

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Mental Health Check

MSRM 140117.01.13.2
(D-4/19)

Facility: _____

Purpose of Check: Evaluation Re-evaluation MHU Other: _____

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

Problems: _____

Medications given: N/A Yes (list) _____

VS: (clinically indicated)

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

Inmate: Alert Lethargic Confused Disoriented Incoherent Other: _____

Inmate: Quiet Yelling or screaming Crying Cursing Laughing Mumbling incoherently Pacing Talkative

Inmate cell, clothing, or body unkempt or unclear: Yes No Comment(s): _____

Inmate incoherent, bizarre, or unusually disorganized in speech or behavior: Yes No Comment(s): _____

Inmate oriented to: Person Place Time Situation Comment(s): _____

Inmate demonstrates deficits in memory: Yes No Comment(s): _____

Inmate presents any psychotic features: Yes No Comment(s): _____

Inmate appears sad or depressed: Yes No Comment(s): _____

Inmate displays symptoms of anxiety: Yes No Comment(s): _____

Inmate angry, hostile or threatening: Yes No Comment(s): _____

Inmate voices/displays violent tendencies: Yes No Comment(s): _____

Inmate shows signs of euphoric or expansive mood: Yes No Comment(s): _____

Inmate reports or observation of suicidal ideation or behavior: Yes No Comment(s): _____

Inmate reports or observation of homicidal thoughts or behavior: Yes No Comment(s): _____

Inmate reports or observation of self-injury thoughts or behavior: Yes No Comment(s): _____

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

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

Appearance: No distress Mild distress Moderate distress Severe distress

Additional Information: _____

Notify health care provider/mental health care provider if:

- Change in Mental Status Significant increases and/or decreases in BP/Heart Rate Self-Injury Suicidal Ideation
- Hallucinations Insomnia

Disposition:

- Continue to monitor
- Refer for evaluation
- Schedule for sick call visit
- Follow-up PRN
- Instructed inmate to notify medical/mental health for any concerns that warrant further evaluation. Inmate verbalizes understanding.

RN/LPN Signature: _____ Date: _____

Inmate Name:
(Last, First)

DOC#: