OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
MENTAL STATUS CHANGE

MSRM 140117.01.10.5
(R-4/19)

Subjective Data: **Allergies:** _____

Chief complaint: _____

Onset:_____ Duration:_____

History:

❑ Head Trauma	❑ Thyroid disease	❑ Heart disease/stroke	❑ Diabetes	❑ Dementia
❑ Fever	❑ Cancer	❑ Seizure disorder	❑ Medication change	❑ Mental Illness
❑ Alcohol/drug use	❑ COPD	❑ Liver disease	❑ Loss of consciousness	❑ Detoxification

Associated symptoms:

❑ Weakness	❑ Gait disturbance	❑ Headache	❑ Difficulty swallowing	❑ Shortness of breath
❑ Numbness	❑ Incontinence	❑ Slurred speech	❑ Confusion	❑ Chest pain
❑ Agitation	❑ Tachycardia	❑ Tremors	❑ Paranoid ideations/delusions	❑ Nausea/vomiting
❑ Depression	❑ Suicidal thoughts	❑ Muscle twitching	❑ Diaphoresis	
❑ Tactile disturbances (pins and needles)		❑ Aches/pains, muscle stiffness		

Objective Data: (clinically indicated VS)

BP _____Pulse _____ Resp. _____ Temp. _____ Wt._____O_2 sats._____ FSBS: _____

Mental Status		Neurological		LOC	
Yes	**No**	**Yes**	**No**	**Yes**	**No**
❑	❑ Oriented to place	❑	❑ Pupils reactive to light	❑	❑ Alert
❑	❑ Oriented to date & time	❑	❑ Grip strength equal	❑	❑ Arouses to voice
❑	❑ Can repeat "ball, flag, tree"	❑	❑ Speech normal	❑	❑ Arouses to touch
❑	❑ Can spell "**WORLD**" backward	❑	❑ Gait normal	❑	❑ Comatose
❑	❑ Can name a pen and watch	❑	❑ Smile symmetrical	❑	❑ Cooperative
❑	❑ Can repeat "no ifs and or buts"	❑	❑ Neck ROM normal	❑	❑ Disorganized in speech or behavior
❑	❑ Can draw a clock set to 2:30			❑	❑ Incoherent
❑	❑ Can recall the 3 words "ball, flag, tree"				

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

- ❑ Any recent medication change
- ❑ Decreased level of consciousness
- ❑ Any suspicion of drug or alcohol ingestion
- ❑ Cause of mental status change is unknown or persists
- ❑ Loss of consciousness was due to trauma
- ❑ Any fever

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.
- ❑ Maintain airway, breathing and circulation if unresponsive.
- ❑ Assess FSBS.
- ❑ Field UA Drug Screen **(This will require an order from the health care provider)**
- ❑ Dipstick UA to R/O infection.
- ❑ Provide non-threatening, low stimulus environment.
- ❑ Refer to "Seizure Protocol" MSRM 140117.01.10.07 if inmate had seizure.
- ❑ Refer to "Hypoglycemia Protocol" MSRM 140117.01.4.2 if blood sugar low.
- ❑ Refer to "Head Trauma Protocol" MSRM 140117.01.10.2 if history of head trauma.
- ❑ Refer to "Detoxification" MSRM 140123.01 if history of drug or alcohol abuse.
- ❑ Refer to "Neurological Deficits" MSRM 140123.01 if history of ischemia attacks or CVA.
- ❑ Education/Intervention: Instructed on treatment provided, follow-up sick call with health care provider if applicable. 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 #