

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
ON CALL NURSE TELEPHONE TRIAGE

MSRM 140117.01.70
(D 2/16)

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

Received Call From: (name/title) _____ Date/Time: _____

Subjective Data: _____ Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Recurrence Constant

Activity at onset: _____

Mechanism of Injury: _____

Positive Urine Drug Screen? Yes No FSBS: _____

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

Headache Shortness of Breath Nausea Vomiting Dizziness

Seizure Did the seizure last more than 3-5 minutes? Yes No

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: Yes No Location: _____

Does the offender appear pale? Yes No

Is the offender's skin sweaty or dry? Sweaty Dry

Abd. Pain Location: _____

Numbness Location: _____

Laceration Location: _____

Abrasion Location: _____

Assault Location: _____

Visible Bleeding Location: _____

Visible Swelling Location: _____

Visible Fracture Location: _____

Pain scale (1-10) Location: _____ Describe: _____

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

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

Refer to Medical Provider If:

Complaints of severe pain Uncontrolled Seizures
 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 Notified: Date: _____ Time: _____ Orders Received for Treatment: Yes No

Assessment:

Alteration in _____ related to _____

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

Returned to facility for further evaluation of offender. Instructed officer to call for ambulance.
 Referred offender to medical provider next working day. Instructed officer to transport to nearest hospital.
 Instructed offender to submit "Request for Health Services". Lay-In issued.
 Instructed Officer to stop bleeding with pressure.

Other: _____

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

Progress Note: _____

Medical Provider Signature/Credentials: _____ Date: _____ Time: _____

QHCP Signature/credentials: _____ Date: _____ Time: _____

Offender Name
(Last, First)

DOC #