

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
NON CONSENSUAL SEXUAL CONTACT

MSRM 140117.01.57
(7/13)

Subjective Data:

Allergies: _____

Medical staff on site: Yes No After hour phone call: Yes No If "Yes" notified by: _____ Time: _____

Chief complaint: _____

Time of incident or of most recent contact: _____ Location of Incident: _____

Type of contact:

Oral Anal Vaginal Skin to skin contact No skin to skin contact

Penetration by:

Penis Finger Object Describe: _____ Other Describe: _____

Brief summary of incident: _____

Security notified: Name of officer: _____ Date: _____ Time: _____

Is there visual or reported physical injury: Yes No If "Yes" describe injuries, location and how the injuries were inflicted: _____

Did the victim experience any of the following? If "Yes" to any of the following the victim must be evaluated by the ER prior to forensic examination.

Strangulation Yes No Loss of consciousness Yes No Altered level of consciousness Yes No
Assault by instrumentation Yes No Physical injury Yes No

Has the alleged victim performed any of the following post assault activities since last contact?

Change clothes: Yes No Urinated: Yes No Defecated: Yes No Bathed: Yes No

Note: Do not have the victim change clothes. Have the victim take a change of clothes to the forensic examination. If recent contact, discourage but do not forbid urination.

Objective Data: (clinically indicated VS)

BP: _____ Pulse: _____ Resp: _____ Temp: _____ O2 Sats: _____

CRITERIA FOR FORENSIC EXAMINATION:

- Last contact < 120 hours
- Skin to skin nonconsensual sexual contact to includes but not limited to penetration

DO NOT SEND FOR FORENSIC EXAMINATION BUT DO NOTIFY SECURITY FOR:

- Sexual harassment
- No skin to skin contact (such as inappropriate touching over clothes) unless there is visual injury

ER/Forensic Examiner Notified: Date: _____ Time: _____ Name of ER/Forensic Examiner: _____ Transport Time: _____

Medical Provider/RN Notified: Date: _____ Time: _____ CHSA Notified: Date: _____ Time: _____ MH Notified: Date: _____ Time: _____

Assessment:

- Anxiety/fear related to physical harm or threat of physical harm

Nursing Intervention:

- Refer to Medical Provider next working day
- Refer to Mental Health Provider next working day
- Refer to Dental Provider next working day if indicated (oral contact or injury)
- Obtain history in a private, quiet environment
- Instruct the victim on importance of medical, mental health and dental follow-up

Progress Note: _____

Offender Instructions:

- Instructed to follow-up sick call with medical and mental health care, treatments and medications. Offender verbalizes understanding of instructions.

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

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

Offender Name
(Last, First)

DOC #