# OKLAHOMA DEPARTMENT OF CORRECTIONS
## NURSING PRACTICE PROTOCOL
## Wellness Check

Facility: _____

Reason for observation: _____

Complaints: ❑ None voiced ❑ Yes If "Yes" state: _____

Medications given: ❑ N/A ❑ Yes (list)_____

_____

Offender: ❑ Alert ❑ Lethargic ❑ Confused ❑ Disoriented

Oriented to: ❑ Person ❑ Place ❑ Time ❑ Situation

Offender: ❑ Sitting ❑ Lying ❑ Standing ❑ Walking ❑ Exercising ❑ Sleeping ❑ Other: _____

Comment: _____

Offender: ❑ Quiet ❑ Yelling or screaming ❑ Crying ❑ Cursing ❑ Laughing ❑ Mumbling incoherently
❑ Other: _____

Comment: _____

Offender taking meals: ❑ Served and eaten ❑ Served and not eaten If "Not eaten" state reason: _____

_____

Offender taking fluids: ❑ Yes ❑ No If "No" state reason: _____

_____

Appearance: ❑ No distress ❑ Mild distress ❑ Moderate distress ❑ Severe distress

Additional Information: _____

_____

❑ Instructed offender to notify medical for any concerns that warrant further evaluation. Offender verbalizes understanding.

Disposition: ❑ Continue to monitor
❑ Schedule for sick call visit
❑ Notify medical provider
❑ Refer to mental health

QHCP Signature: _____ Date: _____

Offender Name: DOC#:
(Last, First)