

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
CARDIOPULMONARY RESUSCITATION - EMERGENCY CARE

MSRM 140117.01.1.2
(R- 4/19)

Subjective Data:

Allergies: _____

Description of Emergency: _____

Time of Notification: _____ Notified By: _____

Time of Arrival: _____ Arrived By: _____

CPR started: Time: _____ CPR terminated: Time: _____

AED applied: Time: _____

Notified health care provider: _____ Time: _____

Current medication(s): (Have copy of Medication Charting Sheet available for health care provider)

Objective Data:

Time: _____ BP _____ Pulse _____ Resp. _____ O₂ sats. _____

HEALTH CARE PROVIDER MUST BE CALLED IF NOT ON SITE OR IF AFTER CLINIC HOURS.

Refer to Health Care Provider: Acute emergency: Anticipate health care providers need/order for the following:

Health Care Provider Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Oxygen applied: Time: _____ liters

IV access started: Time: _____ Jelco size: _____ Site: _____ Inserted by: _____

Lactated Ringer D5W Normal Saline

Time ambulance notified: _____ Ambulance arrival time: _____ Ambulance departure time: _____

Emergency department notification time: _____ Report given to: _____

Send ER assessment/treatment, along with Medication Charting Sheet to emergency department with offend

Medications	Time	Dosage	Time	Dosage	Time	Dosage	Time	Dosage
ASA								
Nitroglycerin								
Epinephrine								
Atropine								
Lidocaine								
Na Bicarbonate								
Narcan								
D50								
Defibrillation								
Other								

Plan: Interventions:

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. _____

Progress Note: _____

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

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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