## OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

## MSRM 140117.01.15.3 (R 4/19)

## **Inmate Death**

Subjective Data:	Allergies: _	
Description of Emergency:		
Time of Notification:	Notified By:	
Time of Arrival:	Arrived By:	
History of medical problems:		
Current medication(s):		
Objective Data: Recognized clinical signs u	sed when documenting death	
■ Livor mortis, a settling of the blood	ns sounds  ens in the 15–120 minutes after death in the lower (dependent) portion of the bettemperature following death. This is ger	
	e become stiff (Latin <i>rigor</i> ) and difficult t	o move or manipulate
Plan:	3.,	· · · · · · · · · · · · · · · · · · ·
Nursing Intervention:		
CPR started: Time:	_ (if indicated)	ime:
AED applied: Time:		ır tachycardia and Ventricular fibrillation)
<ul> <li>Checked for clinical signs of death using a</li> <li>Checked carotid pulse for over 1 minute an</li> <li>Checked for heart sounds for over 1 minute</li> <li>Checked for respiratory movement and bre respiratory movement or breaths sounds.</li> </ul>	d repeated after 3 minutes. Confirmed re and repeated after 3 minutes. Confirme	ed no heart sounds.
If there is any uncertainty, the situation is again. Do not feel pressurized to declare after death which may make verification mo	"life extinct" instantly. Gurgling no	
Under the Oklahoma Nursing Practice Ac patient in order to allow a qualified medica not have the authority to pronounce death	al practitioner to draw conclusions of	
Inmate last seen alive:	Date:	Time:
Health care provider notified:	Date:	Time:
Time of death pronouncement per health ca	are provider:	
CHSA notified:	Date:	Time:
Facility head notified:	Date:	Time:
Progress Note:		
DN// DN Signature/Cred-reticle	Deter	Time
RN/LPN Signature/Credentials:	Date:	Time:
Inmate Name		DOC#