

OKLAHOMA DEPARTMENT OF CORRECTIONS
ISOLATION/QUARANTINE SYMPTOMS CHECKLIST

MSRM 140117.01.15.9
(D- 4/20)

Facility: _____

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

Medications given: N/A Yes (list) _____

VS: (clinically indicated)

The inmate's temperature is to be checked daily unless ordered otherwise. Report any Temperature 100.4 or greater, difficulty breathing or Pulse OX < 94%.

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

1. Inmate: Alert Lethargic Confused Disoriented Incoherent
2. Oriented to: Person Place Time Situation
3. Do you have new onset of body aches or chills that you have not had previously? Yes No
4. Do you have a new onset of a sore throat that you have not had previously? Yes No
5. Do you have a new onset of a persistent cough that you have not had previously? Yes No
6. Do you have a new onset of difficulty breathing that you have not had previously? Yes No
7. Do you have a new onset of loss of smell? Yes No
8. Do you have a new onset of loss of taste? Yes No

If inmate has a temperature of 100.4, difficulty breathing or answers "YES" to any of the questions the nurse must be contacted immediately and the note assign to the health care provider and nurse of contact.

Name of Health Care Provider contacted: _____ Date: _____

Name of nurse contacted: _____ Date: _____

Progress Note: _____

Disposition: (Check all that apply)

- Continue to monitor
- Follow-up PRN
- Instructed inmate to notify medical for any concerns that warrant further evaluation. Inmate verbalizes understanding.

Signature/Credentials: _____ Date: _____ Time: _____

Inmate Name:
(Last, First)

DOC/SSN #: