards endorsement to DOJ.	

#### 6. GUIDELINES

5.1. Department of Justice Memorandum Circular No. 24 s. 2013