OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
ON CALL NURSE TELEPHONE TRIAGE

MSRM 140117.01.15.5
(R-4/19)

If possible, have the inmate close to the telephone so that the Nurse on Call can speak directly to the inmate.

Received Call From: (name/title) _____ **Date/Time:** _____

Subjective Data: **Allergies:** _____

Chief complaint: _____

Onset: _____ ❑ New Onset ❑ Recurrence ❑ Constant

Activity at onset: _____

Mechanism of Injury: _____

Positive Urine Drug Screen? ❑ Yes ❑ No FSBS: _____

Symptoms: Provided by: ❑ Correctional Officer Only ❑ Inmate Only ❑ Correctional Officer and Inmate

❑ Headache ❑ Shortness of Breath ❑ Nausea ❑ Vomiting ❑ Dizziness

❑ Seizure Did the seizure last more than 3-5 minutes? ❑ Yes ❑ No

❑ Chest Pain When did it start? _____

What were you doing when it started? _____

Was the pain sharp, dull, start & stop or was it constant? _____

Radiation: ❑ Yes ❑ No Location: _____

Does the inmate appear pale? ❑ Yes ❑ No

Is the inmate's skin sweaty or dry? ❑ Sweaty ❑ Dry

❑ Abd. Pain Location: _____

❑ Numbness Location: _____

❑ Laceration Location: _____

❑ Abrasion Location: _____

❑ Assault Location: _____

❑ Visible Bleeding Location: _____

❑ Visible Swelling Location: _____

❑ Visible Fracture Location: _____

❑ Pain scale (1-10) Location: _____ Describe: _____

❑ Other _____

Appearance: ❑ No distress ❑ Mild distress ❑ Moderate distress ❑ Severe distress

Medical History:

❑ Hypertension ❑ Diabetes ❑ Cardiac Disease ❑ Asthma ❑ Seizure Disorder ❑ Mental Health Disorder

Current Medications:

❑ B/P Medication ❑ Insulin ❑ Heart Medications ❑ Inhalers ❑ Seizure Medication ❑ Psych Medications

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

❑ Complaints of severe pain ❑ Uncontrolled Seizures
❑ Signs of infection ❑ Loss of sensation ❑ Numbness/Severe Pain
❑ Uncontrolled Bleeding from injury ❑ Impaired neurological/vascular status ❑ Mechanism of injury suggesting hidden trauma

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)

❑ Inmate transferred to ER prior to on-call nurse notification due to Level A – Emergency/Life Threatening Situation.
❑ Returned to facility for further evaluation of inmate.
❑ Referred inmate to health care provider next working day.
❑ Instructed inmate to submit "Request for Health Services".
❑ Instructed Officer to stop bleeding with pressure.
❑ Lay-In issued.
❑ Instructed officer to call for Emergency Management System (EMS)/ambulance.
❑ Instructed officer to transport to nearest hospital.
  ❑ Level A - Emergency/Life Threatening Situation
  ❑ Level B Urgent Situation

Transferred to: _____ Transfer Time: _____ Transported by: ❑ facility vehicle ❑ ambulance ❑ Med Flight

❑ Other: _____

❑ Education/Intervention: Instructed inmate to follow-up sick call if no improvement, condition worsens or post ER visit. Inmate verbalizes understanding of instructions.

Progress Note: _____

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

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

Inmate Name (Last, First) DOC #