OKLAHOMA DEPARTMENT OF CORRECTIONS

Emergency Care Record

(Medical Diagram of Injury)

Chief Complaint: ______________________________
Onset: ____________________ **Location:** ____________________
Medical History: None Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep C
Allergies: ______________________________
Current Medications: ______________________________
____

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

CIRCLE ALL THAT APPLY

Respiratory

WNL Labored Cough SOB Wheezes Stridor Crackles
Hemoptysis Pain with breathing Diminished Nasal flaring
Other: ______________________________

Cardiovascular

WNL Chest pain Left arm pain Diaphoresis Orthopnea
Edema Palpitations Dizzy spells Syncope Tachycardia
Bradycardia **Other:** ______________________________

Gastrointestinal

WNL Nausea Diarrhea Dysphagia Melena Constipation
Vomiting: Clear Gastric Coffee grounds
Hematemesis Hematochezia
Abdomen: Soft Tender Firm Distended
Bowel sounds: WNL Hyperactive Hypoactive Absent
Other: ______________________________

Genitourinary

WNL Dysuria Nocturia Frequency Incontinence Flank pain
Male: Discharge Penile lesions
Testicle pain Testicle swelling
Female: Vaginal discharge Abnormal bleeding
Pelvic pain Dysmenorrhea Pregnant
Other: ______________________________

Skin

Warm Cool Dry Clammy Moist
Color: WNL Pale Flushed Cyanotic Jaundice
M/Membrane: WNL Moist Sticky Parched
Turgor: WNL Decreased
Edema: Absent Present ______________________________
Laceration: ________cm R / L Upper / Lower
Location: Forehead Supraorbital Infraorbital
Zygoma Maxilla Mandible Lid Ear Nose
Lip Mouth Chin Neck Hand Wrist Forearm
Elbow Leg Chest Back Shoulder Foot Ankle
Type: Avulsion Flap Linear Jagged Stellate Irregular
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea
Other: ______________________________

Treatments

❑ Oxygen applied**:** Time: ________ ________liters
❑ IV access started: Time: ________ Jelco size: ________
Site: ________ Inserted by: ________________
❑ Lactated Ringer ❑ D5W ❑ Normal Saline
❑ CPR started: Time: ______ CPR terminated: Time: ________
❑ AED applied: Time: ________
❑ VS every 5 –10 minutes until transported:
Time: ______ BP _____ Pulse _____ Resp. ____ O2 sats.______
Time: ______ BP _____ Pulse _____ Resp. ____ O2 sats.______
Time: ______ BP _____ Pulse _____ Resp. ____ O2 sats.______
❑ Emergency department notification time: ________ Report given to: ______________________________
Time ambulance notified: ________ Ambulance arrival time: ________ Ambulance departure time: ________
❑ Tetanus given: ________________ Time:________
(dose/route/location)

Send copy of ER assessment/treatment and Medication Charting Sheet (MAR's) to emergency department with patient

Eyes/Ears/Nose/Throat

Eyes: WNL Blurred vision Double vision Discharge
Redness Photophobia
Ears: WNL Pain Bleeding Drainage Ringing Hearing loss
Nose : WNL Bleeding Congestion Discharge
Throat: WNL Pain Swelling Voice change
Mouth: WNL Pain Swelling Bleeding
Other: ______________________________

Neurological

WNL Oriented X 3 Disoriented - person / place / time
Headaches Dizziness Seizure Tremors Fainting
Walking problems Speech problems
R / L: Altered sensation ______________________________
R / L: Altered motor ______________________________
Pulses: Present Absent
Other: ______________________________

Musculoskeletal

R/ L: WNL Pain Swelling Bruising Fracture Sprain
Neck Chest wall Rib(s) Back Shoulder Arm Elbow
Forearm Wrist Hand Pelvis Hip Leg Knee Foot
Other: ______________________________

Progress Notes

____
____
____
____
____
____
____
____
____

Health Care Provider/RN Notified: Date: ______ **Time:** ________ **Orders Received for Treatment:** Yes No

RN/LPN Signature: ______________________________ **Date:** ________________ **Time:** ________________

Health Care Provider Signature: ______________________________ **Date:** ________ **Time**________ **AM / PM**

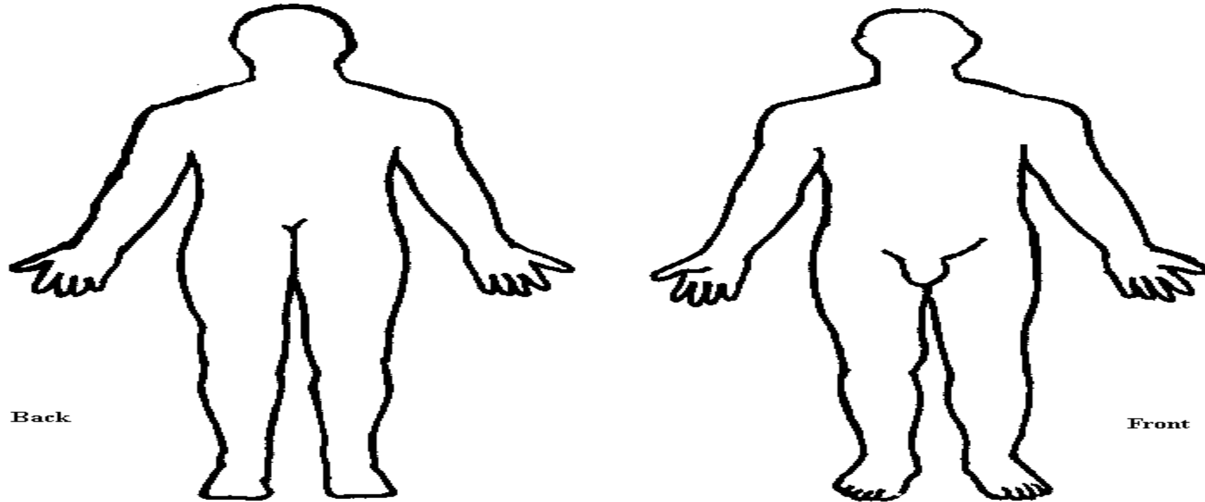
Inmate Name DOC #
(Last, First)

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS

Medical Diagram of Injury

1. ______________________ **2.** ______________________ **3.** ______________________ **4.** ______________________

5. ______________________ **6.** ______________________ **7.** ______________________ **8.** ______________________



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

Lacerations	Fractures	Contusion
❑ Wound(s) is severe /deep / requires sutures ❑ Bleeding is uncontrolled ❑ Wound has imbedded debris not easily irrigated out ❑ Laceration to the face, ear, nose , eyelid or over joint ❑ Wound that edges do not approximate easily with Steri – Strips ❑ Signs of infection present ❑ Laceration to the abdomen or chest that may penetrate underlying organs	❑ Obvious deformity, Loss of sensation ❑ Numbness/severe pain, Absent distal pulses ❑ Mechanism of injury suggesting hidden trauma ❑ Takes anticoagulants, Over age 50 ❑ X-rays, tetanus booster **(If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)**	❑ Deformity is present ❑ Impaired neurological/vascular status ❑ Mechanism of injury suggesting hidden trauma ❑ Marked swelling is present ❑ Condition not responding to intervention

Plan: Interventions: (check all that apply)

Lacerations	Fractures	Contusions
❑ Stop bleeding with pressure ❑ Apply telfa pad, clean dry dressing or butterfly dressing ❑ Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt ❑ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days **OR** ❑ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days ❑ Arrange for dressing change, wound check and suture removal	❑ C-collar, back board, c-spine precautions ❑ Immobilize affected limb prior to moving ❑ Elevate affected limb ❑ Splint joint above and below injury ❑ Apply ice ❑ Sling for upper extremity ❑ Ice to closed injury site ❑ Cover open wound with sterile dressing ❑ Crutches (if indicated) ❑ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days **OR** ❑ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days ❑ Arrange for dressing change, wound check and suture removal	❑ Consider immobilization of injury with splint or ace wrap until seen by health care provider or RN ❑ Apply ice to the affected area to reduce swelling ❑ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days **OR** ❑ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days ❑ Arrange for dressing change, wound check and suture removal ❑ Consider crutches if lower extremity

❑ Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Inmate verbalizes understanding of instructions.

Health Care Provider Signature/Credentials: ______________________________ **Date:** _________ **Time:** ______

RN/LPN Signature/Credentials: ____________________________________ **Date:** _________ **Time:** ______

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