

OKLAHOMA DEPARTMENT OF CORRECTIONS  
 NURSING PRACTICE PROTOCOLS  
**PEPPER SPRAY (OC) / TEAR GAS (CN)**  
 (Oleoresin-Capsaicin) (Omega -chlorobenzylidene)

MSRM 140117.01.11.3  
(R-4/19)

**Subjective Data:**

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

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

**History of Event** (by inmate or bystander)

Type of exposure: \_\_\_\_\_ Time of exposure: \_\_\_\_\_ Area exposed: \_\_\_\_\_

History of COPD:  Yes  No History of Asthma:  Yes  No

**Associated symptoms:**

<input type="checkbox"/> Burning	<input type="checkbox"/> Coughing	<input type="checkbox"/> Gagging	<input type="checkbox"/> Running nose	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Increased salivation
<input type="checkbox"/> Pain	scale (0-10) _____	<input type="checkbox"/> Shortness of breath			

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

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

Respiration	Lung Sounds	Skin	Neurological	EYES	Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Pink	<input type="checkbox"/> Awake	<input type="checkbox"/> Redness	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Alert	<input type="checkbox"/> Tearing	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Mottled	<input type="checkbox"/> Oriented X _____	<input type="checkbox"/> Swelling	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Jaundiced	<input type="checkbox"/> Confused	<input type="checkbox"/> Visual disturbances	<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Pale	<input type="checkbox"/> Lethargic		
<input type="checkbox"/> Deep	<input type="checkbox"/> Airway obstructed	<input type="checkbox"/> Blistering	<input type="checkbox"/> Comatose		
		<input type="checkbox"/> Redness	<input type="checkbox"/> Pupils equal		
		<input type="checkbox"/> Swelling	<input type="checkbox"/> Pupils unequal		

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

Respiratory or cardiovascular problems, unconsciousness occurs

Blistering of skin

Ocular problems that do not resolve within 15-30 minutes

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

**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.
- Calm inmate and move the inmate to fresh air and /or provide adequate ventilation
- Do not rub the face as this will aggravate the pain already being experienced
- Check for acute pulmonary or cardiac complications arising from aggravation of pre-existing conditions, or from trauma. If present call 911 and prepare inmate for transport to emergency room.
- Flush affected areas with copious amounts of cool water. Irrigate eyes with sterile normal saline. Skin should be washed with oil-based or cold cream based soap. **Note: If inmate sprayed with CS, irrigation can result in temporarily increasing burning sensation but still should be attempted.**
- Remove contaminated clothing and contact lenses (rigid contacts)
- Monitor inmate. Significant improvement should be noted within 15-30 minutes after exposure. If symptoms persist or are severe, the inmate should be evaluated by the health care provider
- Bag inmate clothing and send to laundry to be decontaminated.
- Remember the inmate will likely recover even if no first aid is provided
- Education/Intervention: Instructed to keep hands off the affected area and put on clean clothes, proper hygiene, procedure(s) and care provided, follow-up sick call after emergency room / hospitalization. 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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