

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**HEAT EXHAUSTION/CRAMPS (HEAT STROKE)**

MSRM 140117.01.43  
(R-12/15)

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

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

**Current Medications** (Note: Some medications may potentially increase heat stress risk)

\_\_\_\_\_  
\_\_\_\_\_

**Associated symptoms:**

- |                                            |                                        |                                   |                                    |
|--------------------------------------------|----------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Drowsiness    | <input type="checkbox"/> Chills   | <input type="checkbox"/> Headache  |
| <input type="checkbox"/> Visual changes    | <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Fainting | <input type="checkbox"/> Dizziness |

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_

<b>Pupil (right)</b>	_____ mm	<b>Shape</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<b>Reactivity</b>	<input type="checkbox"/> Rapid	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Absent
<b>Pupil (left)</b>	_____ mm	<b>Shape</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<b>Reactivity</b>	<input type="checkbox"/> Rapid	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Absent
<b>Skin Temp.</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hot	<input type="checkbox"/> Absent sweating					
<b>Skin Color</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Red	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale				
<b>Gait</b>	<input type="checkbox"/> Steady	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Unable to stand					
<b>LOC</b>	<input type="checkbox"/> Oriented	<input type="checkbox"/> Disorient	<input type="checkbox"/> Coma					
<b>Mucosa</b>	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry						
<b>Grips</b>	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak						
<b>Turgor</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased						
<b>Appearance</b>	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress				

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

**NOTIFY MEDICAL PROVIDER IMMEDIATELY IF:**

- Offender does not respond rapidly to nursing intervention
- Present of significant risk factors
- Offender medication (s) includes diuretics, anticholinergics, phenothiazines, antidepressants

**Immediate Emergency Care without Delay**

- Heat stroke: e.g. (greater than 102 degree F.) absent sweating, confusion, delirium, hypotension, pale skin
- Emergency Room notification time: \_\_\_\_\_ Transport time: \_\_\_\_\_

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

**Assessment:**

- Alteration in body temperature related to heat exposure

**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.
- Heat exhaustion-red color, sweating, VS stable, weakness, oriented X 3
- Place offender in a cool place, shady area in reclining position, elevate feet
- Give room temperature water if alert (avoid salt/sugar in fluids)
- Consider moisten all clothing, cool shower, moist cloths, or sponge with tepid water (**Avoid causing shivering or inducing chills**), monitor VS
- Observe in medical area until symptoms resolve and re-assess offender prior to release
- Begin O<sub>2</sub> at two (2) – six (6) liters/minute by nasal cannula and titrate to O<sub>2</sub> sats of 95% or higher (**This will require an order from the medical provider**)
- Establish IV access (**This will require an order from the medical provider**)
- Education/Intervention: Instructed to avoid excessive exercise in high temperatures, adequate fluid intake, 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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