

**OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
Use of Force**

MSRM 140117.01.13.6
(R 2/20)

Subjective Data:

Chief Complaint: _____

Injury: None Noted

- Contusion Describe: _____
- Abrasion Describe: _____
- Laceration Describe: _____
- Fracture Describe: _____
- Exposure to pepper spray/tear gas - Area Exposed: _____

Severity of Injury: Minor Moderate Severe Undetermined

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

Allergies: _____ **Current Medications:** _____

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

Associated Symptoms:

- Burning Gagging Running nose Increased salivation
- Coughing Sneezing Shortness of breath Pain Scale 1-10 _____

Objective Data:

Respiration	<input type="checkbox"/> Even	<input type="checkbox"/> Uneven	<input type="checkbox"/> Labored	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Shallow	<input type="checkbox"/> Deep
Lung Sounds	<input type="checkbox"/> Clear	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Rales	<input type="checkbox"/> Diminished	
Eyes	<input type="checkbox"/> Redness	<input type="checkbox"/> Tearing	<input type="checkbox"/> Swelling	<input type="checkbox"/> Visual disturbances		
Skin	<input type="checkbox"/> Pink	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Mottled <input type="checkbox"/> Diaphoretic
LOC	<input type="checkbox"/> Awake	<input type="checkbox"/> Alert	<input type="checkbox"/> Oriented X	<input type="checkbox"/> Confused	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Comatose <input type="checkbox"/> Incoherent
Pupils	<input type="checkbox"/> Equal	<input type="checkbox"/> Unequal	<input type="checkbox"/> PERRLA			
Neurological	<input type="checkbox"/> Gait steady	<input type="checkbox"/> Gait unsteady	<input type="checkbox"/> Grips equal	<input type="checkbox"/> Grips unequal	<input type="checkbox"/> Speech normal	<input type="checkbox"/> Speech slurred
Appearance	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress			

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)

- 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
- Respiratory or cardiovascular problems
- Signs of infection present
- Laceration to the abdomen or chest that may penetrate underlying organs
- Condition not responding to intervention
- Blistering of skin
- Ocular problems that do not reside within 15-30 minutes.
- 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)

- Stop bleeding with pressure
- Apply telfa pad, clean dry dressing or butterfly dressing
- Wash well with antiseptic soap, sterile water or sterile normal saline
- 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
- 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 for 10 days PRN.
- 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
- Place pulse oximeter and administer Oxygen at 2L minute via nasal cannula (requires provider order)
- Immobilize jaw to minimize discomfort and prevent further damage; wrap with bandage over top of head and under the jaw.
- Apply ice to the affected area
- Flush affected areas with copious amounts of cool water. Irrigate eyes with sterile normal saline. Skin should be washed with oil- based or cold cream based soap
- Remove contaminated clothing and contact lenses (rigid contacts)
- Monitor inmate. Significant improvement should be noted within 15-30 minutes after exposure

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)

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