

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Routine Vital Sign Check

MSRM 140117.01.12.14
(D - 4/19)

Subjective Data: _____ **Allergies:** _____

Chief Complaint: _____

Current Problems: _____

Current Medications: _____

Objective Data:

AM FSBS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2 hr PC FSBS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2 hr FSBS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PM FSBS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Additional Information: _____

Sitting BP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Standing BP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lying BP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Additional Information: _____

Weight	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Additional Information: _____

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

Hypertension <input type="checkbox"/> If systolic blood pressure > 200 mm Hg or diastolic blood pressure is > 120 mm Hg	Diabetic – Symptomatic Hyperglycemia <input type="checkbox"/> Lethargic <input type="checkbox"/> Any inmate with signs of severe hyperglycemia (tachycardia, tachypnea, mental confusion) <input type="checkbox"/> Unable to keep food or fluids down <input type="checkbox"/> Inmate requires additional insulin	Diabetic – Symptomatic Hypoglycemia <input type="checkbox"/> Lethargic <input type="checkbox"/> Sweating, tremors, headache, confusion, decrease in coordination may be present <input type="checkbox"/> Any inmate with signs of severe hypoglycemia
Health Care Provider: _____ Time Notified: _____ Orders Received for Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Plan: Interventions:

- Refer to Diabetic Symptomatic Hyperglycemia MSRM 140117.01.4.1
- Refer to Diabetic Symptomatic Hypoglycemia MSRM 140117.01.4.2
- Refer to Hypertension MSRM 140117.01.1.3
- Refer to Swelling MSRM 140117.01.1.4
- Refer to Swelling MSRM 140117.01.1.4
- Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____

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

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

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