

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
NAUSEA / VOMITING

MSRM 140117.01.5.4  
(R-2/20)

**Subjective Data:**

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

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

Onset: \_\_\_\_\_  New Onset  Chronic  Last emesis: \_\_\_\_\_

**History:**

Last bowel movement: \_\_\_\_\_ Color/Consistency: \_\_\_\_\_

Dietary habits: \_\_\_\_\_ Fluid intake/restriction: \_\_\_\_\_

Recent wt. change:  Yes  No When: \_\_\_\_\_ Amount loss/gain \_\_\_\_\_

Gallbladder disease:  Yes  No When: \_\_\_\_\_

Recent Abd. surgery:  Yes  No When: \_\_\_\_\_

Appendicitis:  Yes  No When: \_\_\_\_\_

Ulcers:  Yes  No When: \_\_\_\_\_

Current medications: \_\_\_\_\_

**Associated symptoms:**

Vertigo  Fever  Cramping  Flatulence  Chills  Diarrhea  Generalized muscle aches

Dyspnea Pain:  Yes  No scale: (0-10) \_\_\_\_\_ Location: \_\_\_\_\_ (if chest pain refer to Chest Pain protocol)

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

BP (sitting) \_\_\_\_\_ (lying) \_\_\_\_\_ (standing) \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_

<b>Abdomen</b>	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended	<input type="checkbox"/> Tender to palpation
<b>Bowel sounds</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Absent
<b>Mucus membrane</b>	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched	
<b>Skin</b>	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale	<input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic
<b>Turgor</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
<b>Skin</b>	<input type="checkbox"/> Warm	<input type="checkbox"/> Dry	<input type="checkbox"/> Cool	<input type="checkbox"/> Moist <input type="checkbox"/> Clammy
<b>Skin color</b>	<input type="checkbox"/> Pink	<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	<input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
<b>Character of emesis</b>	<input type="checkbox"/> Clear	<input type="checkbox"/> Bright red	<input type="checkbox"/> Gastric	<input type="checkbox"/> Coffee grounds <input type="checkbox"/> Undigested food
	<input type="checkbox"/> Intact medication		<input type="checkbox"/> All fragments of medication	

**HEMATEMESIS EMERGENCY: IMMEDIATE EMERGENCY CARE TRANSFER WITHOUT DELAY AND CONTACT HEALTH CARE PROVIDER:**

Emesis of gross blood with unstable vital signs

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

Intractable vomiting, or dehydration appears probable, or Temp > 101F, or inmate is known diabetic

Vomitus is bloody or contains fecal material, known cancer or chemotherapy

**REFER TO HEALTH CARE PROVIDER IF:** *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

Bowel sounds are absent, symptoms continue more than 24-36 hours after protocol

Associated with persistent abdominal pain

**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_

**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.

Clear liquid diet and activity restriction for 24 hours only.

Complete "Medical Diet Request" and send to kitchen.

Bismuth tablets: chew 2 tablets 4 times a day (before meals and at bedtime) for 3 days PRN (DO NOT GIVE IF HX BLEEDING, ASTHMA OR ALLERGY TO ASA)

Education/ Intervention: Instructed to avoid spicy foods, increase water intake, clear liquid diet, 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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