

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
NON CONSENSUAL SEXUAL CONTACT

MSRM 140117.01.57  
(12/15)

**Subjective Data:**

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

Medical staff on site:  Yes  No After hour phone call:  Yes  No If "Yes" notified by: \_\_\_\_\_ Time: \_\_\_\_\_

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

Time of incident or of most recent contact: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Type of contact:

Oral  Anal  Vaginal  Skin to skin contact  No skin to skin contact

Penetration by:

Penis  Finger  Object Describe: \_\_\_\_\_  Other Describe: \_\_\_\_\_

Brief summary of incident: \_\_\_\_\_

Security notified: Name of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is there visual or reported physical injury:  Yes  No If "Yes" describe injuries, location and how the injuries were inflicted: \_\_\_\_\_

Did the victim experience any of the following? If "Yes" to any of the following the victim must be evaluated by the ER prior to forensic examination.

Strangulation  Yes  No Loss of consciousness  Yes  No Altered level of consciousness  Yes  No  
Assault by instrumentation  Yes  No Physical injury  Yes  No

Has the alleged victim performed any of the following post assault activities since last contact?

Change clothes:  Yes  No Urinated:  Yes  No Defecated:  Yes  No Bathed:  Yes  No

**Note:** Do not have the victim change clothes. Have the victim take a change of clothes to the forensic examination. If recent contact, discourage but do not forbid urination.

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

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_ O2 Sats: \_\_\_\_\_

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

**CRITERIA FOR FORENSIC EXAMINATION:**

- Last contact < 120 hours
- Skin to skin nonconsensual sexual contact to includes but not limited to penetration

**DO NOT SEND FOR FORENSIC EXAMINATION BUT DO NOTIFY SECURITY FOR:**

- Sexual harassment
- No skin to skin contact (such as inappropriate touching over clothes) unless there is visual injury

ER/Forensic Examiner Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name of ER/Forensic Examiner: \_\_\_\_\_ Transport Time: \_\_\_\_\_

Medical Provider Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_ CHSA Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_ MH Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Assessment:**

- Anxiety/fear related to physical harm or threat of physical harm

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

- Check in assessment only for medical providers visit.
- Refer to Medical Provider next working day
- Refer to Mental Health Provider next working day
- Refer to Dental Provider next working day if indicated (oral contact or injury)
- Obtain history in a private, quiet environment
- Instruct the victim on importance of medical, mental health and dental follow-up
- Education/Intervention: Instructed to follow-up sick call with medical and mental health care, treatments and medications. 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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