OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Altercation/Physical Assault

Chief Complaint: _____

Time of Injury: _____ **Mechanism of Injury:** _____

Medical History: ❑ None ❑ Asthma ❑ CAD ❑ COPD ❑ CVA ❑ DM ❑ HTN ❑ HIV ❑ Seizures ❑ Hep C

Allergies: _____ **Last Vaccine:** _____

Current Medications: _____

Vital Signs: B/P _____ **R:** _____ **P:** _____ **T:** _____ **Wt.** _____ **O2 sat:** _____ **FBSB:** _____

Respiration	❑ Even	❑ Uneven	❑ Labored	❑ Unlabored	❑ Shallow	❑ Deep	
Lung Sounds	❑ Clear	❑ Rhonchi	❑ Wheezes	❑ Rales	❑ Diminished		
Skin	❑ Pink	❑ Warm	❑ Cool	❑ Pale	❑ Cyanotic	❑ Mottled	❑ Diaphoretic
LOC	❑ Awake	❑ Alert	❑ Oriented X___	❑ Confused	❑ Lethargic	❑ Comatose	❑ Incoherent
Pupils	❑ Equal	❑ Unequal		❑ PERRLA			
Neurological	❑ Gait steady	❑ Gait unsteady	❑ Grips equal	❑ Grips unequal	❑ Speech normal	❑ Speech slurred	
Appearance	❑ Mild distress	❑ Moderate distress		❑ Severe distress			

Site/Type of Injury **R = Right** **Lt = Left** **A = Anterior** **P = Posterior** **U = Upper** **L = Lower**							
	❑ Arm (R/Lt) (U/L) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Hand (R/Lt) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Leg (R/Lt)) (U/L) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Foot (R/Lt) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Back (R/Lt) (U/L)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Head (R/Lt) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Jaw (R/Lt)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Neck (R/Lt) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Shoulder (R/Lt) (A/P)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Buttock (R/Lt)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Face (R/Lt)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Nose	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration	❑ Fracture	❑ Sprain
	❑ Abdomen (R/Lt) (U/L)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration		
	❑ Chest (R/Lt) (U/L)	❑ Abrasion	❑ Burn	❑ Hematoma	❑ Laceration		
Severity of Injuries	❑ Minor	❑ Moderate	❑ Severe	❑ Undetermined			

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

CALL 911 FOR ALTERED STATE OF CONSCIOUSNESS, ABNORMAL VITAL SIGNS OR BLEEDING

Contact **OU College of Dentistry** regarding fractured jaw (405-271-4441) (if dentist or health care provider not available, facility nurse may contact the **OU College of Dentistry.**

- ❑ Wound(s) is severe /deep / requires sutures
- ❑ Bleeding is uncontrolled
- ❑ Wound has imbedded debris not easily irrigated out
- ❑ Laceration to the face, ear, nose or eyelid
- ❑ Wound that edges do not approximate easily with Steri – Strips
- ❑ Signs of infection present
- ❑ Laceration to the abdomen or chest that may penetrate underlying organs
- ❑ Condition not responding to intervention
- ❑ Deformity is present
- ❑ Impaired neurological/vascular status
- ❑ Mechanism of injury suggesting hidden trauma
- ❑ Marked swelling is present
- ❑ Takes anticoagulants, over age 50

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** ❑ **Yes** ❑ **No**

Emergency department notification time: _____ **Transport time:** _____ **Transported to:** _____

Transported by: ❑ Ambulance ❑ Facility Vehicle ❑ Med Flight ❑ Other: "State" _____

Plan: Interventions: (Check all interventions provided)

- ❑ Check in assessment only for health Care provider's visits.
- ❑ Stop bleeding with pressure
- ❑ Apply telfa pad, clean dry dressing or butterfly dressing
- ❑ Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt/debris/bacteria
- ❑ Arrange for dressing change, wound check and suture removal
- ❑ Pressure / sterile dressing to control bleeding
- ❑ Maintain head in a neutral position (do not adjust by flexion, hyperextension, or elevation onto support)
- ❑ Immobilize neck with cervical collar, notify health care provider
- ❑ Administer O2 **(this will require an order from the health care provider)**
- ❑ ABC's frequent assessed
- ❑ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN **OR**
- ❑ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- ❑ Analgesic Balm to affected area QID for 7 days PRN for muscle strain/sprain.
- ❑ Polysporin" ointment to wound twice a day 10 days PRN
- ❑ Silvadene or Medihoneyto affected area (this will require an order from the health care provider)
- ❑ Consider immobilization of injury with splint or ace wrap until seen by health care provider
- ❑ Place soft pad on the jaw and allow inmate to support jaw with their hands
- ❑ Immobilize jaw to minimize discomfort and prevent further damage; wrap with bandage over top of head and under the jaw. Bandage should be easily removable in case of need to vomit.
- ❑ Apply ice to the affected area to reduce swelling
- ❑ Consider crutches if lower extremity
- ❑ Medical Lay-in
- ❑ Tetanus diphtheria injection (Last tetanus diphtheria injection more than 5 years - requires a health care providers order)

❑ Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, signs and symptoms to warrant further treatment, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

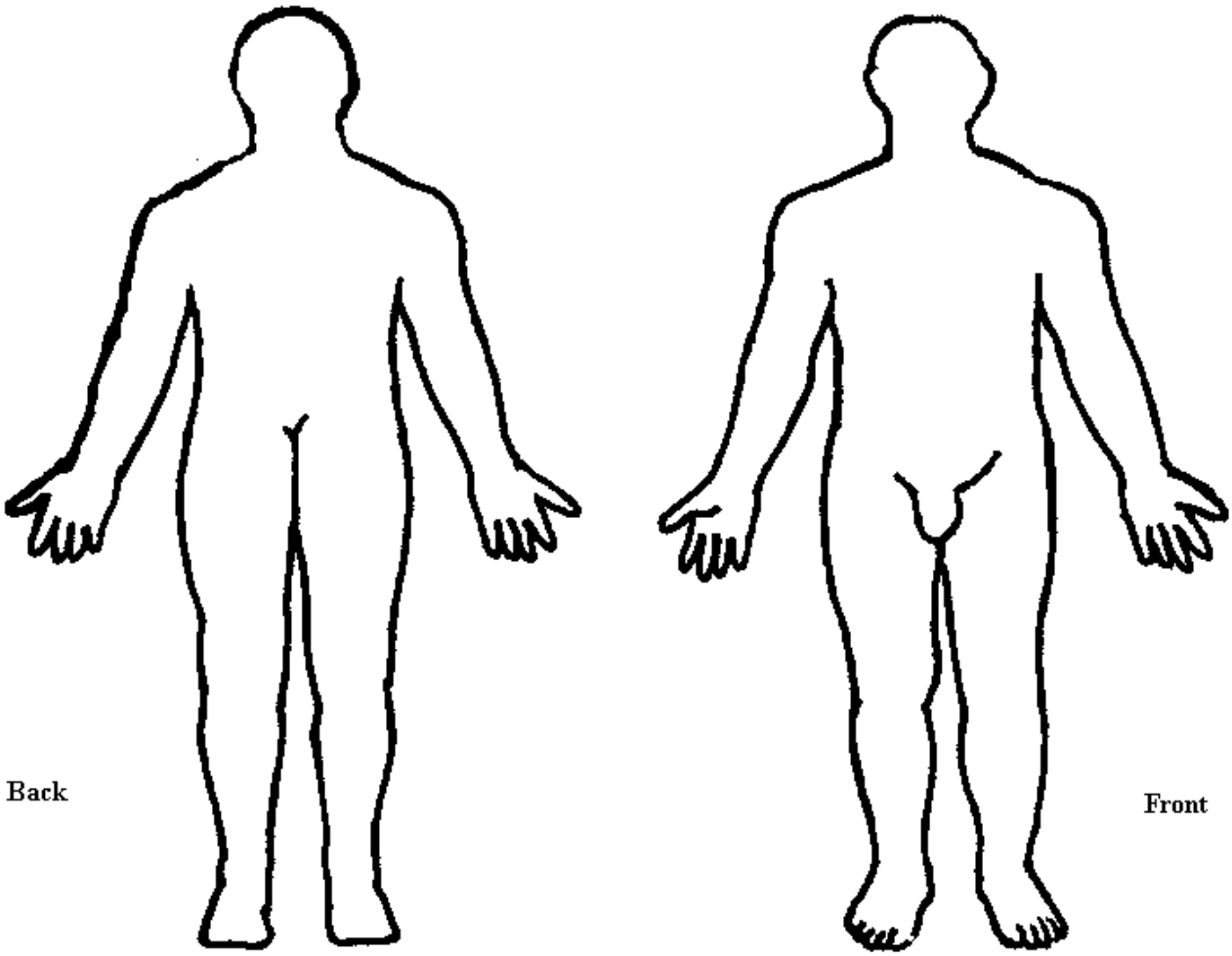
Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

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

Inmate Name (Last, First) **DOC #**

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Altercation/Physical Assault Injury Diagram

Facility: _____ Date/Time of Altercation/Physical Assault: _____



Additional Information: _____

Medical Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

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

Inmate Name **DOC #**
(Last, First)