

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
OVERDOSE / POISONING

MSRM 140117.01.45
(R-12/15)

Subjective Data: _____

Allergies: _____

Chief complaint: _____

History of Event (by inmate or bystander)

Type of overdose / poisoning: _____ Time of overdose / poisoning: _____

Was the overdose / poisoning: Injected Inhaled Ingested Topically applied Inserted

Was the overdose / poisoning: Intentional Accidental Nature of accident: _____

Was the inmate: Suicidal Depressed Previous OD's When: _____

Does the inmate have: Previous history of drug abuse / use No history of drug abuse / use

Current medication(s): _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 sats. _____ FSBS _____

Respiration	Lung Sounds	Circulation	Neurological		Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Pulse present	<input type="checkbox"/> Awake	<input type="checkbox"/> Pupils equal	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Pupils unequal	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X__	<input type="checkbox"/> Pupils constricted	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> PERRLA	<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Follows commands	
<input type="checkbox"/> Deep	<input type="checkbox"/> Airway obstructed	<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose	<input type="checkbox"/> Unable to follow commands	
		<input type="checkbox"/> Diaphoretic			

(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 IN ALL CASES OF OVERDOSE / POISONING AND PREPARE PATIENT FOR POSSIBLE TRANSPORT TO EMERGENCY ROOM: OBTAIN THE LABEL OF THE CONTENTS FROM THE CONTAINER OF THE POISON AND CONTACT THE POISON CONTROL CENTER (1-800-222-1222) FOR INSTRUCTION.

Emergency First Aid:

- **Do not induce vomiting** if offender has ingested strong acids, corrosive substances or petroleum products
- **Do not induce vomiting** if the offender is unconscious
- If poison is a strong acid, corrosive substance or petroleum product and offender is awake and alert give copious amounts of milk or water to drink for dilution.
- If drug overdose-support respiratory and cardiovascular function and prepare offender for transport to emergency room
- If poison / drug is inhaled –carry offender into fresh air immediately, loosen all tight clothing, prevent chilling and keep offender as quite as possible. Prepare offender for transport to emergency room.
- If poison is chemical / topical –drench skin with water from a shower or hose while offender is removing cloths. **NOTE:** Water should not be applied to chemical burns from lye or white phosphorous because of the potential for an explosion or for deepening the burn.

Emergency department notification time: _____ **Transport time:** _____

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

Assessment:

Alterations in respiratory and cardiac function related to overdose poisoning.

Plan: Nursing Intervention Routine:

VS every 5 –10 minutes until transported:

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

Instructed on procedure(s) and care provided, follow-up sick call after emergency room / hospitalization. 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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