

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
ON CALL NURSE TELEPHONE TRIAGE AND/OR ER TRANSFER

MSRM 140117.01.70  
(R-8/16)

If possible, have the inmate close to the telephone so that the Nurse on Call can speak directly to the inmate.

Received Call From: (name/title) \_\_\_\_\_ Date/Time: \_\_\_\_\_

Subjective Data: \_\_\_\_\_ Allergies: \_\_\_\_\_

Chief complaint and/or Reason for ER Visit: \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Recurrence  Constant

Activity at onset: \_\_\_\_\_

Mechanism of Injury: \_\_\_\_\_

Positive Urine Drug Screen?  Yes  No FSBS: \_\_\_\_\_

Symptoms: Provided by:  Correctional Officer Only  Inmate Only  Correctional Officer and Inmate

<input type="checkbox"/> Headache	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Seizure	Did the seizure last more than 3-5 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Chest Pain	When did it start? _____			
	What were you doing when it started? _____			
	Was the pain sharp, dull, start & stop or was it constant? _____			
	Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____			
	Does the inmate appear pale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the inmate's skin sweaty or dry? <input type="checkbox"/> Sweaty <input type="checkbox"/> Dry			
<input type="checkbox"/> Abd. Pain	Location: _____			
<input type="checkbox"/> Numbness	Location: _____			
<input type="checkbox"/> Laceration	Location: _____			
<input type="checkbox"/> Abrasion	Location: _____			
<input type="checkbox"/> Assault	Location: _____			
<input type="checkbox"/> Visible Bleeding	Location: _____			
<input type="checkbox"/> Visible Swelling	Location: _____			
<input type="checkbox"/> Visible Fracture	Location: _____			
<input type="checkbox"/> Pain scale (1-10)	Location: _____		Describe: _____	
<input type="checkbox"/> Other _____	_____			

Appearance:  No distress  Mild distress  Moderate distress  Severe distress

**Medical History:**

Hypertension  Diabetes  Cardiac Disease  Asthma  Seizure Disorder  Mental Health Disorder

**Current Medications:**

B/P Medication  Insulin  Heart Medications  Inhalers  Seizure Medication  Psych Medications

**CONTACT MEDICAL PROVIDER IMMEDIATELY:** *If medical provider is not on site or if after clinic hours the medical provider is to be called. Nursing Protocol must be assigned to medical provider.*

Complaints of severe pain  Uncontrolled Seizures  Transfer to ER  
 Signs of infection  Loss of sensation  Numbness/Severe Pain  
 Uncontrolled Bleeding from injury  Impaired neurological/vascular status  Mechanism of injury suggesting hidden trauma

Medical Provider: \_\_\_\_\_ Time Notified: \_\_\_\_\_ Orders Received for Treatment:  Yes  No

**Assessment:**

Alteration in \_\_\_\_\_ related to \_\_\_\_\_

**Plan: Nursing Intervention Routine:** (check all that apply)

- Inmate transferred to ER prior to on-call nurse notification due to Level A – Emergency/Life Threatening Situation.
- Returned to facility for further evaluation of inmate.
- Referred inmate to medical provider next working day.
- Instructed inmate to submit "Request for Health Services".
- Instructed Officer to stop bleeding with pressure.
- Lay-In issued.
- Instructed officer to call for Emergency Management System (EMS)/ambulance.
- Instructed officer to transport to nearest hospital.
  - Level A - Emergency/Life Threatening Situation
  - Level B Urgent Situation

Transferred to: \_\_\_\_\_ Transfer Time: \_\_\_\_\_ Transported by:  facility vehicle  ambulance  Med Flight

Other: \_\_\_\_\_

Education/Intervention: Instructed inmate to follow-up sick call if no improvement, condition worsens or post ER visit. Inmate verbalizes understanding of instructions.

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

Medical Provider Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

QHCP Signature/credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Inmate Name (Last, First) \_\_\_\_\_ DOC # \_\_\_\_\_