

**OKLAOMA DEPARTMENT OF CORRECTIONS
RN/LPN CHRONIC CLINIC NOTE**

Examination Type: Follow-up Lab Results Compliance

Chronic Illness:

Asthma CAD/ASVD COPD Diabetes HIV HTN Seizure
 HCV HBV Cirrhosis Fatty Liver Cancer Type: _____
Other: _____

Severity Classification: Mild Moderate Severe

Allergies/side effects: _____

Current Medication	Current Medication	Current Medication	Current Medication

Compliance with treatment plan: Yes No If "No" Explain _____

Objective Data: (VS)

Temp _____ Pulse _____ Resp. _____ BP. _____ Wt. _____ O2 sats _____ (RA/O2) FSBS _____

Current Labs: _____

Physical Examination:

LOC: _____ Orientation: _____ Pupil Size/Reaction: _____

Specific Pain Yes No If "Yes" Describe: _____

Skin color/temp. _____ Edema: _____

Skin turgor: Normal Poor Severe tenting Capillary Refill: Brisk - < 2 seconds Sluggish - > 2 seconds

Chest pain: Yes No If "Yes" Describe: _____ Heart rhythm _____

Lungs sounds: _____ Respirations: _____ Oxygen use: Yes No Liters: _____

Cough: Yes No Results: Productive Non-productive

Abdomen soft: Yes No Tender: Yes No Bowel sounds: _____

Constipation Yes No Diarrhea Yes

Nausea / vomiting: Yes No If yes, describe: _____

Urinary symptoms: Yes No If yes, describe _____

Other: _____

Appearance: No distress Mild distress Moderate distress Severe distress

Assessment/Nursing Diagnosis: _____

Plan/Interventions: (See "Physician Orders" for laboratory, medication(s), treatment orders and follow-up plan)

Education: Diet Medication/Medication Adherence Exercise Disease process
 Risks and benefits Goals Signs and symptoms to report Treatment options
 Other: _____

RN/LPN Signature/Credentials: _____ Date: _____ Time: _____

Health Care Provider Signature/Credentials: _____ Date: _____ Time: _____

Inmate Name
(Last, First)

ODOC #