

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
ABDOMINAL PAIN / CONSTIPATION / DIARRHEA

MSRM 140117.01.24
(R-12/15)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Chronic

History:

Last bowel movement: _____ Color/Consistency: _____

History of dietary habits: _____ History of fluid intake/restriction: _____

History of laxative use: Yes No If "Yes" Type: _____

History of hernia: Yes No If "Yes" When: _____

History of Glaucoma: Yes No

Last meal: _____ Pain: Yes No scale: (0-10) _____

Current medications: _____

Associated symptoms:

Nausea Vomiting Cramping Flatulence Hemorrhoids Bloating

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Abdomen	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended	<input type="checkbox"/> Tender to palpation	<input type="checkbox"/> Rebound tenderness
Bowel sound:	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Absent	
Hemorrhoids (if applicable)	<input type="checkbox"/> Protruding	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Not visualized		
Turgor:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased			

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

Immediate Medical Provider notification if abdomen is anything but soft, non-tender and with normal bowel sounds or there is vomiting, constipation of more than 3 days duration, fever

Refer to Medical Provider If: (Do not administer laxative if any of these sign and symptoms are present)

<p align="center"><u>Constipation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Onset is sudden and unexplained <input type="checkbox"/> Chronic problem exists or reoccurrence <input type="checkbox"/> Abdominal distention and tenderness with emesis <input type="checkbox"/> Absence of bowel sounds <input type="checkbox"/> Constipation alternating with diarrhea/bloody stool <input type="checkbox"/> Persistent nausea/vomiting, fever <input type="checkbox"/> Presence of hernia, <input type="checkbox"/> No bowel movement 	<p align="center"><u>Diarrhea</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea persisting 48 hours or not responding to nursing intervention <input type="checkbox"/> Weight loss greater than 5% of body weight <input type="checkbox"/> Temp > 101 <input type="checkbox"/> Unable to tolerate fluids <input type="checkbox"/> Abdominal pain and tenderness that is different from the cramps that immediately precedes diarrhea stool <input type="checkbox"/> Other conditions that are known to cause diarrhea- HIV disease, ulcerative colitis, Crohn's disease <input type="checkbox"/> Common source - epidemic, is apparent
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Medical Provider Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment: Alteration in comfort related to: abdominal pain constipation diarrhea

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

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.

<p align="center">Abdominal Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refer to medical provider Abdominal Pain Emergency: Immediate Emergency Care and Notify Provider without Delay <input type="checkbox"/> Grossly bloody stool, severe abdominal pain, or severe dehydration 	<p align="center">Constipation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bisacodyl (i.e Dulcolax) 1 tablet p.o. daily for 10 days <input type="checkbox"/> Psyllium (i.e.Fiber Tabs, Metamucil) 2 tablets each evening for 30 days with 8 oz of water 	<p align="center">Diarrhea</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bismuth tablets: chew 2 tablets 4 times a day for 3 days for diarrhea (DO NOT GIVE IF HX BLEEDING , ASTHMA OR ALLERGY TO ASA)
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Education/Intervention: Instructed to increase water intake, daily/fibrous foods, avoid straining when passing stool, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

Progress Note: _____

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

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

Offender Name
(Last, First)

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