

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
OVERDOSE / POISONING

MSRM 140117.01.13.4
(R-4/19)

Subjective Data: _____

Allergies: _____

Chief complaint: _____

History of Event (by inmate or bystander)

Type of overdose / poisoning: _____ Time of overdose / poisoning: _____

Was the overdose / poisoning: Injected Inhaled Ingested Topically applied Inserted

Was the overdose / poisoning: Intentional Accidental Nature of accident: _____

Was the inmate: Suicidal Depressed Previous OD's When: _____

Does the inmate have: Previous history of drug abuse / use No history of drug abuse / use

Current medication(s): _____

Objective Data: (clinically indicated VS)

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

Respiration	Lung Sounds	Circulation	Neurological		Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Pulse present	<input type="checkbox"/> Awake	<input type="checkbox"/> Pupils equal	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Pupils unequal	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X__	<input type="checkbox"/> Pupils constricted	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> PERRLA	<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Follows commands	
<input type="checkbox"/> Deep	<input type="checkbox"/> Airway obstructed	<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose	<input type="checkbox"/> Unable to follow commands	
		<input type="checkbox"/> Diaphoretic			

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IN ALL CASES OF OVERDOSE / POISONING AND PREPARE PATIENT FOR POSSIBLE TRANSPORT TO EMERGENCY ROOM: OBTAIN THE LABEL OF THE CONTENTS FROM THE CONTAINER OF THE POISON AND CONTACT THE POISON CONTROL CENTER (1-800-222-1222) FOR INSTRUCTION. *Health care provider must be called if not on site or if after clinic hours.*

- **Do not induce vomiting** if inmate has ingested strong acids, corrosive substances or petroleum products
- **Do not induce vomiting** if the inmate is unconscious

Emergency department notification time: _____ Transport time: _____ Transported by: _____

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

Plan: Interventions:

Poisoning	Overdose
<input type="checkbox"/> Check in assessment only for health care providers visit. <input type="checkbox"/> Chief complaint resolved prior to appointment. Assessment completed. <input type="checkbox"/> If poison is a strong acid, corrosive substance or petroleum product and inmate is awake and alert give copious amounts of milk or water to drink for dilution. <input type="checkbox"/> If poison / drug is inhaled –carry inmate into fresh air immediately, loosen all tight clothing, prevent chilling and keep inmate as quiet as possible. <input type="checkbox"/> If poison is chemical / topical –drench skin with water from a shower or hose while inmate is removing cloths. NOTE: do not apply water if burn is from lye or white phosphorous because of potential for an explosion or deepening burn.	<input type="checkbox"/> Check in assessment only for health care providers visit. <input type="checkbox"/> UA Drug Screen to rule out infection. Narcan nasal spray administered per protocol. <input type="checkbox"/> Inmate adequately responds to Narcan after: <input type="checkbox"/> one dose <input type="checkbox"/> second dose <input type="checkbox"/> third dose <input type="checkbox"/> Inmate does not respond to Narcan <input type="checkbox"/> Inmate placed in recovery position (on their side). Narcan can produce vomiting. <input type="checkbox"/> Schedule inmate for follow-up post ER/hospitalization

- CPR initiated. AED applied.
- Respiratory and cardiovascular function supported.
- Inmate prepared for transport to emergency room.

VS every 5 –10 minutes until transported:

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

Time: _____ BP _____ Pulse: _____ Resp: _____ O2 Sats: _____ Pupils: (L) _____ Pupils: (R) _____ Neuro: _____

- Instructed on procedure(s) and care provided, follow-up sick call after emergency room / hospitalization. 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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