**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**NURSING PRACTICE PROTOCOLS**  
**ON CALL NURSE TELEPHONE TRIAGE**

*If possible, have the inmate close to the telephone so that the Nurse on Call can speak directly to the inmate.*

**Received Call From:** (name/title) __________________________ ______________ Date/Time: __________

**Subjective Data:**  
Chief complaint: ___________________________________________________________________________________

Onset: _________________________________________________________________________________________

□ New Onset  □ Recurrence  □ Constant

Activity at onset: ____________________________________________________________________________

**Mechanism of Injury:** _____________________________

**Positive Urine Drug Screen?** □ Yes □ No  
**FSBS:** _____________________________

**Symptoms: Provided by:** [ ] Correctional Officer Only  [ ] Inmate Only  [ ] Correctional Officer and Inmate

- **Headache**  
- **Shortness of Breath**  
- **Nausea**  
- **Vomiting**  
- **Dizziness**

- **Seizure**  
  - Did the seizure last more than 3-5 minutes? □ Yes □ No
  - When did it start? _____________________________
  - Was the pain sharp, dull, start & stop or was it constant? _____________________________
  - Radiation: □ Yes □ No
  - Location: _____________________________
  - Does the inmate appear pale? □ Yes □ No
  - Is the inmate’s skin sweaty or dry? □ Sweaty □ Dry

- **Abd. Pain**  
  - Location: _____________________________

- **Numbness**  
  - Location: _____________________________

- **Laceration**  
  - Location: _____________________________

- **Abrasion**  
  - Location: _____________________________

- **Assault**  
  - Location: _____________________________

- **Visible Bleeding**  
  - Location: _____________________________

- **Visible Swelling**  
  - Location: _____________________________

- **Visible Fracture**  
  - Location: _____________________________

- **Pain scale (1-10)**  
  - Location: _____________________________

- **Other** _____________________________

**Appearance:** □ No distress  □ Mild distress  □ Moderate distress  □ Severe distress

**Medical History:**

- **Hypertension** □  
- **Diabetes** □  
- **Cardiac Disease** □  
- **Asthma** □  
- **Seizure Disorder** □  
- **Mental Health Disorder** □

**Current Medications:**

- **B/P Medication** □  
- **Insulin** □  
- **Heart Medications** □  
- **Inhalers** □  
- **Seizure Medication** □  
- **Psych Medications** □

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

- **Complaints of severe pain** □  
- **Uncontrolled Seizures** □  
- **Signs of infection** □  
- **Loss of sensation** □  
- **Uncontrolled Bleeding from injury** □  
- **Impaired neurological/vascular status** □  
- **Numbness/Severe Pain** □  
- **Mechanism of injury suggesting hidden trauma** □

**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)

- Inmate transferred to ER prior to on-call nurse notification due to Level A – Emergency/Life Threatening Situation.  
- Returned to facility for further evaluation of inmate.  
- Referred inmate to health care provider next working day.  
- Instructed inmate to submit “Request for Health Services”.  
- Instructed Officer to stop bleeding with pressure.  
- Transferred to: _____________________________  
  - Transfer Time: _____________________________
  - Transported by: □ facility vehicle □ ambulance □ Med Flight

- **Other:** _____________________________

- Education/Intervention: Instructed inmate to follow-up sick call if no improvement, condition worsens or post ER visit. Inmate verbalizes understanding of instructions.

**Progress Note:** _____________________________

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

**RN/LPN Signature/Credentials:** _____________________________  
**Date:** __________  
**Time:** __________

**Inmate Name**  
(Last, First)  

**DOC #**