

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**OVERDOSE / POISONING**

MSRM 140117.01.45  
(R-6/11)

**Subjective Data:**

Chief complaint: \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**History of Event** (by inmate or bystander)

Type of overdose / poisoning: \_\_\_\_\_ Time of overdose / poisoning: \_\_\_\_\_

Was the overdose / poisoning:  Injected  Inhaled  Ingested  Topically applied  Inserted

Was the overdose / poisoning:  Intentional  Accidental Nature of accident: \_\_\_\_\_

Was the inmate:  Suicidal  Depressed  Previous OD's When: \_\_\_\_\_

Does the inmate have:  Previous history of drug abuse / use  No history of drug abuse / use

Current medication(s): \_\_\_\_\_

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_

Respiration	Lung Sounds	Circulation	Neurological		Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Pulse present	<input type="checkbox"/> Awake	<input type="checkbox"/> Pupils equal	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Pupils unequal	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X_____	<input type="checkbox"/> Pupils constricted	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> PERRLA	<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Follows commands	
<input type="checkbox"/> Deep	<input type="checkbox"/> Airway obstructed	<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose	<input type="checkbox"/> Unable to follow commands	
		<input type="checkbox"/> Diaphoretic			

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IN ALL CASES OF OVERDOSE / POISONING AND PREPARE PATIENT FOR POSSIBLE TRANSPORT TO EMERGENCY ROOM: OBTAIN THE LABEL OF THE CONTENTS FROM THE CONTAINER OF THE POISON AND CONTACT THE POISON CONTROL CENTER (1-800-222-1222) FOR INSTRUCTION.**

**Emergency First Aid:**

- **Do not induce vomiting** if offender has ingested strong acids, corrosive substances or petroleum products
- **Do not induce vomiting** if the offender is unconscious
- If poison is a strong acid, corrosive substance or petroleum product and offender is awake and alert give copious amounts of milk or water to drink for dilution.
- If drug overdose-support respiratory and cardiovascular function and prepare offender for transport to emergency room
- If poison / drug is inhaled –carry offender into fresh air immediately, loosen all tight clothing, prevent chilling and keep offender as quite as possible. Prepare offender for transport to emergency room.
- If poison is chemical / topical –drench skin with water from a shower or hose while offender is removing cloths. **NOTE:** Water should not be applied to chemical burns from lye or white phosphorous because of the potential for an explosion or for deepening the burn.

Emergency department notification time: \_\_\_\_\_ Transport time: \_\_\_\_\_

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

**Assessment:**

Alterations in respiratory and cardiac function related to  overdose  poisoning.

**Plan:**

**Nursing Intervention Routine:**

VS every 5 –10 minutes until transported:

Time: \_\_\_\_\_ BP \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ O<sub>2</sub> Sats: \_\_\_\_\_ Pupils: (L) \_\_\_\_\_ Pupils: (R) \_\_\_\_\_ Neuro: \_\_\_\_\_

Time: \_\_\_\_\_ BP \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ O<sub>2</sub> Sats: \_\_\_\_\_ Pupils: (L) \_\_\_\_\_ Pupils: (R) \_\_\_\_\_ Neuro: \_\_\_\_\_

Time: \_\_\_\_\_ BP \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ O<sub>2</sub> Sats: \_\_\_\_\_ Pupils: (L) \_\_\_\_\_ Pupils: (R) \_\_\_\_\_ Neuro: \_\_\_\_\_

**Progress Note:** \_\_\_\_\_

**Offender Education:**

Instructed on procedure(s) and care provided, follow-up sick call after emergency room / hospitalization. Offender verbalizes understanding of instructions.

**LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/Provider Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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