

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**HEAT EXHAUSTION/CRAMPS (HEAT STROKE)**

MSRM 140117.01.10.4  
(R-4/19)

**Subjective Data:**

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

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

Onset: \_\_\_\_\_ Activity at onset: \_\_\_\_\_

**Current Medications** (Note: Some medications may potentially increase heat stress risk)

\_\_\_\_\_  
\_\_\_\_\_

**Associated symptoms:**

- |  |  |                                   |                                    |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Drowsiness    | <input type="checkbox"/> Chills   | <input type="checkbox"/> Headache  |
| <input type="checkbox"/> Visual changes    | <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Fainting | <input type="checkbox"/> Dizziness |

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

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS: \_\_\_\_\_

<b>Pupil (right)</b>	_____ mm	<b>Shape:</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<b>Reactivity:</b>	<input type="checkbox"/> Rapid	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Absent
<b>Pupil (left)</b>	_____ mm	<b>Shape:</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<b>Reactivity:</b>	<input type="checkbox"/> Rapid	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Absent
<b>Skin Temp.</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hot	<input type="checkbox"/> Absent sweating					
<b>Skin Color</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Red	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale				
<b>Gait</b>	<input type="checkbox"/> Steady	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Unable to stand					
<b>LOC</b>	<input type="checkbox"/> Oriented	<input type="checkbox"/> Disorient	<input type="checkbox"/> Coma					
<b>Mucosa</b>	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry						
<b>Grips</b>	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak						
<b>Turgor</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased						
<b>Appearance</b>	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress				

**IMMEDIATE EMERGENCY CARE WITHOUT DELAY:**

- Heat stroke: e.g. (greater than 102 degree F.) absent sweating, confusion, delirium, hypotension, pale skin

**Emergency Room notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_ **Transported by:** \_\_\_\_\_

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF:** *Health care provider must be called if not on site or if after clinic hours.*

- Inmate does not respond rapidly to nursing intervention
- Present of significant risk factors
- Inmate medication (s) includes diuretics, anticholinergics, phenothiazines, antidepressants

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

*If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.*

**Plan: Interventions:** (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Heat exhaustion-red color, sweating, VS stable, weakness, oriented X 3.
- Place inmate in a cool place, shady area in reclining position, elevate feet.
- Give room temperature water if alert (avoid salt/sugar in fluids).
- Consider moisten all clothing, cool shower, moist cloths, or sponge with tepid water (**Avoid causing shivering or inducing chills**), monitor VS.
- Observe in medical area until symptoms resolve and re-assess inmate prior to release.
- Begin O<sub>2</sub> at two (2) – six (6) liters/minute by nasal cannula and titrate to O<sub>2</sub> sats of 95% or higher (**This will require an order from the health care provider**)
- Establish IV access (**This will require an order from the health care provider**)
- Education/Intervention: Instructed to avoid excessive exercise in high temperatures, adequate fluid intake, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

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