

Emergency Care Record

(Medical Diagram of Injury)

Chief Complaint: _____

Onset: _____ Location: _____

Medical History: None Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep C

Allergies: _____

Current Medications: _____

Vital Signs: B/P _____ R: _____ P: _____ T: _____ Wt. _____ O2 sat: _____ FSBS: _____

Respiratory	CIRCLE ALL THAT APPLY	Cardiovascular
WNL Labored Cough SOB Wheezes Stridor Crackles Hemoptysis Pain with breathing Diminished Nasal flaring Other: _____		WNL Chest pain Left arm pain Diaphoresis Orthopnea Edema Palpitations Dizzy spells Syncope Tachycardia Bradycardia Other: _____
Gastrointestinal		Genitourinary
WNL Nausea Diarrhea Dysphagia Melena Constipation Vomiting: Clear Gastric Coffee grounds Hematemesis Hematochezia Abdomen: Soft Tender Firm Distended Bowel sounds: WNL Hyperactive Hypoactive Absent Other: _____		WNL Dysuria Nocturia Frequency Incontinence Flank pain Male: Discharge Penile lesions Testicle pain Testicle swelling Female: Vaginal discharge Abnormal bleeding Pelvic pain Dysmenorrhea Pregnant Other: _____
Skin		Treatments
Warm Cool Dry Clammy Moist Color: WNL Pale Flushed Cyanotic Jaundice M/Membrane: WNL Moist Sticky Parched Turgor: WNL Decreased Edema: Absent Present _____ Laceration: _____ cm R/L Upper/Lower Location: Forehead Supraorbital Infraorbital Zygoma Maxilla Mandible Lid Ear Nose Lip Mouth Chin Neck Hand Wrist Forearm Elbow Leg Chest Back Shoulder Foot Ankle Type: Avulsion Flap Linear Jagged Stellate Irregular Through To: Skin Mucosa SQ Muscle Fascia Bone Galea Other: _____		<input type="checkbox"/> Oxygen applied: Time: _____ liters <input type="checkbox"/> IV access started: Time: _____ Jelco size: _____ Site: _____ Inserted by: _____ <input type="checkbox"/> Lactated Ringer <input type="checkbox"/> D5W <input type="checkbox"/> Normal Saline <input type="checkbox"/> CPR started: Time: _____ CPR terminated: Time: _____ <input type="checkbox"/> Life Pack applied: Time: _____ <input type="checkbox"/> VS every 5-10 minutes until transported: Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____ Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____ Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____ <input type="checkbox"/> Emergency department notification time: _____ Report given to: _____ Time ambulance notified: _____ Ambulance arrival time: _____ Ambulance departure time: _____ <input type="checkbox"/> Tetanus given: _____ Time: _____ (dose/route/location)
Eyes/Ears/Nose/Throat		Send copy of ER assessment/treatment and Medication Charting Sheet (MAR's) to emergency department with patient
Eyes: WNL Blurred vision Double vision Discharge Redness Photophobia Ears: WNL Pain Bleeding Drainage Ringing Hearing loss Nose: WNL Bleeding Congestion Discharge Throat: WNL Pain Swelling Voice change Mouth: WNL Pain Swelling Bleeding Other: _____		
Neurological		Progress Notes
WNL Oriented X 3 Disoriented - person / place / time Headaches Dizziness Seizure Tremors Fainting Walking problems Speech problems R / L: Altered sensation _____ R / L: Altered motor _____ Pulses: Present Absent Other: _____		
Musculoskeletal		Medical Provider/RN Notified: Date: _____ Time: _____ Orders Received for Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No
R/L: Pain Swelling Bruising Fracture Sprain Neck Chest wall Rib(s) Back Shoulder Arm Elbow Forearm Wrist Hand Pelvis Hip Leg Knee Foot Other: _____		
		QHCP Signature: _____ Date: _____ Time: _____

Medical Provider Signature: _____ Date: _____ Time: _____ AM / PM

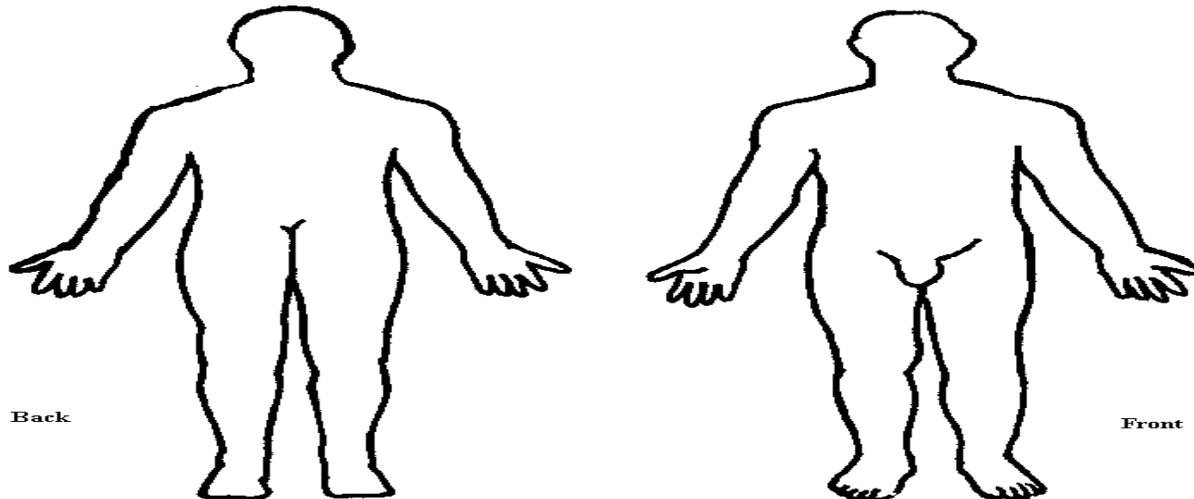
Offender Name
(Last, First)

DOC #

**OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Medical Diagram of Injury**

MSRM 140117.01.48
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1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____



(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/RN IMMEDIATELY IF:

<u>Lacerations</u>	<u>Fractures</u>	<u>Contusion</u>
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose , eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri – Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

Assessment:

Alteration in skin integrity related to trauma

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

<u>Lacerations</u>	<u>Fractures</u>	<u>Contusions</u>
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Offender verbalizes understanding of instructions.

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

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

Offender Name
(Last, First)

DOC #