OKLAHOMA DEPARTMENT OF CORRECTIONS

After Clinic Hours Transfer to ER Note

If an ER visit occurs after clinic hours in a 24-hour facility, a QHCP shall complete the "After Clinic Hours Transfer to ER Note"

Medical History:

❑ Hypertension ❑ Diabetes ❑ Cardiac Disease ❑ Asthma ❑ Seizure Disorder
❑ Mental Health Disorder Other:_____

Current Medications:

_____ _____

_____ _____

_____ _____

_____ _____

Reason for ER visit: _____

_____

_____

_____

_____

_____

Transferred to: _____

Transported by: ❑ Ambulance ❑ Facility Vehicle ❑ Med Flight

Transported Date/Time: _____

Name of Medical Provider Notified: _____ Time/Date of Notification: _____

Level:

❑ **A - Emergency/Life Threatening Situation Unconscious and/or Unresponsive**
- Circulatory or respiratory collapse such as severe chest pain or severe difficulty breathing
- Uncontrolled seizure activity
- Severe trauma leading to profuse bleeding, open fractures with protruding bones, severe head injuries, severe lacerations or stab wounds, etc.
- Sudden onset of altered mental status such as confusion, slurred speech, difficult to arouse, suspected drug overdose, or head injury followed by vomiting.

❑ **B - Urgent Situation**
- Any complaints related to the head or neck such as severe headache, neck stiffness, or head/neck injuries.
- Any complaints relating to the chest, such as chest pain or difficulty breathing.
- Any complaints relating to the abdomen such as diarrhea, vomiting, abdominal pain, or constipation of unusual duration.
- Sport or work injuries such as suspected fractures, severe joint injury, spinal injuries, etc.

Most lacerations may be repaired up to 19 hours after an injury has occurred as long as the bleeding is controlled and infection is prevented. All lacerations shall be reported directly to the on-call provider to determine if repair is more urgent than can be provided by waiting until the next clinic availability.

Medical Provider Signature/Credentials: _____ Date: _____ Time: _____

QHCP Signature/credentials: _____ Date: _____Time: _____

Inmate Name (Last, First) ODOC #