OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
INDIGESTION

MSRM 140117.01.5.3
(R-2/20)

Subjective Data: **Allergies:** ______________________

Chief complaint: ____

Onset:________________________ ❑ New Onset ❑ Chronic ❑ Pain scale: (0-10) _________

History:

Last bowel movement: ____________ Color/Consistency: ______________________________

Dietary habits: ____

Fluid intake/restriction: ____

Recent wt. change:	❑ Yes	❑ No	When: ______________ Amount loss/gain ____________
Gallbladder disease:	❑ Yes	❑ No	When: ______________
Recent Abd. surgery:	❑ Yes	❑ No	When: ______________
Appendicitis:	❑ Yes	❑ No	When: ______________
Ulcers:	❑ Yes	❑ No	When: ______________

Current medications: ____

Associated symptoms:

❑ Burning ❑ Belching ❑ Gas ❑ Flatulence ❑ Bloating ❑ Discomfort in upper stomach / chest

Objective Data: (clinically indicated VS)

BP _________Pulse __________ Resp. _________ Temp. _________ Wt._______O_2 sats.__________ FSBS: ___________

Abdomen	❑ Soft	❑ Firm	❑ Tender to	❑ Distended	
Bowel sounds	❑ Normal	❑ Hyperactive	❑ Hypoactive	❑ Sluggish	❑ Absent

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

❑ Onset is sudden and abnormal vital signs or problem exists or recurrence
❑ Symptoms suggesting cardiac origin
❑ Symptoms unrelieved by nursing interventions

Health Care Provider: ____________________ **Time Notified:** ______ **Orders Received for Treatment:** ❑ **Yes** ❑ **No**

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: **Interventions:** (check all that apply)

❑ Check in assessment only for health care providers visit.
❑ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
❑ Calcium Carbonate (i.e. Alcalak, Tums): chew 2 tablets four times a day (after meals and at bedtime) for 3 days PRN.
❑ Education/Intervention: Instructed to avoid spicy foods, foods that increase symptoms: caffeine, nicotine, ASA eat small meals, chew slowly and thoroughly, increase water intake to 8 glasses daily/fibrous foods, not to lie down at least 2 hours after eating, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: ____

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Health Care Provider Signature/Credentials: ____________________ **Date:** __________ **Time:** __________

RN/LPN Signature/credentials: ____________________________ **Date:** __________ **Time:** __________

Inmate Name
(Last, First)

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