

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Wellness Check

MSRM 140117.01.15.7
(R-4/19)

Facility: _____

Reason for observation: _____

Complaints: None voiced Yes If "Yes" state: _____

Medications given: N/A Yes (list) _____

VS: (clinically indicated)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 sats. _____ FSBS _____

Inmate: Alert Lethargic Confused Disoriented Incoherent

Oriented to: Person Place Time Situation

Inmate: Sitting Lying Standing Walking Exercising Sleeping Other: _____

Comment: _____

Inmate: Quiet Yelling or screaming Crying Cursing Laughing Mumbling incoherently
 Other: _____

Comment: _____

Inmate taking meals: Served and eaten Served and not eaten If "Not eaten" state reason: _____

Inmate taking fluids: Yes No If "No" state reason: _____

Progress Note: _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF INMATE IS BEING SEEN FOR "DETOX" AND DISPLAYS ANY OF THE FOLLOW SIGNS AND SYMPTOMS: Health care provider is to be called if not on site or it after clinic hours.

<input type="checkbox"/> Change in Mental Status	<input type="checkbox"/> Significant increases and/or decreases in BP/Heart Rate	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Temperature > 100.4 F	<input type="checkbox"/> Increased Anxiety
<input type="checkbox"/> Upper/lower GI bleed	<input type="checkbox"/> Changes in responsiveness in pupils	<input type="checkbox"/> Hallucinations

Disposition: (Check all that apply)

- Continue to monitor
- Schedule for sick call visit
- Refer to Qualified Mental Health Professional
- Follow-up PRN
- Instructed inmate to notify medical for any concerns that warrant further evaluation. Inmate verbalizes understanding.

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

Inmate Name: _____ DOC#: _____
(Last, First)