Subjective Data: Allergies: ______________

Chief complaint: ____________________________________________________________________________________

Onset: __________________ Location: __________________ Mechanism of injury: ____________________________

Type of pain:

- Dull
- Intermittent
- Constant
- Throbbing
- Achy
- Sharp
- Pressure
- Numbness
- Tingling
- Pain

Pain scale: (0-10) __________

Objective Data: (clinically indicated VA)

BP _______ Pulse _______ Resp. _______ Temp. _______ Wt. _______ O2 sats. _______ FSBS: _______

- Bleeding from mouth
- Difficulty opening mouth widely
- Facial bruising
- Facial swelling
- Inability to close mouth
- Loose or damaged teeth
- Jaw protrudes forward
- Jaw stiffness
- Drooling
- Difficulty swallowing
- Facial asymmetry

ORAL SURGERY EMERGENCY: IMMEDIATE EMERGENCY CARE WITHOUT DELAY

- Difficulty breathing, call 911
- Loss of consciousness

Emergency department notification time: ________ Transport time: ________ Transported by: ____________________________

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

- Obvious deformity, loss of sensation
- Mechanism of injury suggesting hidden trauma
- Numbness/severe pain
- Takes anticoagulants, over age 50
- X-rays, tetanus booster

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.
- Place soft pad on the jaw and allow inmate to support jaw with their hands.
- Apply ice or cold compress to closed injury site to reduce swelling of tissues.
- Cover open wound with sterile dressing.
- If bleeding, allow blood to dribble out or have inmate spit in cup or towel to prevent choking.
- Inspect mouth and without touching the roots remove any loose - broken teeth from mouth to prevent choking.
- Immobilize jaw to minimize discomfort and prevent further damage; wrap with bandage over top of head and under the jaw.
- Bandage should be easily removable in case of need to vomit.
- Monitor for breathing problems/heavy bleeding.
- X-ray of jaw – Panorex preferred (This will require an order from the dentist/health care provider)
- Contact OU College of Dentistry regarding fractured jaw (405-271-4441) (if dentist or health care provider not available, facility nurse may contact the OU College of Dentistry)
- Tetanus booster administered. (This will require an order from the dentist/health care provider)
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN.
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN.
- Clear liquid diet. Complete “Medical Diet Request” and send to kitchen.
- Medical lay-in / restrictions
- Education/Intervention: Instructed on keeping jaw as immobile as possible, liquid diet, pain management. Follow-up sick call after return from hospital/ER. 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 #