

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
CARDIOPULMONARY RESUSCITATION - EMERGENCY CARE

MSRM 140117.01.47
(R- 6/11)

Subjective Data:

Allergies: _____

Description of Emergency: _____

Time of Notification: _____ Notified By: _____

Time of Arrival: _____ Arrived By: _____

CPR started: Time: _____ CPR terminated: Time: _____

Life Pack applied: Time: _____

Notified medical provider: _____ Time: _____

Current medication(s): (Have copy of Medication Charting Sheet available for medical provider)

Objective Data:

Time: _____ BP _____ Pulse _____ Resp. _____ O₂ sats. _____

Refer to Medical Provider: Acute emergency: Anticipate medical providers need/order for the following:

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

Oxygen applied: Time: _____ liters

IV access started: Time: _____ Jelco size: _____ Site: _____ Inserted by: _____

Lactated Ringer D5W Normal Saline

Time ambulance notified: _____ Ambulance arrival time: _____ Ambulance departure time: _____

Emergency department notification time: _____ Report given to: _____

Send ER assessment/treatment, along with Medication Charting Sheet to emergency department with offender

Medications	Time	Dosage	Time	Dosage	Time	Dosage	Time	Dosage
ASA								
Nitroglycerin								
Epinephrine								
Atropine								
Lidocaine								
Na Bicarbonate								
Narcan								
D50								
Defibrillation								
Other								

Assessment:

Inability to sustain spontaneous pulse or respiration

Plan:

Nursing Intervention Routine:

VS every 5 –10 minutes until transported:

Time: _____ BP _____ Pulse _____ Resp. _____ O₂ sats. _____

Time: _____ BP _____ Pulse _____ Resp. _____ O₂ sats. _____

Time: _____ BP _____ Pulse _____ Resp. _____ O₂ sats. _____

Progress Note: _____

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

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

Offender Name
(Last, First)

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