

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
INDIGESTION

MSRM 140117.01.26
(R-6/11)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Chronic Pain scale: (0-10) _____

History:

Last bowel movement: _____ Color/Consistency: _____

Dietary habits: _____

Fluid intake/restriction: _____

Recent wt. change: Yes No When: _____ Amount loss/gain _____

Gallbladder disease: Yes No When: _____

Recent Abd. surgery: Yes No When: _____

Appendicitis: Yes No When: _____

Ulcers: Yes No When: _____

Current medications: _____

Associated symptoms:

Burning Belching Gas Flatulence Bloating Discomfort in upper stomach / chest

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Abdomen Soft Firm Tender to Distended

Bowel sounds Normal Hyperactive Hypoactive Sluggish Absent

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

- Onset is sudden and abnormal vital signs or problem exists or recurrence
- Symptoms suggesting cardiac origin
- Symptoms unrelieved by nursing interventions

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

Alteration in comfort related to ingestion

Plan:

Nursing Intervention Routine:

- Aluminum / Magnesium Hydroxide (i.e. Alamag, Mylanta, Maalox); chew 2 tablets four times a day (between meals and at bedtime) for 3 days as needed for indigestion **OR**
- Calcium Carbonate (i.e. Alcalak, Tums): chew 2 tablets four times a day (after meals and at bedtime) for 3 days as needed for indigestion
- Encourage increase in total daily fluid intake
- Avoid foods that increase symptoms: caffeine, nicotine, ASA

Progress Note: _____

Offender Education:

- Instructed to avoid spicy foods, eat small meals, chew slowly and thoroughly, increase water intake to 8 glasses daily/fibrous foods, not to lie down at least 2 hours after eating, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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