

2024 Nursing Protocols

(Rev 10/24)

Nursing Protocols

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SECTION I

PROTOCOLS ACKNOWLEDGEMENT

INTRODUCTION

The Tennessee Department of Correction Nursing Protocols are written to instruct, guide, and educate the nursing staff on the specific steps required to evaluate an inmate's health status and provide appropriate interventions. The Nursing Protocols are directed by a physician or dentist who authorizes nurses to provide definitive treatment for minor health conditions and/or emergency care. It is the intent of the Department to ensure that the use of these Nursing Protocols enhance medical care directed by a physician or dentist and does not replace it.

It is essential that the Nursing Protocols only be used as a guideline and does not take the place of the nursing assessment. A nursing assessment requires a nurse's clinical judgment and decision, under the direction of the provider, *before* a protocol intervention above "Routine" is implemented. The provider has the expertise to determine a diagnosis and appropriate treatment.

Further, the Nursing Protocols should address conditions that can potentially develop into infectious diseases. If an off-site provider's diagnosis appears to be infectious in nature, the inmate's name and TOMIS ID should be referred to the site's Attending Physician as well as the Infection Control Nurse (ICN) for follow-up. Additionally, implementation of these Nursing Protocols will adhere to Standard Precautions for infection control unless a specific precaution is warranted or ordered by the physician.

All nursing staff shall be oriented to the Nursing Protocols *before* providing nursing care per the protocols. Each health facility shall maintain a current copy of the TDOC approved Nursing Protocols in their Health Services Unit Manual. In addition, a copy of the Nursing Protocols should be readily available in all clinical areas for use as a reference. At least annually, the TDOC Nursing Protocols will be jointly reviewed by the responsible physician and the nursing staff.

TENNESSEE DEPARTMENT OF CORRECTION
2024 NURSING PROTOCOLS LETTER OF UNDERSTANDING

These Nursing Protocols are designed for use by the nursing staff of the Tennessee Department of Correction and associated contractors. Treatment by health care personnel other than a physician, dentist, or other independent provider must be performed pursuant to written or direct orders or protocols. Registered and Licensed Practical Nurses may practice within the limits of state and federal laws. These Nursing Protocols constitute directives from the responsible physician to the nurse for the treatment of commonly occurring conditions or emergencies. Each Nursing Protocol is mutually agreed upon by the TDOC Chief Medical Officer, facility Medical Director, and facility nursing staff. Additionally, implementation of these Nursing Protocols will be in adherence to Standard Precautions for infection control unless a specific precaution is warranted or ordered by the physician.

Over the counter medications (OTC) used in these Nursing Protocols will be given on a dose-by-dose basis during the routine medication pass, unless specifically stated to be given KOP in the protocol. All Limited Activity Notices (LAN) issued during a nursing/inmate encounter will be for no more than three (3) days without an evaluation by a mid-level provider or physician.

Before a member of the nursing staff is allowed to practice under these protocols, the training credentials and experience level of each nurse shall be verified to the satisfaction of the responsible physician and nursing director/supervisor. It is the option of either the responsible physician or dentist, Director of Nursing, or Health Administrator to restrict an individual nurse in his or her use of these Nursing Protocols based on the individual's education, experience, or ability.

It is essential that a good working relationship be maintained between the nursing staff and the responsible physician. At least annually, Nursing Protocols shall be reviewed jointly by the responsible physician and the nursing staff. It is expected that when questions arise the nurse will obtain a consultation with the provider either face-to-face or via phone or refer that inmate to the appropriate provider.

TENNESSEE DEPARTMENT OF CORRECTION

2024 NURSING PROTOCOLS LETTER OF UNDERSTANDING

_____

Facility Name

_____

Facility Medical Director's Name *(Please Print)*

_____ _____

Signature of Facility Medical Director Date

TENNESSEE DEPARTMENT OF CORRECTION
2024 NURSING PROTOCOLS LETTER OF UNDERSTANDING
NURSING SIGNATURE SHEET

Name of Facility _____

My affixed signature indicates that I have read and understand the scope of the TDOC Nursing Protocols. I have the necessary skills, knowledge, and understanding to use these protocols. I agree to abide by the conditions of supervision as expressed in the attached Letter of Understanding. I further acknowledge that any variance from the approved procedures is not acceptable. I understand that the protocols are by no means exhaustive, and I am expected to know my limitations and to seek assistance from other healthcare professionals as needed. All nurse/inmate clinical encounters will be documented utilizing the respective TDOC CR form associated with the clinically determined Nursing Protocol. Medication and treatment orders will be documented on the Physician's Orders, CR-1892, and transcribed to the Medication Administration Record or Treatment Record according to the Transcription Guidelines located on page 10 of these protocols.

NURSE (*Print Name*)	SIGNATURE AND TITLE OF NURSE	LICENSE #	DATE

NURSE (*Print Name*)	SIGNATURE AND TITLE OF NURSE	LICENSE #	DATE

Transcription Guidelines

Transcribing means copying information from the Physician's Orders, CR-1892 to the Medication Administration Record (MAR). The purpose of transcription is to set up the Medication Administration Record so that the Medication Nurse can easily **identify the 5 rights of medication administration** and can accurately document the medications that have been given.

The MAR is a legal document. You must use black ink. You may not use correction fluid (white out) or other means of covering up errors. If you make an error while transcribing the order, strikethrough with a single line, write "error", date, and your initials, and rewrite the entire order in a new block. PRINT the information that you are transcribing.

NEATNESS COUNTS

When transcribing you must use the next available blank on the MAR. DO NOT START A NEW PAGE UNTIL ALL AVAILABLE SPACES ARE FILLED ON THE CURRENT PAGE.

Copy what is written on the CR-1892 to the MAR being sure to include:

1. The inmate's name and TDOC ID shall be entered in the appropriate space, along with the current month and year.
2. For each medication order, the following information shall be entered in the appropriate block:
   a. Date of order and start/stop date.
   b. Name of drug, dose or strength, and dosage form (All liquid medications, should be documented in mg/ml/cc as well as the amount to be administered).
   c. Route of administration and any special instructions i.e., with milk, after meals, etc.
   d. Time interval or frequency of administration.
   e. Duration of order and/or automatic stop order.
   f. Attending provider's name (physician, dentist, etc.).
   g. Initials of the nurse who transcribed the order.
   h. Draw a line to the box immediately before the first dose box.

      If a medication is time or dose limited, draw a line from the last dose box to the end of the MAR.
3. The hour(s) of medication administration shall be entered beside the medication order.
4. All persons transcribing an order shall sign their full legal signature, professional title, and initials legibly in the designated area either on the bottom or on the back of the MAR.

Medication Orders

There must be a written provider or Nursing Protocol order for all prescription and non-prescription medications. To have a complete order, the following information must be included on the CR-1892:

1. The individual's full name, TDOC ID, allergies, DOB (at the top)
2. The date and time of the order
3. Name of the medication
4. Dosage and administration information (as indicated in #2 (a) thru (f) above)
5. Indication / diagnosis for medication

SECTION II

NURSING PROTOCOLS

Any use of an Emergency Plan within a Nursing Protocol requires a provider be contacted as soon as the inmate is stable.

Anaphylactic Reaction

Subjective (S)

Obtain inmate's actual statements or complaints of the events leading up to the reaction. When did the symptoms start and does the inmate know what caused the reaction? Has the inmate had a recent medication change, drug use, exposure to an insect sting, other insects, or chemicals? Does the inmate have any known food or drug allergies? Has the inmate ever had treatment or hospitalization for an allergic reaction? Is the inmate complaining of difficulty breathing, wheezing, swelling, or choking? Does the inmate have any itching, rashes, or hives? Is the inmate reporting any fears or anxiety? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to the onset/duration/and history of pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess inmate's level of consciousness and distress. Use Glasgow Coma Scale (GCS) when appropriate. Document any involvement of the eye, oral cavity, or neck. Describe skin involvement: redness, warmth, rash/ hives, blisters, excoriation or swelling. Perform a respiratory assessment. Note any audible wheezing, stridor, nasal flaring, or use of accessory muscles. Auscultate the lung sounds. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by the inmate.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort due to clinical emergency

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine
☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change ☐ Swollen Tongue/Neck ☐ Extremity Swelling **Interventions** ☐ Epinephrine 1:1000 0.5ml IM x 1 dose for anaphylaxis or Provider's order ☐ Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Ativan 2mg IM x1 immediately for Seizure ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: ____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like activity **Interventions** ☐ Ativan 2mg IM x1 immediately for seizure-like activity **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**Not Applicable**

Anaphylactic Protocol Education (E)

Seek emergency care by notifying a correctional officer immediately to initiate an emergency sick call if you have difficulty breathing, your condition worsens, or new symptoms develop.

Stop using illicit drugs, smoking, and drinking alcohol.

Avoid potential allergens if possible.

Burns

Subjective (S)

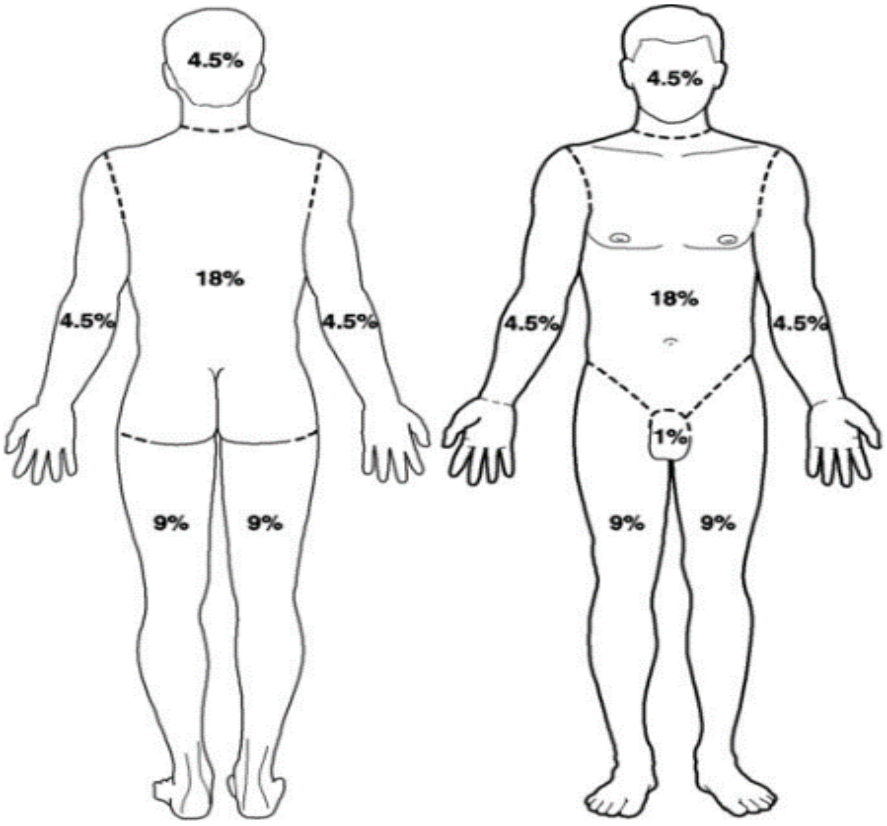
Obtain inmate's actual statements or complaints about injury. Obtain a witness statement if inmate cannot speak. Inquire as to how and when the inmate experienced the injury. Where did the injury occur (cell, break room, recreation)? Differentiate cause of the burn including flames, hot liquids, gases, chemicals, radiation, and electricity. Did the inmate experience loss of consciousness or inhale any smoke or chemicals? Burns involving the hands, feet, face, eyes, ears, or genitals are considered serious and require consultation with a provider. For chemical burns, identify the chemical and consult the Materials Safety Data Sheets (MSDS). Obtain date of last tetanus booster. Is the patient having any associated symptoms including nausea, vomiting, shortness of breath, numbness, facial/neck swelling, blisters, or difficulty swallowing? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Preserve circulation by removing restrictive items. Inmates that have suffered an inhalation injury are at risk for carbon monoxide poisoning. **The pulse oximeter is not accurate in inmates with CO poisoning.** Evaluate alertness and orientation status. Use Glasgow Coma Scale (GCS) when appropriate. Document size, appearance, and location of burn. Estimate total body surface burned by using the Rule of 9's. (See below) **1st Degree Burn:** presence of pink to red, dry, slightly edematous skin; **2nd Degree Burn**: presence of vesicles (blisters) and edema **3rd Degree Burn:** presence of full thickness, skin loss, skin can appear white in color and sloughs off. Evaluate visual acuity using a Snellen chart if face and eyes are involved. Look for singeing of eyebrows and/or nasal hair to indicate pharyngeal burns. Auscultate lung sounds. Listen for change in vocal quality, stridor respiration, and wheezing that would indicate inhalation injury. Observe burned area for signs of infection including drainage, increased redness, malodorous, streaking, increased warmth, and loss in sensation. Consider using non-adherent dressing to cover affected area to protect compromised skin. Maintain thermoregulation with burn blanket. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Rule of 9's Chart



Posterior **Anterior**

Rule of 9's: The Rule of 9's is used to determine how much body surface area is damaged. Estimate the body surface on an adult that has sustained trauma by using the following example:

If both front legs (18% x 2 = 36%), the groin (1%), and the front chest (9%) and abdomen (9%) were injured, this would involve 55% of the body.

Assessment (A)

Alteration in comfort due to burn

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of Consciousness ☐ Acute Mental Status Change ☐ Difficulty Swallowing /Breathing or Stridor ☐ Swollen Tongue/Neck ☐ Extremity swelling ☐ Inhalation Injury ☐ Third-Degree Burn ☐ 2nd Degree Burn involving greater than 15% Body Surface Area (BSA) ☐ Burns related to Radiation/Chemical/Electricity ☐ Burns involving Face/Hands/Feet/Genitalia/Perineum/ Major joints ☐ Decreased/uneven pulses, diminished cap refill **Interventions** ☐ Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Irrigate chemical burns with copious amounts of water ☐ Maintain thermoregulation with burn blanket ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ 1st & 2nd Degree Burn involving less than 15% Body Surface Area (BSA) **Interventions** ☐ Apply cool compress ☐ Irrigate chemical burns with copious amounts of cool water ☐ Burn ointment ☐ Non-adherent dressing ☐ Assess for signs of infection ☐ Tetanus booster if not within 10 years. **Location:_____** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ For first degree burn, give Acetaminophen 325 mg, 2 tabs PO TID PRN pain x 4 days OR ☐ For first degree burn, give Ibuprofen 200 mg, 2 tabs PO TID PRN pain x 4 days ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Burns Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Self-care

- Take cool water showers or use clean cool water cloths to help with the pain the first few hours to one day **after the burn occurred.**
- Cover the burn area when you must be in the sun (wear long sleeves and hat if available) and do not stay in the sun too long.
- Drink plenty of fluids.
- Moisturizing cream or lotion can be used for comfort.
- Apply any ointment or cream that you may have been issued by medical staff.
- Do not pop your blisters. Popping blisters will lead to infection.
- Follow your provider's instructions for taking care of your burn.

Notify healthcare staff or ask to see healthcare staff if:

- Fever or heat around the blister.
- Red streaks up from the blister.
- Increased foul smell from blister drainage.
- Increased blister drainage.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

Cardiac (Chest Pain, Edema, High Blood Pressure)

Subjective (S)

Obtain inmate's actual statement or complaints. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Is the pain localized to the affected area or does it radiate? What activity was the inmate involved in prior to onset of pain? Have inmate describe the pain: sharp, dull, pressure-like, crushing, intermittent, cramping, or burning. Note if pain is localized to one area or if it radiates to the arms, neck, jaw, face, or back. Many inmates experience associated symptoms such as nausea/vomiting, diaphoresis, cough, shortness of breath, dizziness, weakness,~~ or~~ numbness, or fever/chills. Inquire about prescription medications and if the inmate is compliant. Note if inmate had nitroglycerine prior to coming to the clinic. Review cardiac risk factors including history of Hypertension, Hyperlipidemia, family history, Diabetes, CAD, or smoking, obesity, or Gout. Ask about aggravating and relieving factors. Females may experience other symptoms that are typically less associated with a heart attack, such as shortness of breath, nausea/vomiting and back or jaw pain.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess orientation status and note general appearance. Note if inmate is in any distress. Auscultate lung and heart sounds. Palpate chest and abdomen and note any reproduction of pain. Assess pain with motion of shoulder, back or deep breath using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate.

Assessment (A)

Alteration in comfort related to cardiac impairment

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of Consciousness ☐ Difficulty Swallowing/ Breathing ☐ Acute Mental Status Change **Interventions** ☐ Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Nitroglycerine 0.4 mg SL q 5 minutes x 3 doses max for chest pain o Time _____ o Time _____ o Time _____ ☐ Non-enteric coated ASA 325mg 1-tab PO, chew 1-tab x 1 dose for chest pain ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives. ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like activity ☐ Extremity Swelling ☐ Pain 7/10 ☐ Heart Disease ☐ History of DVT/PE **Interventions** ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified:** _____ **Time provider responded:** _____ **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs.** **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Cardiac Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Early signs of heart attack include chest discomfort, discomfort in both arms, back, neck, jaw, or stomach, shortness of breath, cold sweat, nausea, or lightheadedness. Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you experience signs of heart attack.

Stop using illicit drugs, smoking, and drinking alcohol.

Take your medications as prescribed by your provider.

Avoid foods high in fat and cholesterol. Follow diet instructions given by your provider.

Increase exercise as permitted by your provider

Correctional Environment (Pepper Gas Exposure, Taser Exposure, Use of Force, Assault)

Subjective (S)

Obtain inmate's actual statement or complaints of the events. Ask the inmate what type of force was used: physical force, pepper spray, and/or taser. Ask inmate if they incurred any injury during the event. Ask about chronic cardiac conditions. Is the inmate complaining of any symptoms: pain, injuries, shortness of breath/respiratory issues, eye or skin irritation, or chest pain? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Is the inmate having any associated symptoms including nausea, vomiting, shortness of breath, tingling, bruising, facial/neck swelling, or difficulty swallowing? Obtain officer report of the events. *(Complete Accident-Incident-Traumatic Injury Report, CR-2592)*

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, pulse oximetry reading. Obtain Peak Flow if inmate has history of respiratory disease and exposure to pepper spray. Assess level of consciousness and distress using Glasgow Coma Scale (GCS). Assess skin integrity and irritation as related to taser exposure or use of force. Obtain date of last tetanus if skin is broken. Inspect head for trauma and describe. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Auscultate lung and heart sounds. Assess muscle strength and reflexes in all four extremities. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort due to Correctional Encounter

Note: Management of inmates exposed to riot agents should begin with the customary resuscitative priorities of securing the airway, ensuring adequate oxygenation and ventilation, and supporting hemodynamics. The face should be wiped with a moist towel to remove any particles before being washed. Copious water irrigation with soap should be used to remove contaminants.

If there is significant skin breakdown, saline irrigation is the best choice. Management of ocular exposures involves copious irrigation with water or saline. Irrigation should occur for at least 10 to 20 minutes but can

continue longer if the inmate continues to have ocular symptoms. Remove contact lenses before irrigation. A topical anesthetic should be used to reduce pain or blepharospasm and improve irrigation. For significant corneal injuries, there should be consultation with ophthalmology.

The majority of respiratory symptoms following exposure to these agents are mild and self-limited. Most resolve within 10 to 20 minutes after removal from exposure. Management of respiratory symptoms is largely supportive. Inmates with asthma, emphysema, or bronchitis may present with an acute exacerbation. Very rarely, these agents can precipitate laryngospasm, causing respiratory failure, requiring intubation and mechanical ventilation. Treatment of ventilation depending on the severity. Late findings are rare but may include reactive airway dysfunction and pulmonary edema.

For taser exposure, complete the objective assessment to ensure the inmate is stable and the barbs are in place. Remove them by placing your hand in a V-shape around the barb to get a firm grip on the barb. Quickly pull out the barb and inspect it to make sure the tip has not broken off into the skin. Repeat the process until all barbs are removed. Clean the wounds and apply an adhesive bandage**. If the taser barbs are embedded anywhere in the face, neck, genitals, breasts, or spinal column, contact provider prior to attempting removal.**

Gastrointestinal symptoms are uncommon, but some inmates will have nausea and vomiting. If oral exposure to the spray occurred, it may increase the likelihood of gastrointestinal symptoms. Symptomatic treatment with intravenous rehydration, antiemetic agents, and electrolyte replacement is generally adequate. Given that the gastrointestinal symptoms are typically minor and self-limited, decontamination techniques including gastric lavage or activated charcoal are not necessary.

Plan (P)

☐ **Emergent** **Life Threatening or Inmate in Extremis – Activate EMS**	☐ **Urgent** **Notify Provider Directly if:**	☐ **Routine** **Refer to Provider if:**
☐ Loss of Consciousness ☐ Active Bleeding **ON** Anticoagulant ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change ☐ Swollen Tongue/Neck **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____# of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Active Bleeding **NOT** on Anticoagulant ☐ History of cardiac conditions ☐ Seizure-like activity ☐ Extremity swelling ☐ Laceration/Cut beyond minor self-limiting injuries **Interventions:** ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Tetanus booster if not within 10 years. ☐ Barb removal ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions:** ☐ Water irrigation with soap to remove contaminants. ☐ Perform first aid for minor cuts and superficial wounds. ☐ Cover with non-adherent dressing ☐ Barb removal ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Correctional Environment Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

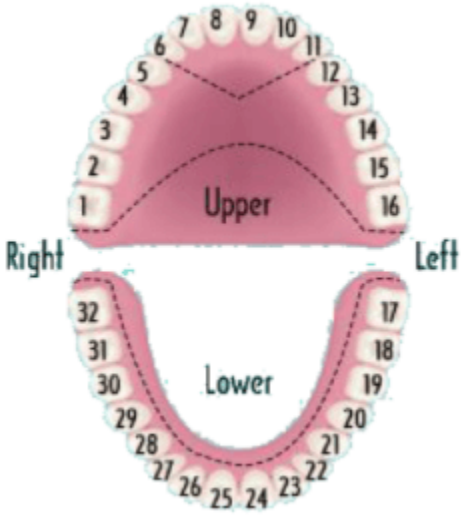
Dental Protocol

Subjective (S)

Obtain inmate's actual statement or complaints. Note onset and duration of complaint. Ask inmate about previous dental work, facial trauma, or drug ingestion. Inquire about activity prior to onset of complaint. Does inmate complain about aggravating factors such as chewing, jaw movement, or temperature? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Note secondary symptoms including nausea, vomiting, fever/chills, facial/neck swelling, difficulty swallowing, or bad breath. Ask about history of heart disease.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess inmate's orientation status. View skin and note appearance: dry, moist/clammy, pale, cyanotic, or jaundice. Evaluate head for trauma and provide description. Note if the neck and jaw appear swollen or tender on palpation. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Is pain reproduced with movement? Observe the gums and describe color or odorous breath. Note any visible lesions or tooth abnormality. Use dental chart and place an "X" on the tooth or area in the mouth.



Assessment (A)

Alteration in comfort due to dental discomfort

Note: It is important to note Dental Providers are not true Emergency Care Intervention Providers for unstable situations (i.e., jaw fractures, peri-orbital fracture). Those should be referred to a medical provider to assess, stabilize, and refer out for emergency/specialist care.
Active bleeding is typically a *medical emergency* that needs to be stabilized/addressed immediately, then referred to a dentist as needed. Active Bleeding alone can be misleading as a "dental emergency" that would require being seen within 72 hours, vs. a medical emergency, that first needs stabilization, then referred to dental post-care.

Medical Emergency: Consists of elevated B/P, decreased oxygen saturation, jaw fractures, or peri-orbital fractures. A fractured/displaced jaw or maxilla/eye socket should be referred to a medical provider to send out to the emergency room (out of dental scope of practice to address) then referred to dental post care.

Dental Emergency: Consists of signs of infection, therefore a dental provider should see inmate within 48-72 hours.

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Active Bleeding **ON** Anticoagulant ☐ Difficulty breathing or swallowing/drooling **Interventions** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant ☐ Avulsed Tooth ☐ Abscessed Tooth ☐ Fractured/Displaced Jaw ☐ Large amount of jaw or periorbital swelling **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Acetaminophen 325 mg, 2 tabs PO TID PRN x 4 days for pain OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Dental Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Self-care after having a tooth removed

- Keep your mouth clean
- Take all medications as directed
- Avoid strenuous activity for at least two days
- Avoid hard, crunchy foods
- If bleeding occurs, place a piece of gauze over the extraction site and bite down firmly, applying steady pressure.

Seek emergency care by notifying a correctional officer if bleeding continues beyond 8 to 12 hours.

Follow up with provider as instructed.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

Brush your teeth twice a day with a fluoride toothpaste.

Clean between your teeth daily and limit sugary beverages and snacks.

POST OPERATIVE INSTRUCTIONS

- You have just had a surgical procedure! It is normal to expect some bleeding and swelling; bleeding should slow to an ooze in 2-3 hours. Bleeding up to 24 hours may be normal. Swelling may peak on Day 2 and then subside in 3-7 days.
- Maintain pressure over the extraction sites by biting down on gauze. If oozing is still present, replace the gauze with a clean new one every 45-60 minutes until it stops. You may have dissolvable sutures/stitches at the site(s) of the extraction; do not pull them out. At the time of the follow up appointment, the provider will remove them if necessary.
- Use ice packs to keep the swelling to a minimum for the first 24 hours, 30 minutes on, 30 minutes off. After that, use warm moist compresses, such as hot towels. Do not burn your skin. While using the warm moist compress, you may exercise opening and closing your jaws to alleviate tense jaw muscles.
- The swelling at your surgical site should be soft and puffy. If it becomes hard, or if there is discharge of pus or a foul odor, tell the correctional officer to inform the dental provider so the surgical site can be assessed for infection.
- Do not smoke or chew tobacco products for at least the first 72 hours (3 days). Avoid drinking through a straw, avoid sodas, avoid vigorous rinsing and alcohol containing mouthwashes. On Day 2, you may use warm saltwater rinses gently 4-5 times a day, and after meals.
- You may start brushing your teeth after 24 hours with a soft bristled toothbrush, be gentle with surgical site. It is important that you maintain proper oral hygiene with warm saltwater rinses and tooth brushing.
- Non-acidic juices, water, broth, and soups are good for the first 24 hours. Then gradually switch to soft diet (mashed potatoes, pudding, Jello, boiled chicken, macaroni and cheese) for the next few days. It is important to maintain good fluid intake to avoid possible fever.
- You may have been prescribed an antibiotic to prevent infection and a pain killer to relieve your pain. Follow the pharmacy direction on both medicines. If you have any reaction to either (itching, welts, nausea, or vomiting) notify the correctional officer to notify medical. If you are having difficulty breathing, please Seek emergency care by notifying a correctional officer.
- If you were sedated, the veins may be irritated form the medicines given intravenously. Apply warm compress to the I.V. site and your arm 3-4 times a day to relieve the soreness and take Advil or Motrin tablets as directed by the provider to decrease inflammation. Complete a sick call request if tenderness or swelling persists longer than a week.
- Remember, some discomfort and pain are normal for the first seven days after surgery, as is some swelling. Follow all instructions given. Complete a sick call request if you have any concerns. Our Staff is here to help you. A sudden return of persistent pain or swelling is a sign that something is wrong. Seek emergency care by notifying a correctional officer.

Digestive Protocol (Constipation, Diarrhea, Heartburn (Acid Reflux), Hemorrhoids, Vomiting, Nausea, Abdominal Pain/Cramping, Blood in Stool, Difficulty Swallowing)

Subjective (S)

Obtain inmate's actual statement or complaints. Note onset and number of episodes over the last 24 hours and time of last episode. Is inmate experiencing burning, bloating, difficulty swallowing, bloody stools or emesis, abdominal pain, or gas and belching? Note whether discomfort occurs before or after meals. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Document last bowel movement including color and consistency. Ask inmate if they have experienced this before and what previous treatment relieved their symptoms. Ask inmate about any recent abdominal trauma. Inmates reporting black tarry stools, coffee ground emesis and vomiting bright red blood are medical emergencies.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Obtain urine dipstick, guaiac stool, and pregnancy test. Auscultate bowel sounds in all four quadrants. Assess abdominal tenderness to palpation. Evaluate skin turgor (note skin tenting) and hydration of mucous membranes. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Findings that include a rigid abdomen and/or absent bowel sounds are urgent/emergent.

Assessment (A)

Alteration in comfort due to Digestive discomfort

Note: For complaints of "blood in stool" with no active bleeding or black tarry stool consider stool guaiac testing. For diabetics, assess blood glucose. Abdominal pain can be a sign of Diabetic ketoacidosis (DKA). If known Diabetic and vomiting greater than 24 hours, high risk for hypoglycemia.

Plan (P)

☐ **Emergent** **Life Threatening or Inmate in Extremis – Activate EMS**	☐ **Urgent** **Notify Provider Directly if:**	☐ **Routine** **Refer to Provider if:**
☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change ☐ Coffee ground or bright red emesis or bright red blood in stool ☐ Abdominal distension/no bowel sounds/tender/Rigidity **Interventions** ☐ Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____# of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Painful Swallowing ☐ Severe pain 7/10 or Distress ☐ Unintentional 5lb Weight loss in the last 48 hours ☐ Nausea and/or Vomiting ☐ Diarrhea greater than two days ☐ Inflammatory Bowel Disease ☐ Abdominal surgery ☐ Pregnancy ☐ Recent abdominal trauma ☐ Diabetic vomiting greater than 24 hours ☐ Positive Guaiac stool test **Interventions** ☐ BG x1 if inmate has history of Diabetes, then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Antacid PO x 1 dose for Abdominal Pain or Dyspepsia **(EXCLUDING RENAL INMATES)** ☐ Bisacodyl (Dulcolax) 5 mg, 2 tabs PO now then Docusate (Colace) 100mg PO BID x 5 days for constipation ☐ Simethicone 125 mg, 1-2 tabs PO TID PRN x 5 days for flatulence ☐ Hemorrhoid ointment with instructions to apply to rectal area 2-4 times daily PRN x 5 days for hemorrhoids ☐ Docusate (Colace) 100 mg capsule PO-BID x 5 days for hemorrhoids ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Digestive Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Take your medications as prescribed by your provider.

Complete a sick call request if you develop hemorrhoids and have no history of hemorrhoids.

Complete a sick call request if you experience vomiting or diarrhea in 24 hours. Limit spicy foods. Slowly progress from liquids to soft bland foods until you can tolerate a full regular diet.

Complete a sick call request if you do not have a bowel movement in 3 days, or if your condition worsens or new symptoms develop.

Increase your water intake unless your provider has instructed you to limit fluid intake.

Increase fibrous food intake.

Avoid straining when having a bowel movement.

Stop using illicit drugs, smoking, and drinking alcohol.

Genitourinary Protocol (Burning with urination, blood in urine, Genital discharge, Menstrual discomfort, Testicular pain/swelling, Unable to void)

Subjective (S)

Obtain inmate's actual statement or complaints. Note onset and number of episodes over the last 24 hours and time of last episode. Ask about last bowel movement and/or last menstrual period. Inquire about activity prior to onset. Ask inmate if they have experienced this before and what previous treatment relieved their symptoms. Does the inmate have a history of drug abuse, Diabetes, HIV, or trauma? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Is the inmate experiencing associated symptoms including nausea, vomiting, fever/chills, penile/vaginal discharge, rash/blisters, or difficulty or painful urination? Ask about history of kidney stones. If inmate is experiencing new onset severe testicular pain, consult the provider immediately.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess for level of consciousness and distress. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Perform abdominal assessment. Auscultate bowel sounds in all four quadrants. Assess abdominal tenderness to palpation and note location: RUQ, LUQ, RLQ, LLQ, mid-epigastric, or supra-pubic. Inspect the external genitalia for redness, rash, masses/nodules, ulcers, blisters, discharge, swelling, groin adenopathy, or foul odor. Palpate inmate's back for costal vertebral tenderness. Obtain urine dipstick, guaiac stool, and pregnancy test. Assess color of urine. **NOTE – PREGNANCY TEST SHOULD BE COMPLETED ON ANY NON-MENOPAUSAL FEMALE BETWEEN THE AGES OF 12-52, IF LMP WAS REPORTED AS MORE THAN 4 WEEKS AGO.**

Assessment (A)

Alteration in comfort due to Genito-Urinary Discomfort

Note: Testicular torsion is a very serious medical emergency. The main symptom is sudden, intense, or severe pain in one or both testicles. It can occur at any time — when the inmate is awake, sleeping, standing, sitting or active. Testicular torsion requires emergency care. If the blood supply doesn't return quickly (within six hours), a healthcare provider may need to surgically remove the testicle. Symptoms include painful swelling on one side of the scrotum, a visible lump on a testicle, one testicle is higher in the scrotum than the other, discoloration (red, purple, brown, black) in the scrotum, nausea and vomiting, abdominal pain, peeing more than usual, or fever.

Ovarian Torsion is a very serious medical emergency. The symptoms of a twisted ovary include sudden, intense, severe pain in the pelvic region, as well as nausea and vomiting. The sudden pain is often preceded by occasional cramps for several days, or sometimes, for weeks (often because the ovary twists and untwists repeatedly). Surgery is the only way to treat ovarian torsion.

Plan (P)

☐ Emergent Life Threatening or Inmate in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐ Active Bleeding **ON** Anticoagulant ☐ Sudden, intense, or severe pain on one or both testicles ☐ Sudden, intense, or severe pain in the pelvic region **Interventions** ☐ Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant, except menstruation ☐ Masses/nodules ☐ Exudate/discharge ☐ Vomiting ☐ Abdominal distension/tender/rigidity ☐ Absent bowel sounds ☐ DM ☐ Pregnant ☐ 7/10 Pain ☐ Abnormal urine dipstick ☐ Positive pregnancy test ☐ Positive Guaiac stool test **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for menstrual discomfort or testicular pain/swelling OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for menstrual discomfort or testicular pain/swelling ☐ Clotrimazole Vaginal Cream 45gm insert one applicatorful of cream into the vagina at bedtime x 7 days. Use the same tube of cream if you have itching and irritation on the skin outside the vagina. Squeeze a small amount of cream onto your fingertip. Apply to itchy, irritated skin outside the vagina. Use BID up to 7 days PRN. ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Genitourinary Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Complete a sick call request any time you see blood in your urine.

Complete a sick call request any time you see or smell:

- Warts, bumps, lesions, or a rash on your vagina or area surrounding your genitals.
- Greenish, yellowish, thick, or cheesy vaginal discharge.
- Strong vaginal odor.
- Redness, itching, burning, or irritation of your vagina or area of skin that surrounds the vagina.
- Bleeding or spotting unrelated to your period.

Complete a sick call request any time you see:

- Warts, bumps, lesions, or a rash on your penis or area surrounding your genitals.
- Greenish, yellowish, thick, or cheesy penile discharge.
- A severely bent penis or curvature that causes pain.
- A burning sensation when you urinate.
- Severe pain after trauma to your penis.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call for sudden or severe testicle pain and swelling.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you are suddenly unable to urinate and have pain in the lower abdomen.

Back pain, fever, and painful urination may indicate a urinary tract infection. Complete a sick call request if you are experiencing these symptoms.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

Head Injury

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak. Inquire as to onset/duration/and history of event. Inquire about the type of injury, such as blunt force or fall, and determine if an object was involved and the distance for any falls. Ask if inmate experienced any loss of consciousness (LOC). Other reported symptoms may include no recollection of events, seizure, blurry vision, headache, nasal/ear drainage, facial/neck swelling, SOB, dizziness, vomiting and nausea. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Discuss inmate's medical history including anti-coagulant use, Hemophilia, and last Tetanus Vaccine.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess level of consciousness (LOC) using Glasgow Coma Scale. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Determine cognitive impairment using word recall test (see appendix). Observe gait pattern for ataxia (balance). Note evidence of head trauma including nasal discharge (note color), laceration, ecchymosis, or edema. Evidence of basilar skull fracture indicated by ecchymosis of both eyes (raccoon eyes), ecchymosis behind the ears, and drainage from the ears (note color). Assess strength in all four extremities noting any differences between the right and left. Are reflexes normal bilaterally? Note any differences between right and left.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	**☐ 15**	**☐ 9-14**	**☐ 3-8**

Assessment (A)

Alteration in comfort related to head injury

Note: If spinal injury is suspected, maintain spinal precautions such as team log rolling technique, utilizing backboard, and application of C-collar. In the event of CPR utilize jaw thrust vs. chin tilt. Maintain stable positioning/body in alignment, moving inmate as little as possible until precautions are in place. If inmate has fallen from an elevated height, DO NOT LET INMATE WALK TO THE CLINIC.

Recall Test: A three-word-recall test involves the nurse providing three unconnected words. (i.e., apple, paper, ceiling) and asking the inmate to repeat them. Then have the inmate draw a clock marking a specific time (i.e., 9:30). When five minutes have passed, ask the inmate what the three words were. If the inmate completes all correctly = pass, if the inmate cannot perform/draw the clock, draws incorrectly, or cannot recall the three words = Fail =contact provider.

Plan (P)

☐ Emergent
Life Threatening or Inmate in Extremis – Activate EMS

- ☐ Difficulty Swallowing/Breathing or Stridor
- ☐ Swollen Tongue/Neck
- ☐ Clear Drainage from Ear/Nose
- ☐ Open Fracture or Severe Deformity
- ☐ Loss of Consciousness
- ☐ Acute Mental Status Change
- ☐ Slurred speech, facial drooping
- ☐ Sudden, severe headache, "worst headache of my life"

Interventions

- ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required**
- ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95%
- ☐ Place in most comfortable position
- ☐ Spinal precautions
- ☐ Elevate legs, if SBP less than 90
- ☐ Monitor vital signs q5mins until EMS arrives
- ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access

Site: _____ # of attempts: _____

Gauge: _____ Time: _____

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Urgent
Notify Provider Directly if:

SBP less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94%

- ☐ GCS 9-14
- ☐ Seizure-like activity
- ☐ Periorbital edema
- ☐ ON Anticoagulant
- ☐ Failed Recall Test

Interventions

- ☐ Spinal precautions
- ☐ Ativan 2mg IM x1 immediately for seizure-like activity
- ☐ Tetanus booster if not within 10 years
- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Complete Sexual History Screening on all inmates.

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Routine
Refer to Provider if:

- ☐ **Protocol Treatment Ineffective x 2 within 7 days**
- ☐ **Protocol does not adequately meet the inmate's objective clinical needs**

Interventions

- ☐ Perform first aid for minor cuts and superficial wounds
- ☐ Apply cold packs topically PRN for pain/swelling
- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Sexual History Screening:

Have you ever had any STDs?
☐Yes ☐No

What do you do to protect yourself from STDs and HIV?

_____

What concerns about STDs do you have?

_____

Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.

Head Injury Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you experience:

- A headache that gets worse or does not go away.
- Repeated nausea and vomiting.
- Convulsions or seizures.
- An inability to wake up.
- Dilated or enlarged pupils in one or both eyes.
- Slurred speech.
- Weakness or numbness in the arms or legs.
- Vision changes

Apply ice to the affected area as directed by the provider.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

HEENT (Head, Eyes, Ears, Nose, Throat)

Subjective (S)

Obtain inmate's actual statement or complaints. Inquire as to onset of symptoms and description of activity or injury. Ask inmate to report any associated symptoms: nasal stuffiness/drainage, sore throat, body aches, fatigue, bloody discharge from ear, eye irritation or pain, increased tearing, visual changes, nausea or vomiting, headache, or hearing loss. Complaints such as "sudden" and the "worse headache of my life" could indicate thunderclap headache associated with brain hemorrhage. NOTIFY PROVIDER right away for this type of complaint. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Inspect the head, including inmate's face and hair. Note symmetry of inmate's facial expressions. Palpate the cranium and inspect the hair for infestations, hair loss, skin breakdown or abnormalities. Palpate the fontal and maxillary sinuses for tenderness. Inmate will feel pressure but should not feel pain. Inspect the eyes, eyelids, pupils, sclera, and conjunctiva. Note any swelling of the eyelids and discoloration of the sclera and/or conjunctiva. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Ask inmate about blurred vision or acuity changes. If symptomatic evaluate visual acuity using a Snellen chart. Inspect the ears for drainage or abnormality. Use an otoscope (if available) to inspect the tympanic membrane. It should appear as a shiny, pearly gray color. Document any loss of hearing. Inspect nose for symmetry and drainage. Use a penlight to view inside the nose and look for any redness, polyps, or lesions. Assess patency of both nares. Inspect lips and note color and skin condition. Inspect inside the mouth and note color of mucous membranes or any broken or loose teeth. Ask inmate to stick out tongue and assess top and underside for lesions or sores. Inspect the neck, noting trachea placement (mid-line or shift) or jugular vein distention. Palpate the lymph nodes for swelling, texture, or tenderness. Palpate the thyroid gland and note tenderness or enlargement.

Assessment (A)

Alteration in comfort due to HEENT Discomfort

Note: "Worst headache of my life"

<u>Medical Emergency:</u>

Inmate complaints of "the worst headache of my life" should be treated as a medical emergency. A sudden, severe headache could be a primary symptom of a brain aneurysm that is rupturing, or about to. Other symptoms to assess for include

- Dilated pupils
- Numbness, weakness, or paralysis on one side of the body
- Stiff neck

- Nausea or vomiting
- Loss of consciousness
- Severe sensitivity to light
- Pain above or behind the eye
- Difficulty talking

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Complaints of "sudden or worst headache of my life" **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/mins via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Swollen Tongue/Neck ☐ Rash/Blisters around eye or nose ☐ Oral lesions ☐ Nasal Polyp ☐ Adenopathy ☐ Exudate ☐ Pain 7/10 ☐ Uncontrolled Epistaxis ☐ Headache greater than 12 hours unrelieved by OTC **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ☐ CTM 4 mg tabs, 1 tab PO DXD TID PRN x 4 days for allergies ☐ For Cerumen Impaction, give Carbamide Peroxide, 5-10 drops in ear BID x 4 days for ear wax – on day 5, flush ear with warm water for removal of cerumen impaction. If history of perforated eardrum, DO NOT use Carbamide Peroxide ☐ Referred to Optometry ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

HEENT Protocol Education (E)

For cold symptoms:

- Wash your hands often.
- When you sneeze, use your elbow, tissue, or toilet paper to cover your nose and mouth. Do not cover your sneezes and coughs with your hands.
- Drink plenty of fluids to stay hydrated.
- Stop using illicit drugs, smoking, and drinking alcohol.
- Rest.
- Complete a sick call request if your condition has not improved in 3 to 4 days.
- Complete a sick call request if you get worse or if you develop fever and chills, start coughing up colored sputum, have chest pains with shortness of breath, and/or get a fever/stiff neck.

For Headaches:

- Limit caffeine and do not read without glasses (if prescribed) to minimize Tension Headaches.
- Stop using illicit drugs, smoking, and drinking alcohol.
- Take your medications as prescribed by your provider.
- Avoid watching TV and excessive noise.
- Complete a sick call request if your condition worsens, you develop new symptoms, or your headache does not go away with over-the-counter medications or medications prescribed by your provider.
- Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you experience a “sudden” and the “worse headache of your life”.
- Aneurysm risk factors include high blood pressure, smoking cigarettes, family history of brain aneurysm, illicit drug use, binge drinking, head injury, being overweight, and other risk factors associated with vascular disorders such as atherosclerosis or narrowing of the arteries. The risk rises after age 40.

For Earache and Ear Wax

- Do not put anything in your ears.
- Do not attempt to clear your ears with matches, tooth-pics, Q-tips, or any other object.
- Avoid vigorous blowing of your nose.
- Avoid getting water in your ear during showers.
- Cover your ears in windy weather.
- Complete a sick call request if your condition worsens, you develop new symptoms such as fever or drainage from the ear, or you are not improving in 3 to 4 days.

For Eye Irritation or Foreign Body:

- Do not rub your eyes.
- Do not wear contact lenses.
- Do not attempt to remove the foreign body yourself.
- Complete a sick call request if your condition worsens, you develop new symptoms, experience drainage from the eye, or develop blurry vision.

For Nosebleed:

- Avoid blowing your nose too hard.
- Avoid picking your nose.
- Do not put anything in your nose.
- Do not strain with bowel movements.
- Stop Smoking.
- Avoid Aspirin, Ibuprofen, Advil, and Naproxen for several days unless prescribed by your provider.

If bleeding starts again:

- Remain calm.
- Squeeze your nose together for 10-15 minutes.
- Sit up and lean forward.
- Breathe through your mouth.
- Put a cold cloth on your nose or neck.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call if bleeding does not stop by squeezing your nose together or if lasts longer than 10 minutes.

Hyperglycemia Protocol

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak or is unconscious. Inquire about onset of symptoms. Ask about associated symptoms, such as, tremors, lightheadedness, disorientation, slurred speech, nausea and vomiting, or fruity breath. Does the inmate have a history of Insulin Dependent Diabetes Mellitus or non-Insulin Dependent Diabetes Mellitus? When was the inmate's last meal? Has the inmate received insulin or other oral agents for Diabetes? Note time and amount of last dose received. Have there been any changes in the inmate's food intake or activity level? Ask the inmate if they have a history of kidney, pancreatic or liver disease. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, pulse oximetry reading, and blood glucose level. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Determine level of consciousness and distress. If inmate is unresponsive, use Glasgow Coma Scale. Observe for diaphoresis, change in mental status, or seizure-like activity. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Assess muscle strength all four extremities. Note if reflexes are normal or absent bilaterally. Obtain urine dipstick.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort related to hyperglycemia

Plan (P)

☐ Emergent
Life Threatening or Inmate in Extremis – Activate EMS

- ☐ Unresponsive/Confused
- ☐ Loss of Consciousness

Interventions

- ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required**
- ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95%
- ☐ BG x1 per protocol then as directed by provider
  Time _____BG_____
  Time _____BG_____
  Time _____BG_____
- ☐ Place in most comfortable position
- ☐ Elevate legs, if SBP less than 90
- ☐ Monitor vital signs q5mins until EMS arrives
- ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access

Site: _____ # of attempts: _____

Gauge: _____ Time: _____

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Urgent
Notify Provider Directly if:

SBP less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94%

- ☐ GCS 9-14
- ☐ Seizure-like activity
- ☐ Acute Mental Status Change
- ☐ Previous DKA
- ☐ Positive Ketones
- ☐ Any Symptomatic Hyperglycemia
- ☐ Greater than 140 mg/dl two hours post-prandial
- ☐ Abnormal urine dipstick

Interventions

- ☐ BG x1 per protocol then as directed by provider
  Time _____BG_____
  Time _____BG_____
  Time _____BG_____
- ☐ Ativan 2mg IM x1 immediately for seizure-like activity
- ☐ Start IV with Normal Saline 0.9% or per Provider's orders for elevated BG equal to or greater than 350mg/dl

Site: _____ # of attempts: _____

Gauge: _____ Time: _____

- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Complete Sexual History Screening on all inmates.

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Routine
Refer to Provider if:

- ☐ **Protocol Treatment Ineffective x 2 within 7 days**
- ☐ **Protocol does not adequately meet the inmate's objective clinical needs**

Interventions

- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Sexual History Screening:

Have you ever had any STDs?
☐Yes ☐No

What do you do to protect yourself from STDs and HIV?

_____

What concerns about STDs do you have?

_____

Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.

Hyperglycemia Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Take your medications as prescribed by your provider.

If blood sugar checks are ordered by your provider, report to the clinic as directed.

Pay attention to early warning signs of hyperglycemia (high blood sugar). These include:

- Frequent urination
- Increased thirst
- Blurred vision
- Fatigue
- Headache.
- Fruity smelling breath
- Sores that heal slowly
- Numbness or tingling in hands or feet

Stop using illicit drugs, smoking, and drinking alcohol. Smoking makes your blood sugar harder to manage. Alcohol interferes with blood sugar and the hormones needed to maintain healthy blood sugar levels.

Follow diet instructions given by your provider. Limit sugary foods and drinks, salt, processed foods, and unhealthy commissary items.

Maintain a healthy weight by increasing physical activity. Discuss activity level with your provider.

Examine your feet and skin for discoloration, blisters, or sores.

Hypoglycemia Protocol

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak or is unconscious. Inquire about onset of symptoms. Ask about associated symptoms, such as sweating (diaphoresis), tremors, lightheadedness, disorientation, slurred speech, nausea, and vomiting. Does the inmate have a history of Insulin dependent Diabetes Mellitus or non-Insulin dependent Diabetes Mellitus? When was the inmate's last meal? Has the inmate received insulin or other oral agents for Diabetes? Note time and amount of last dose received. Have there been any changes in the inmate's food intake or activity level? Ask the inmate if they have a history of kidney, pancreatic or liver disease. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, pulse oximetry reading, and blood glucose level. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Determine level of consciousness and distress. If inmate is unresponsive, use Glasgow Coma Scale. Observe for diaphoresis, change in mental status or seizure-like activity. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Assess muscle strength all four extremities. Note if reflexes are normal or absent bilaterally.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort related to hypoglycemia

Note: *Assessing ability to swallow:* administration of oral medication would be contraindicated if inmate is displaying difficulty clearing oral secretions, such as drooling.

It is imperative that the nurse use their clinical judgement in the treatment of an inmate with hypoglycemia. Interventions should be based on the complete clinical presentation of the inmate and not determined solely by the inmate's blood glucose level.

Plan (P)

☐ Emergent
Life Threatening or Inmate in Extremis – Activate EMS

- ☐ Unresponsive to Glucagon Injection
- ☐ Unresponsive
- ☐ Loss of Consciousness

Interventions

- ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.**
- ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95%
- ☐ BG q15 minutes until BG is > greater than 70
  Time _____BG_____
  Time _____BG_____
  Time _____BG_____
- ☐ Ativan 2mg IM x 1 immediately for seizure
- ☐ Place in most comfortable position
- ☐ Elevate legs, if SBP less than 90
- ☐ Monitor vital signs q5mins until EMS arrives
- ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access

Site: _____ # of attempts: _____

Gauge: _____ Time: _____

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Urgent
Notify Provider Directly if:

SBP less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94%

- ☐ GCS 9-14
- ☐ Seizure-like activity
- ☐ Confusion
- ☐ Acute mental status change
- ☐ Any symptom related to Hypoglycemia

Interventions

- ☐ Glucose Gel 15gms PO in the Cheek for BG 40-60 x 1 dose if able to swallow

  OR
- ☐ Glucagon Injection 1mg, IM x 1 dose BG less than 40 OR if inmate is unable to swallow, too confused or combative to give Glucose Gel
- ☐ Re-assess BG q15 minutes until BG is greater than 70
  Time _____BG_____
  Time _____BG_____
  Time _____BG_____
- ☐ Ativan 2mg IM x1 immediately for seizure-like activity
- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Complete Sexual History Screening on all inmates.

Time provider notified: _____

Time provider responded: _____

Orders received ☐ Yes ☐ No

☐ Routine
Refer to Provider if:

- ☐ **Protocol Treatment Ineffective x 2 within 7 days**
- ☐ **Protocol does not adequately meet the inmate's objective clinical needs**

Interventions

- ☐ Inmate Education Provided
- ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Sexual History Screening:

Have you ever had any STDs?
☐Yes ☐No

What do you do to protect yourself from STDs and HIV?

_____

What concerns about STDs do you have?

_____

Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.

Hypoglycemia Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Take your medications as prescribed by your provider.

If blood sugar checks are ordered by your provider, report to the clinic as directed.

Don't skip meals or snacks. Follow diet instructions given by your provider.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you experience early warning signs of hypoglycemia (low blood sugar). These include:

- Shakiness
- Dizziness
- Sweating
- Hunger
- Fast heartbeat
- Inability to concentrate
- Confusion
- Irritability or moodiness
- Anxiety or nervousness
- Headache
- Nighttime signs may include:
    - Damp sheets or clothes due to sweat.
    - Nightmares
    - Confusion upon waking

Stop using illicit drugs, smoking, and drinking alcohol. Smoking makes your blood sugar harder to manage. Alcohol interferes with blood sugar and the hormones needed to maintain healthy blood sugar levels.

Increasing exercise or physical activity without eating more or adjusting your medications may result in low blood sugar. Discuss activity level with your provider.

Integument Protocol (Abrasion, Acne, Athlete's Foot, Bite, Blister, Boil, Bruise, Callous/Corns, Chicken Pox, Dandruff, Dermatitis, Dry skin, Jock Itch, Laceration, Lice, Poison Ivy/Oak, Rash, Scabies, Wounds)

Subjective (S)

Obtain inmate's actual statement or complaints. Inquire as to onset of symptoms and describe any activity or injury relative to the primary complaint. Review history of injury including how and when injury occurred. Ask inmate if the injury has occurred before and what action was taken to relieve symptoms. Has inmate had any exposure to an allergen? Be sure to obtain any history of Diabetes, HIV, and use of steroids or recent change in medication. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the inmate having any associated symptoms including nausea, bleeding, SOB, fever/chills, hives/itching, redness, rash/blisters, or pus/drainage? Is the pain localized to the affected area or does it radiate? Obtain date of last tetanus booster.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Inspect the location and the area surrounding inmate's discomfort. Describe the location**,** depth**,** width, length, thickness, and wound edges of injury. Mark the affected area of the body on the anatomical diagram. Note if the examination shows active bleeding, pustules, whiteheads, lice (visible nits), peeling or cracking of skin, white scales, scalp lesions, erythema with raised border, rash, black eschar, laceration, or granulation. Document signs and symptoms of infection including increased warmth, malodorous drainage, streaking, increased redness, or increased swelling.

Assessment (A)

Alteration in Skin Integrity

Potential or actual infection related to

- Abrasion
- Acne
- Athlete's foot
- Bite/sting
- Blister
- Boils
- Bruise
- Callous/corns
- Chicken Pox
- Dandruff
- Dermatitis
- Dry skin
- Jock itch
- Laceration
- Lice
- Poison Ivy/Oak
- Rash
- Scabies
- Shave bumps
- Skin/soft tissue infection
- Wounds
- Other

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Active Bleeding **ON** Anticoagulant ☐ Laceration w/ visible Muscle/Tendon/Bone **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrive ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant ☐ Pain 7/10 ☐ Redness, Warmth, Pus, Blisters, Swelling ☐ Burrows/Tunnels ☐ Abscess ☐ Black Dead Skin ☐ Foul Odor ☐ Obvious Nits (lice) ☐ New Medication **Interventions** ☐ Tetanus booster if not within 10 years ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Benzoyl Peroxide, apply topically BID PRN x 14 days for acne ☐ Clotrimazole Cream 28gm, 1 tube. Wash and dry affected area and apply cream topically BID x 3 weeks for Jock Itch ☐ Tolnaftate cream 30gm tube Wash and dry affected area and apply cream topically BID x 3 weeks for Athlete's Foot ☐ Calamine lotion, apply topically, for pruritus associated with Chicken Pox, Poison Oak, or Poison Ivy. Shake bottle. Moisten cotton with the Lotion. Apply enough medicine to cover affected skin area(s) and rub in gently x 5 days PRN. **EXTERNAL USE ONLY**. Do **NOT** use on the inside of the mouth, nose, genitals, or anal areas. ☐ Hydrocortisone 30gm topical as directed on package or TID PRN x 5 days for Dermatitis ☐ Permethrin preparation (RID), one application to scalp now and one in 7-10 days, if indicated, for Lice. Comb hair to remove nits. ☐ Perform first aid for minor cuts and superficial wounds ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Integument Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Stop using illicit drugs, smoking, and drinking alcohol.

Self-Care - Abrasion

An abrasion occurs when the very top layer of skin is scraped away. Healing usually occurs within 3 to 4 days unless re-injured.

Use topical medications as directed by your provider.

Self-Care

- Wash the area gently with soap and water 1 to 2 times a day. Gently pat dry with a clean towel. Do not rub. Protect the area from injury.
- If clothing irritates your abrasion, a dressing (such as a Band-Aid) will help protect it. Keep the dressing dry. Change the Band-Aid at least 2 times a day. If the Band-Aid gets wet, change it. Use a Band-Aid until healed.
- Avoid rubbing or scratching the area while it heals.
- Do not pick scabs. Scabs are part of the normal healing process and should not be removed.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call if you notice:

- Fever or heat around the wound
- Red streaks up from the wound
- Increased foul smell from wound drainage
- Increased wound drainage
- Drainage becomes thick or discolored

Mental Health

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak. Inquire as to onset/duration/and history of event. Ask if the inmate has thoughts of self-harm or harm to others. Inquire as to prior history of self-harm or harm to others. If inmate has a prior history, what was the treatment and when? Is the inmate on any psychotropic medication? Please list. Obtain history of drug use, head trauma, psychosis, and mental health disease. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Discuss precipitating factors and associated symptoms with inmate including, but not limited to, agitation, restlessness, audio-visual hallucinations, and worsening of psychosis. Is there anything that relieves the inmate's mental health complaint?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Assess orientation status. Is inmate alert, oriented, or in distress? Note appearance. Is the inmate neat, unclean, or disheveled? Assess mood and affect. Does the inmate appear flat, sad, hopeless, anxious, or euphoric? Assess Eye contact. Assess speech. Is the inmate's speech clear, rambling, threatening, loud, slurred, angry or rapid? Observe skin for pallor and note if inmate appears pale, cyanotic, or jaundice. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Observe overall mood and note if inmate is cooperative, pleasant, reluctant, withdrawn, or uncooperative. Complete the Columbia Protocol (Columbia Suicide Scale) (See appendix).

Assessment (A)

Alteration in Mental Status
Potential for Self-Harm

NOTE: The Columbia Protocol (Columbia Suicide Scale) (See appendix) shall be completed by a licensed nurse. The inmate's response should be documented in the narrative portion of the Mental Health NPPN, CR-4279, indicating if the inmate responded "no" to all questions or if the inmate responded "yes" to any of the questions. Answering "yes" to any of the questions requires an ***immediate*** referral to behavioral health for a mental health /suicide risk assessment. The nurse shall document in the narrative of the CR-4279 if a referral was requested. Behavioral health will evaluate the inmate **immediately.** The nurse will ensure one-on-one observation is maintained until a behavioral health evaluation occurs.

In the event behavioral health staff are not on site, an RN must evaluate the inmate and contact the on-call behavioral health provider for further orders and plan of care.

Plan (P)

☐ **Urgent** **Notify Medical Provider Directly if:**	☐ **Routine**
SBP less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% **Notify Behavioral Health Provider if:** ☐ Answered "Yes" to any Columbia Protocol questions ☐ Thoughts of self-harm or harming others **Time provider notified** _____ **Time provider responded**_____ ☐ **Orders received** ☐ **Yes** ☐ **No** ☐ Placed in Suicide Watch ☐ Placed in Mental Health Seclusion	☐ **Referred to Behavioral Health Provider** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

Mental Health Protocol Education (E)

People with anxiety and/or depression often lose the desire to take care of themselves. That makes symptoms worse. Doing the following recommendations can help you cope.

- Exercise: Studies have shown that 30 minutes of moderate activity each day helps fight depression. Walking in small blocks of time (5-10 minutes) is a good way to start. Exercise for 20 minutes 3 times during the day but not right before bed.
- Eat right: Do your best to eat a balanced and healthy diet. Limit commissary items. Drink water to stay hydrated and eliminate or reduce caffeine, sugar, and fats from your diet. Eat well-balanced meals and avoid eating too many commissary items. Follow diet instructions given by your provider.
- Stop using illicit drugs, smoking, and drinking alcohol.
- Write your feelings down daily (journaling).
- Get adequate sleep: Try to achieve 8 hours of sleep per night. Limit daytime sleeping by staying out of bed. Tell your healthcare provider if you are not sleeping. Go to bed at the same time every night and get up at the same time every day.
- Practice deep breathing and relaxation exercises.
- Write letters or call family and friends.
- Think positive instead of negative. (Hopeful instead of hopeless).
- Read books.
- Practice your spiritual beliefs if you find comfort in this. Chaplains are available for support.
- Plan your life after incarceration including job interests, living space, behavioral health and/or substance use treatment (if relevant), leisure and recreational activities.
- Participate in behavioral health groups and/or programs available at your facility.
- Take your medications as prescribed by your provider.
- Educate yourself: Read about treatment and medication options. Participate in individual counseling or support groups. Depression is not your fault, so try not to blame yourself for your symptoms.
- Manage symptoms early: If you notice symptoms returning, experience triggers, or identify other factors that may lead to a depressive episode. Seek emergency care by notifying a correctional officer to initiate an emergency sick call so you can get help as soon as possible. Ask a trusted friend to monitor your behavior and let you know if they notice anything of concern.
- Work with your provider: Communicate honestly and share openly with your treatment team. Discuss reactions to medications and how they make you feel.

- Be prepared for a crisis: Know what to do if you experience a crisis. Seek emergency care by notifying a correctional officer to initiate an emergency sick call so you can get help as soon as possible. Upon transition to the community, always keep the phone number of a crisis hotline with you. Know the location of your community's urgent care centers and the closest emergency department.
- Do not make any big decisions. Anxiety and/or depression can cloud your judgment. Be inmate: Recovering from anxiety and/or depression is a process. Don't be discouraged if it takes some time and repeated efforts to feel better.
- Keep it simple: Anxiety and/or depression impacts your energy and concentration. Set small goals, follow a schedule, and do what you can.
- Be with others: Don't isolate yourself—you'll only feel worse. Participate in activities when you can. Watch a movie, play a game, attend religious services, or another social event as available at your facility. Talk openly with trusted people and accept help when it is offered.

Musculoskeletal

Subjective (S)

Obtain inmate's actual statement or complaints. Inquire as to onset of symptoms and describe any activity or injury relative to the primary complaint. Review history including how and when the injury occurred. Ask inmate if the injury has occurred before and what action was taken to relieve symptoms. Inquire about history of Hemophilia, Diabetes, previous surgery in affected area, or history of IV drug abuse. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Does the inmate complain of weakness, numbness, tingling, swelling, fever, or redness? Ask inmate about loss of bladder or bowel control. Does the inmate report any difficulty performing activities of daily living (ADL's) like bathing and dressing? Obtain date of last Tetanus booster.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Assess orientation and distress. Inspect the location and area surrounding the injury. Examine the affected area for tenderness, swelling, bruising, skin integrity, range of motion, fever, redness, numbness, or swollen lymph nodes. Perform neuro exam and include muscle strength, balance, and reflexes of upper and lower extremities. Has inmate experienced any loss of bladder or bowel control? Assess capillary refill of affected limb. Evaluate range of motion and ability to bear weight where applicable.

Assessment (A)

Alteration in comfort due to muscular skeletal discomfort

Note: If spinal injury is suspected, maintain spinal precautions such as team log rolling technique, utilizing backboard, and application of C-collar. In the event of CPR utilize jaw thrust vs. chin tilt. Maintain stable positioning/body in alignment, moving inmate as little as possible until precautions are in place. If inmate has fallen from an elevated height, DO NOT LET INMATE WALK TO THE CLINIC.

Plan (P)

☐ Emergent Life Threatening or Inmate in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐ Loss of Consciousness ☐ Bowel/Bladder Incontinence w/ Back Pain ☐ Open Fracture or Severe Deformity **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Capillary Refill greater than 3 secs ☐ Dislocation/Angulation ☐ Hemophilia ☐ Warm/Red Joint ☐ Reduced strength or reflexes ☐ 7/10 Pain ☐ ON Anticoagulant ☐ Extremity Swelling **Interventions** ☐ Spinal precautions ☐ Tetanus booster if not within 10 years ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Perform first aid for minor cuts and superficial wounds ☐ Apply cold packs topically PRN for pain/swelling ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for sprain, joint pain, or contusion OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for sprain, joint pain, or contusion ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Musculoskeletal Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

If you are receiving treatment for back pain, bruising, contusions, joint dislocation, joint pain, or sprains, and you experience more pain, swelling, or bruising than you had before you started treatment OR if you feel numbness or tingling on or near the injured area, seek emergency care by notifying a correctional officer to initiate an emergency sick call so you can get help as soon as possible.

Stop using illicit drugs, smoking, and drinking alcohol. Smoking reduces blood flow to the lower spine, which can contribute to spinal disc degeneration. Smoking also increases the risk of osteoporosis and impedes healing. Coughing due to smoking may also cause back pain.

Take your medications as prescribed by your provider.

Do not try to lift objects that are too heavy. Lift from the knees, pull the stomach muscles in, and keep the head down and in line with a straight back. Keep objects close to the body and avoid twisting when lifting.

Sleeping on your side with the knees drawn up toward the chest can help open the joints in the spine and relieve pressure by reducing the curvature of the spine. Try placing a pillow or towel roll in between your knees when sleeping on your side.

Switch positions often and periodically walk to relieve tension. If you are sitting for a long period of time, put your feet on a low stool or a stack of books.

Maintain a healthy weight and eat a nutritious diet with a sufficient daily intake of calcium, phosphorus, and vitamin D to promote new bone growth. Follow diet instructions given by your provider.

For joint strain/sprain, use RICE therapy when possible:

Rest: Take it easy. Your provider will tell you what activities to avoid based on your injury.

Ice: Apply an ice pack to the injured area for no more than 20 minutes 4 to 8 times a day for 24 – 48 hours. Do not apply ice directly to your skin.

Compression: Your provider may ask you to wear an elastic wrap to keep the injured area from swelling to keep it still.

Elevation: While sitting or lying down, place the injured area above the level of your heart.

Neurological Impairment

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak or is unconscious. Inquire as to onset/duration/and history of symptoms. Prior to event, was the inmate exposed to outdoor heat. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Ask if inmate is experiencing headache, blurred vision, numbness, weakness, or dizziness. Inquire about prescription medication and if inmate is compliant. Review inmate's history for Sickle Cell Disease, head trauma, stroke, heart disease, illicit drug use, high blood pressure, high cholesterol or lipids, diabetes, or smoking. Assess anticoagulation use and last dose.

Objective (O)

Perform Glasgow Coma Scale if inmate is unconscious or has altered level of consciousness.

Glasgow Coma Scale

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	**☐ 15**	**☐ 9-14**	**☐ 3-8**

Perform FAST assessment (face drooping, arm weakness, speech difficulty, time to call 911). Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess Glasgow Coma Scale if inmate is unconscious or has altered level of consciousness. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Assess facial symmetry (smile and lift eyebrows), tongue deviation, and strength inequality from right to left. Check for loss or inequality in reflexes of the upper and lower extremity. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate.

FAST Assessment

Facial drooping: Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven or lopsided?

Arm weakness: Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

Speech: Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence.

Time to call 9-1-1

If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Assessment (A)

Alteration in Comfort due to Neurologic impairment

Note: If spinal cord injury is suspected, maintain spinal cord precautions such as team log rolling technique, utilizing backboard, and application of C-collar. In the event of CPR, utilize jaw thrust vs. chin tilt. Maintain stable positioning/body in alignment, moving inmate as little as possible until precautions are in place. If inmate has fallen from an elevated height, DO NOT LET INMATE WALK TO THE CLINIC.

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change ☐ Facial drooping ☐ Absent or Asymmetrical Strength ☐ Absent or Asymmetrical Reflexes ☐ Slurred speech **Interventions** ☐ Administer Narcan (when appropriate) 4 mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 **Interventions** ☐ Spinal precautions ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Neurological Impairment Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Take your medications as prescribed by your provider. It is especially important that you take your blood pressure medication as prescribed.

Stop using illicit drugs, smoking, and drinking alcohol

Control your diet. Obesity increases your risk for stroke.

Follow diet instructions given by your provider. Limit your salt intake.

If you have diabetes, control your blood sugar by taking your prescribed medications and making healthier food choices.

Increase physical activity.

Pregnancy

Subjective (S)

Obtain inmate's actual statement or complaints. Note the onset, duration, and number of episodes over the last 24 hours and the time of the last episode. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Obtain LMP (last menstrual period), weeks of pregnancy, last prenatal visit, gravida (number of pregnancies including current pregnancy), para (number of live births, Cesarian and Vaginal), number of abortions, and anticipated delivery date. Ask the inmate if she has experienced vaginal bleeding, spotting, discharge, or leakage of fluids. Describe color and odor. Ask the inmate if she is experiencing abdominal cramping. Obtain the date of the last bowel movement. Note if fetal movement has been felt during pregnancy. If yes, has fetal movement been felt in the last 24 hours? Ask if the inmate is experiencing symptoms of a urinary tract infection, including pain, or burning with urination, frequent urination, cloudy or bloody urine. Discuss current medical conditions including Diabetes, Hypertension, Asthma, Seizures, Hepatitis, HIV, Kidney Disease, Thyroid Disease, and other chronic conditions. Ask about current medications and compliance. Inquire about substance use disorders and current treatment regimen. Complete Depression and Risk Factor Screening using the Columbia Suicide Scale.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading**.** Assess orientation status and general appearance. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Note if the inmate is in any distress. Assess skin turgor and mucous membranes for hydration. Auscultate lung and bowel sounds. Palpate lower extremities for pitting edema and abdomen for fetal movement. Visually examine vagina and anus if indicated. **DO NOT MANUALLY CHECK THE CERVIX.** Obtain urine dipstick for protein and UDS if suspicious of drug use.

Assessment (A)

Alteration in comfort due to symptoms related to pregnancy.

Note: Contact OB immediately for urgent maternal warning signs including:

- Decreased fetal movement
- Leakage of fluids or vaginal bleeding
- Severe abdominal pain
- Difficulty breathing or chest pain
- Seizure activity
- Dizziness or fainting
- Persistent or worsening headache
- Swelling of face and hands
- Visual changes
- Severe nausea and vomiting

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**
☐ Presentation of fetus (head, arm, foot, buttocks, umbilical cord, etc.) during visualization of the vagina and anus. ☐ Gushing or large volume of bright red bleeding or clots **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Decreased fetal movement ☐ Leakage of fluids or vaginal bleeding ☐ Severe abdominal pain ☐ Difficulty breathing or chest pain ☐ Seizure-like activity ☐ Dizziness or fainting ☐ Persistent or worsening headache ☐ Swelling of face and hands ☐ Visual changes ☐ Severe nausea and vomiting ☐ Painful urination ☐ Vaginal discharge ☐ Abnormal urine dipstick **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.* **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**

Pregnancy Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Stop smoking immediately.

- Mothers who smoke are more likely to deliver their babies early. Preterm delivery (delivering your baby too early) is the leading cause of death, disability, and disease among newborns.
- Mothers who smoke are more likely to have lower birth weight babies. Babies born too small or too early are not as healthy.
- Babies whose mothers smoke while pregnant are more likely to die from sudden infant death syndrome (SIDS) than babies how are not exposed to cigarette smoke.

Stop drinking immediately. There is no known safe amount of alcohol use during pregnancy. Alcohol in the mother's blood passes to the baby through the umbilical cord. Alcohol use during pregnancy can cause miscarriage, still birth, and multiple lifelong physical, behavioral, and intellectual disabilities. These disabilities are known as fetal alcohol spectrum disorders (FASDs). Children with FASDs might have the following characteristics and behaviors:

- Abnormal facial features
- Small head size
- Shorter-than-average height
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory
- Difficulty in school
- Learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidney, or bones

Stop using illicit drugs. Illegal drugs during pregnancy threatens the health of your unborn baby. So does using legal drugs in an inappropriate way. When you use drugs, the chemicals you ingest or breathe into your lungs cross the placenta and enter your baby. This puts your baby at risk for such problems as stillbirth, low birth weight, birth defects, behavioral problems, and developmental delays.

Eating healthy foods is important during pregnancy. Choose foods that contain protein, iron, calcium, and folic acid. You require more calories. But "eating for two" doesn't mean eating twice as much. It means that the foods you eat are the main source of nutrients for your baby. Make good choices when selecting commissary items. Follow diet instructions given by your provider.

You should gain weight gradually during your pregnancy, with most of the weight gained in the last

trimester. Generally, doctors suggest women gain weight at the following rate:

- 2 to 4 pounds total during the first trimester
- 3 to 4 pounds per month for the second and third trimesters
- Check with your provider to find out how much weight gain during pregnancy is healthy for you.

Fitness goes hand in hand with eating right to maintain your physical health and well-being during pregnancy. Benefits of physical activity during pregnancy include:

- Exercise can ease and prevent aches and pains of pregnancy including constipation, varicose veins, backaches, and exhaustion.
- Exercise may lower the risk of preeclampsia and gestational diabetes during pregnancy.
- Regular exercise may improve sleep during pregnancy.
- Staying active can protect your emotional health. Pregnant women who exercise seem to have better self-esteem and a lower risk of depression and anxiety.
- Discuss activity limitations/restrictions with your provider before beginning any form of exercise during pregnancy.

In addition to exercise and making healthy food choices, your provider may prescribe pre-natal vitamins to ensure you are getting enough of the nutrients your baby needs. Take your vitamins and medications as prescribed by your provider.

When you are pregnant, your body needs even more water to stay hydrated. Water also helps prevent constipation, hemorrhoids, excessive swelling, and urinary tract or bladder infections. Not getting enough water can lead to premature or early labor.

Respiratory Distress Protocol (Asthma/COPD/COVID-19/CHF)

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak or is unconscious. Inquire about onset of symptoms and what the inmate was doing prior to onset. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Ask if the inmate has a history of any respiratory disease. Does the inmate use inhalers, steroids, or anticoagulants? Does the inmate complain of shortness of breath with or without activity? What associated symptoms are they reporting, such as fever, chills, cough, shortness of breath, chest pain, headache, leg swelling, body aches. Ask about current chronic medications and determine if the inmate is compliant.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, pulse oximetry reading and peak flow. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Determine level of consciousness and distress. Assess breathing characteristics: Is the inmate having difficulty breathing, mouth breathing, or able to speak in complete sentences. What is their preferred posture? Document use of accessory muscles or audible wheezing. Auscultate the lungs and heart. Assess skin, capillary refill and lower extremities for edema. Review results of most recent COVID-19 test or other pertinent diagnostic tests.

Assessment (A)

Alteration in comfort due to difficulty in breathing

NOTE: Diminished breath sounds with little, or no wheezing may indicate a severe asthma attack.

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Absent Breath Sounds **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ **Albuterol nebulizer** solution 0.083% give 2.5mg **x 1 STAT for non-trauma related distress** ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Capillary greater than 3secs ☐ Peak Flow less than 250 L/min ☐ Dyspneic/wheezing ☐ Decreased Breath Sounds ☐ Extremity Swelling ☐ Recent Covid-19 Positive ☐ Suspected Influenza-like illness **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ☐ CTM 4 mg tabs, 1 tab PO DXD TID PRN x 4 days for cold like symptoms ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Respiratory Distress Protocol Education (E)

Complete a sick call request if your condition worsens, or new symptoms develop.

Seek emergency care by notifying a correctional officer to initiate an emergency sick call so you can get help as soon as possible if you experience:

- Rapid worsening of shortness of breath or wheezing.
- No improvement even after using a quick-relief inhaler.
- Shortness of breath when you are doing minimal physical activity.

Discuss the influenza, pneumonia, and Covid-19 vaccine with your provider.

Take your medications as prescribed by your provider.

Follow diet instructions given by your provider.

Stop using illicit drugs, smoking, and drinking alcohol

Seizure–Like Activity

Subjective (S)

Obtain inmate's actual statement or complaints of the event. Obtain a witness statement if inmate cannot speak or is unconscious. Ask about activity prior to onset. Ask inmate or witness about history of seizures. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Document the inmate's pre and post event details. Ask about the length of the seizure, if known. Is the inmate compliant with seizure medicine or has the medication or dose been changed recently? Ask the inmate about injuries that occurred during the event. Does the inmate have a history of drug use?

Objective (O)

Position inmate on their left side to prevent aspiration. Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, pulse oximetry reading, and blood glucose level. NOTE: Do not take oral or rectal temperature post seizure, defer until inmate is stable. Assess inmate's level of consciousness and distress. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Complete the Glasgow Coma Scale. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Assess muscle strength and reflexes. Document pattern and sounds related to breathing. Note any audible wheezing, stridor, nasal flaring, or use of accessory muscles. Assess for injuries including evidence of incontinence or tongue biting.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	**☐ 15**	**☐ 9-14**	**☐ 3-8**

Assessment (A)

Alteration in comfort due to clinical emergency

Note: A seizure that lasts longer than 5 minutes or having more than 1 seizure within a 5-minute period, without returning to a normal level of consciousness between episodes is called status epilepticus. This is a medical emergency that may lead to permanent brain damage or death.

Plan (P)

☐ Emergent Life Threatening or Inmate in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine
☐ Seizure lasting longer than 5 minutes ☐ More than 1 seizure within 5 minutes ☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x 1 immediately for seizure ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like activity ☐ Swollen tongue/Neck ☐ Injury related to seizure-like activity **Interventions** ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x1 immediately for seizure-like activity **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No** ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*	**Not Applicable**

Seizure-like Activity Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Notify a correctional officer if you feel like you are going to have a seizure or have aura-like symptoms. Aura-like symptoms may include:

- Tiredness or sleepiness
- Strong emotions such as sadness, anxiety, or fear
- Feeling detached from reality
- Distorted vision like seeing zigzag lines
- Smelling a strange or unexpected odor
- Dizziness, lightheadedness, or a sense of spinning
- A sense of déjà vu
- Gastrointestinal problems like nausea, stomach aches, vomiting, or diarrhea
- Feeling unusually hot or cold
- Odd tastes in your mouth
- Repetitive face, arm, or leg movements (that are not exactly like the movements of your seizures)
- Tingling or other unexplained sensations
- Altered sound perception or heading sounds that are not present

Get 7-8 hours of sleep each night.

Follow diet instructions given by your provider.

Take your medications as prescribed by your provider.

Stop using illicit drugs, smoking, and drinking alcohol.

Avoid triggers including loud noises, extreme heat/cold, flashing lights.

PREA

Subjective (S)

Obtain inmate's actual statement or complaints of events. Note the date, time, and location of alleged assault. Ask inmate if they incurred any injury during the event. Is the inmate complaining of any symptoms? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Is the inmate having thoughts of self-harm? ***Do not question the inmate about details of the assault, however, document any details/statements given spontaneously.***

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess level of consciousness using the Glasgow Coma Scale (GCS). Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. **DO NOT CONTINUE OBJECTIVE EXAM UNLESS INMATE IS UNSTABLE.**

If inmate is unstable, inspect for trauma and describe. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Auscultate lung and heart sounds. Assess for edema, muscle strength, and reflexes. If the inmate goes to an outside ED, **only perform care necessary to stabilize for transport.**

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort due to PREA Event

Note: Clothing should only be removed by medical to provide treatment. W*ear gloves to minimize potential contamination of evidence*. Any removed article of clothing should be placed individually in separate paper bags. Paper bags should be marked with the inmate's name, TDOC ID, and the date. Paper bags should immediately be given to security. If inmate is transferred to the emergency room, remind security to take a full change of clothes.

Plan (P)

☐ **Emergent** **Life Threatening or Inmate in Extremis – Activate EMS**	☐ **Urgent:** **Unknown time frame or less than 72 hours from reported event**	☐ **Routine:** **Greater than 72 hours from reported event**
☐ **Notify Shift Commander** **Time notified: _____** ☐ Loss of consciousness ☐ Active Bleed **ON** Anticoagulant ☐ GCS<15 **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access ☐ Keep inmate NPO until after SANE exam ☐ No personal hygiene activities ☐ Clothing removed and given to security ☐ Mental Health Referral **Site: _____ # of attempts: ____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Notify Shift Commander** **Time notified: _____** **Notify Provider Directly if:** **SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant ☐ Acute Mental Status Change ☐ Seizure-Like Activity ☐ Extremity Swelling ☐ Difficulty Swallowing /Breathing ☐ Swollen Tongue/Neck ☐ Laceration/Cut **Interventions:** ☐ Keep inmate NPO until after SANE exam ☐ No personal hygiene activities ☐ Clothing removed and given to security ☐ Mental Health Referral ☐ Inmate Education Provided ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Notify Shift Commander** **Time notified: _____** **Refer to Provider:** ☐ Mental Health Referral ☐ Medical Referral ☐ 14-day Follow-up Scheduled with Medical and Mental Health Provider **Interventions** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ☐ Inmate Education Provided ****Sexual History Screening*** Have you ever had any STDs? **☐ Yes ☐ No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.

PREA Protocol Education (E)

If you go to the emergency room, a doctor or specialty trained nurse will talk with you and ask questions about what happened. They will also perform a physical exam and check for injuries to your genitals, mouth, and other body parts. Depending on the situation, they might offer you medicine to lower the chances of pregnancy or help prevent certain infections.

You will follow up with a health care provider to talk about how you are feeling and assess any injuries. They may perform tests to check for pregnancy or infections that can be spread through sexual contact. In the weeks after an assault, some victims can develop physical and emotional symptoms, such as pain in the muscles, joints, genitals, pelvis and/or abdomen, lack of appetite, difficulty sleeping, or nightmares. It is normal to feel anger, fear, anxiety, physical pain, and experience sleep disturbance as well as develop lack of appetite, shame, guilt, depression, and intrusive thoughts in the days to weeks following the assault. If the above symptoms develop after your health care provider visit, please complete a sick call request.

Avoid sexual contact with others. If you are exposed to blood or bodily fluids during an assault, there is a risk that you could spread infection to others during the first three months after exposure.

Stop using illicit drugs, smoking, and drinking alcohol

The facility offers outside Confidential Support Services - The name and contact information of the facility's Inmate PREA Advocate is posted on each housing unit bulletin board.

Suspected Drug or Alcohol Withdrawal

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak or is unconscious. Note if inmate admits to or is suspected of being under the influence of drugs or alcohol. Ask inmate about history of drug or alcohol use or intoxication. Ask inmate the name of the substance used. Is the inmate potentially within 7 days of stopping use of alcohol or drugs? Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate?

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Complete Glasgow coma score. Complete COWS **assessment** scores to assess the level of withdrawal. Assess for shallow breathing and pupil size. Assess for vomitus or incontinence. Obtain finger-stick blood glucose and urine drug screen (UDS) per TDOC Policy 113.94.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Assessment (A)

Alteration in comfort due to clinical emergency

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine
☐ Seizure lasting longer than 5 minutes ☐ More than 1 seizure within 5 minutes ☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x 1 immediately for seizure ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like activity ☐ Swollen Tongue/Neck ☐ Injury related to seizure-like activity **Interventions** ☐ UDS obtained ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Completion of Institutional Health Services Referral, CR-3431 **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No** ***Sexual History Screening*** Have you ever had any STDs? **☐ Yes ☐ No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.	**Not Applicable**

Suspected Drug or Alcohol Withdrawal Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Stop using illicit drugs, smoking, and drinking alcohol.

Take your medication as prescribed by your provider.

Signs and symptoms of Opioid withdrawal:

- Dilated pupils
- Anxiety or restlessness
- Nausea, vomiting or diarrhea
- Tremors
- Aching bones or joints
- Runny nose or watery eyes
- Rapid heart rate, shakiness
- Hot or cold flashes, sweating or goosebumps

Signs and symptoms of alcohol withdrawal include:

- Shakiness, sweating, loss of appetite
- Agitation, restlessness, or irritability
- Nausea, vomiting
- Anxiety, nervousness
- Rapid heart rate, tremor, disorientation, headache, insomnia, seizures

Follow diet instructions given by your provider.

APPENDIX 1
Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

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Suspected Drug Overdose

Subjective (S)

If opioid overdose emergency is suspected, immediately call emergency response team, and begin resuscitation. If inmate is unable to answer questions, defer until assessment and treatment completed.

If inmate is alert, obtain statement or complaint. Note if inmate admits to or is suspected of being under the influence of drugs. Ask inmate about history of drug use. Ask inmate the name of the substance used.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess inmate's level of consciousness and distress. Assess responsiveness to verbal or physical stimuli. Complete Glasgow coma score, if appropriate. Assess breathing and pupil size. Obtain blood glucose and urine drug screen (UDS) per TDOC Policy 113.94.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15**	☐ **9-14**	☐ **3-8**

Assessment (A)

Alteration in comfort due to clinical emergency

Note: Some overdoses can result from mixing two or more dangerous substances, such as those mentioned above. Substance combinations such as methamphetamine and cocaine, alcohol and benzodiazepines, heroin and benzodiazepines, and others, can result in additive effects that compound the individual dangers of each drug. Benzodiazepine-related overdoses, for example, often also involve misused prescription or illicit opioids.

Opioid overdose signs and symptoms include loss of consciousness, markedly constricted or pinpoint pupils, breathing difficulties (slowed, labored, and/or irregular breathing), respiratory arrest (completely stopped breathing), choking, gurgling, or snoring sounds, blue or purple lips or fingertips, being unresponsive to loud noises, shaking, or painful stimuli.

Alcohol overdose signs and symptoms include marked mental confusion or stupor, difficulty remaining conscious (or being completely unconscious), lack of responsiveness, or being unable to be roused or woken up by others, seizures. vomiting (particularly dangerous given the potential for diminished gag reflex), slowed or irregular breathing, heart rate that slows or stops, very low body temperature, pale, or blue-tinged, clammy skin.

Benzodiazepine overdose signs and symptoms include profoundly impaired mental status, marked confusion, slurred speech, slowed, labored breathing or respiratory arrest, or coma.

Stimulant overdose signs and symptoms include dangerously increased body temperature, hyperventilation, or rapid breathing, rapid or irregular heartbeat, very high blood pressure, devastating cardiovascular events (e.g., stroke, heart attack, circulatory compromise), panic, hallucinations, paranoia and other features of psychosis, aggressive behavior, seizures, and convulsions.

Plan (P)

☐ Emergent **Life Threatening or Inmate in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine
☐ Seizure lasting longer than 5 minutes ☐ More than 1 seizure within 5 minutes ☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Acute Mental Status Change **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x 1 immediately for seizure ☐ Place in side-lying position, if possible ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like activity ☐ Swollen Tongue/Neck ☐ Injury related to seizure-like activity **Interventions** ☐ UDS obtained ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Completion of Institutional Health Services Referral, CR-3431 **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No** ****Sexual History Screening*** Have you ever had any STDs? **☐ Yes ☐ No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.	**Not Applicable**

Suspected Drug Overdose Protocol Education (E)

Complete a sick call request if your condition worsens or new symptoms develop.

Stop using illicit drugs, smoking, and drinking alcohol.

Take your medication as prescribed by your provider.

Signs and symptoms of opioid withdrawal:

- Dilated pupils
- Anxiety or restlessness
- Nausea, vomiting or diarrhea
- Tremors
- Aching bones or joints
- Runny nose or watery eyes
- Rapid heart rate, shakiness
- Hot or cold flashes, sweating or goosebumps

Signs and symptoms of alcohol withdrawal include:

- Shakiness, sweating, loss of appetite.
- Agitation, restlessness, or irritability.
- Nausea, vomiting.
- Anxiety, nervousness.
- Rapid heart rate, tremor, disorientation, headache, insomnia, seizures.

Follow diet instructions given by your provider.

Trauma (Amputation, Laceration)

Subjective (S)

Obtain inmate's actual statement or complaints. Obtain a witness statement if inmate cannot speak. Inquire as to onset/duration/ and history of event. Determine the type of injury: self-inflicted, intentional, un-intentional, or unknown. Ask if the inmate experienced any loss of consciousness (LOC). Other associated symptoms may include amnesia (no recollection) of events, seizure, visual disturbance, headache, vomiting, dizziness, joint or extremity pain/numbness. Using the standard numerical pain scale 0-10, have inmate rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. Inquire as to onset/duration/and history of the pain. Have inmate describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Discuss inmate's medical history including anti-coagulant use, Hemophilia, and last Tetanus Vaccine.

Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, weight, and pulse oximetry reading. Assess inmate's consciousness and distress. Perform neuro exam and include muscle strength, and reflexes of upper and lower extremities. Assess pupils and note PERRLA (pupils equal, round, reactive to light, and accommodation) or any abnormalities. Assess peripheral pulses. Assess trachea for deviation. Assess for swelling, or abdominal distention. Assess if inmate is actively bleeding or if recent bleeding has stopped. Assess pain using the Objective Pain Score and note if scoring is consistent with subjective pain reported by inmate. Determine cognitive impairment using word recall test (see appendix). Use Glasgow Coma Scale to assess for level of consciousness. Use Rule of 9s chart to show percentage of the body affected by trauma.

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Note: For suspected spinal injury, maintain spinal precautions such as team log rolling technique, utilizing backboard, and application of C-collar. In the event of CPR utilize jaw thrust vs. chin tilt. Maintain stable positioning/body in alignment, moving inmate as little as possible until precautions are in place. If inmate has fallen from an elevated height, DO NOT LET INMATE WALK TO THE CLINIC.

A person in shock has extremely low blood pressure. Depending on the specific cause and type of shock, symptoms will include anxiety or agitation/restlessness, bluish lips and fingertips, chest pain, confusion, dizziness, lightheadedness, or faintness, pale, cool, clammy skin, low or no urine output, profuse sweating, moist skin, rapid but weak pulse, shallow breathing, or unconscious (unresponsive).

Recall Test: A three-word-recall test involves the nurse providing three unconnected words. (i.e., apple, paper, ceiling) and asking the inmate to repeat them. Then have the inmate draw a clock marking a specific time (i.e., 9:30). When five minutes have passed, ask the inmate what the three words were. If the inmate completes all correctly = pass, if the inmate cannot perform/draw the clock, draws incorrectly, or cannot recall the three words = Fail =contact provider.

Assessment (A)

Alteration in comfort related to injury

Plan (P)

☐ **Emergent** **Life Threatening or Inmate in Extremis – Activate EMS**	☐ **Urgent** **Notify Provider Directly if:**	☐ **Routine** **Refer to Provider if:**
☐ Active Bleeding **ON** Anticoagulant ☐ Laceration w/ visible Muscle/Tendon/Bone ☐ Loss of Consciousness or Altered Mental Status (GCS less than 9) ☐ Blown pupil ☐ Trachea deviation ☐ Altered neuromuscular movement or uneven strength ☐ Difficulty Swallowing/Breathing or Stridor ☐ Uncontrolled Bleeding ☐ Partial or Full Amputation **Interventions** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Place in most comfortable position ☐ Spinal precautions ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site: _____# of attempts: _____** **Gauge: _____Time: _____** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	**SBP** less than 90 or greater than 170**; DBP** greater than 100**; T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100**; O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Active Bleeding **NOT** on Anticoagulant ☐ Self-Inflicted ☐ Numbness ☐ Obvious deformity ☐ Failed Recall Test **Interventions** ☐ Spinal precautions ☐ Tetanus booster if not within 10 years ☐ BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Behavioral Health consult if self-inflicted ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all inmates.*** **Time provider notified: _____** **Time provider responded: _____** **Orders received ☐ Yes ☐ No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the inmate's objective clinical needs** **Interventions** ☐ Inmate Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? **☐Yes ☐No** What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each inmate.*

Trauma Protocol Education (E)

Stop using illicit drugs, smoking, and drinking alcohol

How to care for Stitches

Stitches are special threads that are sewn through the skin at an injury site to bring a wound together. Care for your stitches and wounds as follows:

- Keep the area clean and dry for the first 24 to 48 hours after stitches have been placed.
- Then, you can gently wash around the site 1-3 times daily. Wash with cool water and soap. Clean as close to the stitches as you can. Do NOT wash or rub the stitches directly.
- Pat the site dry with a clean paper towel. Do NOT rub the area. Avoid using the towel directly on the stitches.
- If there was a bandage over the stitches, replace it with a new clean bandage and antibiotic treatment, as directed by your provider.
- Your provider should also tell you when you need to have a wound checked and the stitches removed.

How to care for Staples

Medical staples are made of special metal and are not the same as office staples. Care for your staples and wound as follows:

- Keep the area completely dry for 24 to 48 hours after staples are placed.
- Then, you can start to gently wash around the staple site 1-2 times daily. Wash with cool water and soap. Clean as close to the staples as you can. Do not wash or rub the staples directly.
- Pat the site dry with a clean paper towel. Do not rub the area. Avoid using the towel directly on the staples.
- If there was a bandage over the staples, replace it with a new clean bandage and antibiotic treatment, as directed by your provider.
- Your provider should also tell you when you need to have a wound checked and the staples removed.

Important Tips

- Prevent the wound from re-opening by keeping activity to a minimum.
- Make sure your hands are clean when you care for the wound to help prevent infection.
- If the laceration is on your scalp, it is OK to shampoo and wash. Be gentle and avoid excessive exposure to water.
- Take medications as prescribed by your provider

Seek emergency care by notifying a correctional officer immediately to initiate an emergency sick call if:

- You have difficulty breathing, become confused or have vomiting.
- There is any redness, pain, or yellow pus around the injury. This could mean there is an infection.
- There is bleeding at the injury site that will not stop after 10 minutes of direct pressure.
- You have new numbness or tingling around the wound area or beyond it.
- There is pain at the site that will not go away, even after taking pain medicine.
- The wound has split open.
- Your stitches or staples have come out prior to scheduled removal.

SECTION III

MRSA GUIDELINES

TENNESSEE DEPARTMENT OF CORRECTION
MRSA GUIDELINES

The 2024 Tennessee Department of Correction MRSA Guidelines were developed based on the Tennessee Department of Health resources and the Center for Disease Control (CDC) prevention guidance (July 2024). These guidelines have been implemented for the prevention, treatment, and containment of MRSA within TDOC and are for use within all TDOC correctional facilities.
Information about MRSA should be printed and placed in the facility Health Clinic and Intake areas and can be found at https://www.cdc.gov/mrsa/about/index.html.

The following pages outline the 2024 TDOC MRSA Guidelines.

I. TRANSMISSION

A primary mode of transmission of MRSA is person-to-person via contaminated hands. MRSA may also be transmitted by sharing towels, personal hygiene items, and athletic equipment; through close-contact sports; and by sharing tattoo or injection drug use equipment. Persons with MRSA pneumonia who are in close contact with others can potentially transmit MRSA by coughing up large droplets of infectious particles that can contaminate the environment. Persons with an asymptomatic MRSA nasal carriage can also transmit MRSA, especially when symptomatic from a viral upper respiratory infection.

CDC encourages clinicians to consider MRSA in the diagnosis of skin and soft tissue infections (SSTIs) compatible with *S. aureus* infections, especially those that are purulent (e.g., fluctuant, or palpable fluid-filled cavity, yellow or white center, central point or "head," draining pus, or possible to aspirate pus with a needle syringe).

II. SCREENING AND SURVEILLANCE

1. Intake

All inmates should be evaluated for skin infections during the intake medical screening and physical examinations. If there are noted sores, lesions, or "spider bites" that are open and draining, refer the inmate to the provider, notify the facility Infection Control Nurse (ICN), document the findings in the nursing progress notes, and begin MRSA tracking utilizing the MRSA log on the site's Health Services Clinical Database (Q: Drive).

A. Questions for inmates regarding skin lesions include:

- "Do you have any skin lesions, sores, or spider bites?"
- "If so, do you have any open / draining lesions, sores, boils or spider bites?" "If so, where are these lesions?"

B. Observe skin lesions and document findings.

2. Sick call, chronic care, or other medical encounters

Screening for MRSA infections should occur during sick call encounters, chronic care visits, periodic health appraisals, or any other routine medical evaluation.

3. Recent Hospitalization

Inmates who are discharged from hospitals should be screened for skin infections immediately upon return to the prison. Instruct inmates to self-report any new onset of skin infections or fever (MRSA or other hospital associated infections may develop weeks after discharge).

4. High Risk Inmates

Inmates with diabetes, immunocompromised conditions, open wounds, status / post-surgery, indwelling catheters, chronic skin conditions, implants, or paraplegia with decubiti, should be periodically evaluated for skin infectious during routine medical evaluations.

5. Culture Reports

The provider and / or Infection Control Nurse / designee will review all culture reports for MRSA infection in a timely manner.

6. Food Handlers

Inmates who are assigned as food handlers will be advised to self - report all skin infections no matter how minor and should be routinely examined for visible skin infections by the Infection Control Nurse / designee. If MRSA is suspected or confirmed, inmate food handlers should be removed from their duties until they are no longer infectious. Food Handlers will require a Provider order to return to work.

7. Transfers

Inmates with skin or soft tissue infections (SSTIs) should not be transferred to other institutions until fully evaluated and appropriately treated.

Inmates with SSTIs or are contagious whose transfer is absolutely required for security or medical reasons should have their draining wounds dressed the day of the transfer, with bandages that adequately contain the drainage. The following should occur prior to the transfer:

- The institutional Infection Control nurse must communicate the appropriate precautions to take at the time of the transport to the transportation staff and the receiving facility.

- Officers should be notified of the inmate's condition and be educated on infection control measures, including the importance of hand hygiene, protective measures, safe disposal of contaminated dressings, and decontamination of security devices (e.g., handcuffs, leg irons, and other reusable restraints). They should be advised to use disposable restraints, when feasible.

- The Health Services Administrator (HSA) or Director of Nursing (DON) of the sending institution should notify the receiving institution's HSA or DON of the pending transfer of an inmate with suspected or confirmed MRSA infection.

8. Inmate Workers

- Outside community assignment (off compound): Inmates with SSTIs and / or MRSA diagnoses that are assigned to community jobs will not be permitted to work until a wound dressing is not required. A Provider order will be required prior to return to the outside community work assignments.

- Compound assignment (on compound): Inmates with SSTIs and / or MRSA diagnoses that are assigned to jobs within the compound will be permitted to work. The wound(s) will be covered and contained in an occlusive dressing until healed. Inmate food handlers should be removed from their duties until they are no longer infectious. Food Handlers will require a Provider order to return to work.

9. Employees

Correctional Health Care Workers should report all skin infections and any confirmed MRSA infections to their supervisor. Supervisors should refer correctional staff with possible skin infections to their health care provider. Employees with SSTIs or MRSA wound infections will cover the area with an occlusive dressing until healed.

10. Infection Control Nurse (ICN)

All confirmed MRSA cases will be reported to the facility's Warden / Superintendent, Health Service Administrator / designee, Medical Director, Infection Control Nurse, the TDOC Statewide Infection Control Coordinator, and TDOH in accordance with TDOH regulations.

All MRSA cases will be tracked by the facility Infection Control Nurse and documented in the MRSA log on the facility's Health Services Clinical Database (Q: Drive). A summary of the findings will be reported at the facility's monthly Continuous Quality Improvement (CQI) meetings.

III. Inmate Education

A. MRSA fact sheets will be provided to inmates at the time of the intake physical. See Appendices for Tennessee Department of Health MRSA or Methicillin Resistant Staphylococcus Aureus fact sheet.
https://www.tn.gov/content/dam/tn/health/documents/FactSheet.pdf

B. Housekeeping staff will be provided education on the proper use of commercial cleaners and disinfectant products.

C. Laundry workers will be provided education on the proper technique for handling contaminated laundry.

IV. Treatment of Infected Inmates

Treatment of infected inmates is determined by the medical provider.

Per CDC, the primary treatment for MRSA skin infections is incision and drainage. Antibiotics may also be required. Providers can also prescribe topical medications and antiseptics to decrease the amount of *S. aureus* on a person's body.

Culture and susceptibility testing should guide therapy and antibiotic decisions for patients with severe infections that do not respond to initial treatment attempts.

The CDC recommended options for empiric outpatient antimicrobial treatment of SSTIs when MRSA is a consideration can be found at https://www.cdc.gov/mrsa/media/pdfs/Provider-Brochure-P.pdf

V. Tracking and Reporting

A. Nursing staff will notify the institutional Infection Control Nurse (ICN) of all inmates with suspected or confirmed MRSA infections. The ICN will add the individual cases on the TDOC MRSA log located on the site's Health Services Clinical Database (Q: Drive). An On-line Sentinel Event Log (OSEL) entry is required for confirmed MRSA infections.

B. After tracking is complete, the institutional ICN will begin surveillance and monitoring of each MRSA case and document the findings on the TDOC MRSA log located on the site's Health Services Clinical Database (Q: Drive). A summary of the findings will be reported during the facility monthly Continuous Quality Improvement (CQI) meeting.

C. All confirmed or suspected cases of MRSA will be reported to the Statewide Infection Control Nurse (SICN) and the State Continuous Quality Improvement Coordinator (SCQIC) via completion of the TDOC MRSA log on the Health Services Clinical Database (Q: Drive) on or before the 10th day of each month. The log should include:

- Patient name, TDOC ID, date of birth, housing unit, and cell number
- Any recent hospitalizations or transfers, including transfer and discharge dates
- Past or recent invasive procedures
- Infection site
- Date of onset
- Date of positive culture
- Organism
- Treatment and start date
- Resolution date

VI. Education and Protection of Employees

The following will be provided to employees for protection against MRSA and other communicable diseases:

- Education at New Employee Orientation
- Additional training for employees who may come in contact with infected inmates.
- Personal Protective Equipment (PPE) will be provided to employees as needed for protection against MRSA infection. This may include gloves, gown, mask, shoe covers, and face shield.

- Soap, running water, and other hand hygiene supplies will be available for all employees. Hand washing recommendations are found in the Section IV: Appendix or at https://www.cdc.gov/clean-hands/about/index.html

VII. Prevention of the spread of MRSA

The following will be implemented to prevent the spread of MRSA and other infections:

- Showers with soap and hot running water for all inmates.

- Laundering clothes, linens, and towels twice weekly in hot water (greater than160 degrees F for 25 minutes). An alternative is to launder clothes, linens, and towels in bleach. Clothes should be completely dry before use. Institutions that use chemicals for laundry disinfection should strictly adhere to the manufacturer's instructions for the appropriate concentration to ensure bactericidal effectiveness.

- A hospital-grade disinfectant / detergent registered by the EPA should be used for the **daily** cleaning of environmental surfaces, including sinks, showers, and toilets. The manufacturers' instructions for use of such products should be followed. The EPA's Registered Antimicrobial Products Effective Against Methicillin-resistant Staphylococcus aureus (MRSA) and / or Vancomycin-resistant Enterococcus faecalis/faecium (VRE) can be found at https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-methicillin

  A bleach solution is acceptable for environmental cleaning, but care must be taken to ensure that bleach solutions are of the appropriate concentration (i.e., 1:10 dilution of concentrated bleach) and changed when dirty or after 24 hours after diluting. Personnel using disinfectant products should be trained in their proper use and provided with appropriate Personal Protective Equipment.

- Annually, the Institutional CQI/IC Coordinator will verify all products used in the medical clinic are EPA approved disinfectants against MRSA. The verification will be noted in the minutes of a CQI meeting.

- Dishwashers calibrated to correct temperatures.

- Daily cleaning of all high touch surfaces such as doorknobs, light switches, gym equipment, telephones, handrails, etc.

SECTION IV

APPENDIX

Nursing Protocols Glossary

Word	Definition
Abrasion	The rubbing or scraping of the surface layer of cells or tissue from an area of the skin or mucous membrane.
Abscess	A localized collection of pus surrounded by inflamed tissue
Acne	A disorder of the skin caused by inflammation of the skin glands and hair follicles.
Allergy	Exaggerated or pathological reaction (as by sneezing, respiratory embarrassment, itching, or skin rashes) to substances, situations, or physical states that are without comparable effect on the average individual.
Amputation	To cut, as a limb from the body.
Anaphylactic Reaction	Hypersensitivity (as to a foreign proteins or drugs) resulting from sensitization following prior contact with the causative agent.
Anticholinergic	Opposing or blocking the physiological action of acetylcholine.
Anticoagulant	A substance that hinders coagulation and especially coagulation of the blood.
Antiseptic	Free of living microorganisms: scrupulously clean.
Arthritis	Inflammation of joints due to infectious, metabolic, or constitutional causes.
Asthma	A chronic lung disorder that is marked by recurring episodes of airway obstruction manifested by labored breathing accompanied especially by wheezing and coughing and by a sense of constriction in the chest, and that is triggered by hyper reactivity to various stimuli.
Asymmetry	Lack or absence of symmetry, as a lack of proportion between the parts of a thing.
Athlete's Foot	Ringworm of the feet. Also called Tinea Pedis.
Avulsed Tooth	The complete separation of a tooth from its alveolus which under appropriate conditions, may be replanted.
Belch	To expel gas suddenly from the stomach through the mouth, to expel gas from the stomach suddenly.
Blister	A fluid-filled elevation of the epidermis.

Boil	A localized swelling and inflammation of the skin resulting from usually bacterial infection of a hair follicle and adjacent tissue, having a hard central core, and forming pus – also called *Furuncle.*
Bruise	An injury transmitted through unbroken skin to underlying tissue causing rupture of small blood vessels and escape of blood into the tissue with resulting discoloration.
Burn	Bodily injury resulting from exposure to heat, caustics, electricity, or some radiations, marked by vary degrees of skin destruction and hyperemia often with the formation of watery blisters and in severe cases by charring of the tissues and classified according to the extent and degree of the injury. 1st Degree Burn: presence of pink to red, dry, slightly edematous skin; 2nd Degree Burn: presence of vesicles (blisters) and edema 3rd Degree Burn: presence of full thickness, skin loss, skin can appear white in color and sloughs off
Chalazion	A small, circumscribed tumor of the eyelid formed by retention of secretions of the meibomian gland and sometimes accompanied by inflammation.
Cluster Headache	A headache that is characterized by severe unilateral pain I the eye or temple, affects primarily men, and tends to recur in a series of attacks – also called *histamine cephalalgia, histamine cephalgia, Horton's syndrome*.
Common Cold	An acute contagious disease of the upper respiratory tract that is marked by inflammation of the mucous membranes of the nose, throat, eyes, and Eustachian tubes with a watery then purulent discharge and is caused by any of several viruses.
Communicable	Capable of being transmitted from person to person, animal to animal, animal to human, or human to animal.
Concussion	A condition resulting from the stunning, damaging, or shattering effects of a hard blow.
Conjunctivitis	Inflammation of the conjunctiva.
Constipation	Abnormally delay or infrequent passage of dry hardened feces.
Contaminate	To soil, stain, or infect by contact or association.
Contusion	Injury to tissue usually without laceration.
Cough	An explosive expulsion of air from the lungs acting as a protective mechanism to clear the air passages or as a symptom of pulmonary disturbance.

Crab Louse	A sucking louse of the genus *Pthirus (P. pubis*) infesting the pubic region of the human body.
Cyanosis	A bluish or purplish discoloration (as of skin) due to deficient oxygenation of the blood.
Dandruff	Scaly white or grayish flakes of dead skin cells especially of the scalp, also: the condition marked by excessive shedding of such flakes and usually accompanies by itching.
Dehydration	An abnormal depletion of body fluids.
Delirium	A mental disturbance characterized by confusion, disordered speech, and hallucinations.
Dermatitis	Inflammation of the skin – also called *dermatitis*.
Diaphoresis	Perspiration.
Diarrhea	Abnormally frequent intestinal evacuations with more or less fluid stools.
Dislocation	Displacement of one or more bones at a joint
Distend	To enlarge or stretch out.
Diuretic	An agent that increases the excretion of urine.
Dry Eye	A condition associated with inadequate tear production and marked by redness of the conjunctiva, by itching and burning of the eye, and usually by filaments of desquamated epithelial cells adhering to the cornea – called also *keratoconjunctivitis sicca*.
Dysmenorrhea	Painful menstruation.
Earache	An ache or pain in the ear – also called *otalgia*.
Ecchymosis	The escape of blood into the tissues from ruptured blood vessels marked by livid black and blue or purple spot area.
Edematous	Affected with edema.
Electrolyte	Any of the ions (as sodium, potassium, calcium, or bicarbonate) that in a biological fluid regulate or affect most metabolic processes (as the flow of nutrients into and waste products out of cells).
Emphysema	A condition characterized by air-filled expansions interstitial or subcutaneous tissues, specifically: a condition of the lung that is marked by distension and eventual rupture of the alveoli with progressive loss of pulmonary elasticity, that is accompanied by

	shortness of breath with or without cough, and that may lead to impairment of heart action.
Encephalopathy	A disease of the brain.
Endocrinopathy	A disease marked by dysfunction of an endocrine gland.
Erythema	Abnormal redness of the skin due to capillary congestion (as in inflammation).
Erythematous	Relating to or marked by erythema.
Exacerbate	To cause a disease or its symptoms to become more severe.
Excoriation	A raw irritated lesion (as of the skin or a mucosal surface).
Expiratory Grunt	An abnormal sound heard during labored exhalation that indicates a need for high chest pressures to keep the airways open. It is caused by closing of the glottis at the end of expiration.
Extraction	The act or process of extracting something – *extraction of a tooth*.
FAST Assessment	Tool to quickly identify common symptoms of a stroke.
Fever	An abnormal bodily state characterized by increased production of heat, accelerated heart action and pulse, and systemic debility with weakness, loss of appetite, and thirst.
First Degree Burn	A mild burn characterized by heat, pain, and reddening of the burned surface but not exhibiting blistering or charring of tissues.
Fissure	A natural cleft between body parts or in the substance of an organ.
Flatulence	The quality or state of being flatulent.
Foot Drop	An extended position of the foot caused by paralysis of the flexor muscles of the leg.
Fracture	The act or process of breaking or the state of being broken.
Gastritis	Inflammation especially of the mucous membrane of the stomach.
Genitourinary	Relating to the genital and urinary organs.
Glasgow Coma Scale	A scale that is used to assess the severity of a brain injury, that consists of values from 3 to 15 obtained by summing the ratings assigned to three variables depending on whether and how the inmate responds to certain standard stimuli by opening the eyes, giving a verbal response, and giving a motor response, and that for a low score (as 8 to 15) indicates a good chance of recovery

Gonococcal Arthritis	Arthritis, often with tenosynovitis and/or rash caused by gonococcal infection. The joints of the knees, wrists, and hands are most commonly affected.
Grand Mal	Severe epilepsy characterized by tonic-clonic seizures.
Head Louse	A sucking louse of the genus *Pediculus (P. humanus capitis*) that lives on the human scalp.
Headache	Pain in the head – called also *cephalalgia*.
Heat Exhaustion	A condition marked by weakness, nausea, dizziness, and profuse sweating that results from physical exertion in a hot environment.
Heat Stroke	A condition marked especially by cessation of sweating, extremely high body temperature, and collapse that result from prolonged exposure to high temperature.
Hematuria	The presence of blood or blood cells in the urine.
Hemorrhoid	A mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum – called also *piles*.
Hyperactive	Affected with or exhibiting hyperactivity, more active than is usual or desirable.
Hypertension	Abnormally high arterial blood pressure that is usually indicated by an adult systolic blood pressure of 140 mm Hg or greater or a diastolic blood pressure of 90 mm Hg or greater, is chiefly of unknown cause but may be attributable to a preexisting condition (as a renal or endocrine disorder), that typically results in a thickening and inelasticity of arterial walls and hypertrophy of the left heart ventricle, and that is a risk factor for various pathological conditions or events (as heart attack, heart failure, stroke, end- stage renal disease, or retinal hemorrhage).
Hyperthermia	Exceptionally high fever especially when induced artificially for therapeutic purposes.
Hypoactive	Less than normally active.
Induration	An increase in the fibrous elements in tissue commonly associated with inflammation and marked by loss of elasticity and pliability.
Inflammation	A local response to cellular injury that is marked by capillary dilatation, leukocytic infiltration, redness, heat, pain, swelling, and often loss of function and that serves as a mechanism initiating the elimination of noxious agents and of damaged tissue.
Insomnia	Prolonged and usually abnormal inability to obtain adequate – called

	also *agrypnia*.
Insulin Shock	Severe hypoglycemia that is associated with the presence of excessive insulin in the system and that if left untreated may result in convulsions and progressive development of coma.
Intermittent	Coming and going at intervals: not continuous.
Jaundice	A yellowish Pigmentation of the skin, tissues, and certain body fluids caused by the deposition of bile pigments that follows interference with normal production and discharge of bile or excessive breakdown of red blood cells.
Jock Itch	Ringworm of the crotch – also called *jock itch*.
Keep Vein Open (KVO)	To maintain patency of blood vein. (30 ml/hr.)
Laceration	A torn and ragged wound.
Lesion	An abnormal change in structure of an organ or part due to injury or disease.
Lethargy	Abnormal drowsiness.
Leukocyte	White blood cell.
Ligament	A tough band of tissue that serves to connect the articular extremities of bones or to support or retain an organ in place and is usually composed of coarse bundles of dense white fibrous tissue parallel or closely interlace, pliant, and flexible, but not extensible.
Lymphadenopathy	Abnormal enlargement of the lymph nodes.
Macula	An anatomical structure having the form of a spot differentiated from surrounding tissues.
Malaise	An indefinite feeling of debility or lack of health indicative of or accompanying the onset of an illness.
Malodorous	Having a bad odor.
Migraine	A condition that is marked by recurrent usually unilateral severe headache often accompanied by nausea and vomiting and followed by sleep, that tends to occur in more than one member of a family, and that is of uncertain origin though attacks appear to be precipitated by dilatation of intracranial blood vessels.
Mottled	Condition that is marked by discolored areas.
Nasal Concha	Any of three thin boney plates on the lateral wall of the nasal fossa on

	each side with or without their covering of mucous membrane.
Neurovascular	Relating to or involving both nerves and blood vessels.
Nitrate	A salt or ester of nitric acid.
Non-productive	A cough not effective in raising mucus or exudate from the respiratory tract.
Nosebleed	An episode of bleeding from the nose – also called *epistaxis*.
Ovarian Torsion	When an ovary or the fallopian tube, become twisted, cutting off the blood supply.
Overdose	Too great a dose, a lethal or toxic amount.
Pallor	Lack of color. Paleness.
Palpation	A physical examination in medical diagnosis by pressure of the hand or fingers to the surface of the body especially to determine the condition (as of size or consistency) of an underlying part or organ.
Papule	A small solid usually conical elevation of the skin caused by inflammation, accumulated secretion, or hypertrophy of tissue elements.
Paresthesia	A sensation of pricking, tingling, or creeping on the skin having no objective cause and usually associated with injury or irritation of a sensory nerve or nerve root.
Peak Flow Rate	The maximum flow at the outset of forced expiration which is reduced in proportion to the severity of airway obstruction as in asthma.
Pediculosis	Infestation with lice – also called *lousiness*.
Periorbital	Of, relating to, occurring in, or being the tissues surrounding or lining the orbit of the eye.
Petit Mal	Epilepsy characterized by absence seizures.
Phenothiazine	Any of various phenothiazine derivatives that are used as tranquilizing agents especially in the treatment of schizophrenia.
Photophobia	Intolerance to light. Painful sensitiveness to strong light.
Premenstrual Syndrome	A vary constellation of symptoms manifested by some women prior to menstruation that may include emotional instability, irritability, insomnia, fatigue, anxiety, depression, headache, edema, and abdominal pain – also called *PMS*.

Productive	Raising mucus or sputum: *a productive cough*.
Protrude	To cause to project: to jut out from the surrounding surface.
Pulse Oximeter	A device that determines the oxygen saturation of the blood of an anesthetized inmate using a sensor attached to a finger, yields a computerized readout, and sounds an alarm if the blood saturation becomes less than optimal.
Purulent	Containing, consisting of, or being pus.
Quadrant	Any of the four more or less equivalent segments into which an anatomic structure may be divided by vertical and horizontal partitioning through its midpoint.
Rash	An eruption on the body typically with little or no elevation above the surface.
Recall Test	A cognitive assessment used to evaluate short term memory.
Respiratory Depression	A respiratory rate of less than 12 breaths per minute or an oxygen saturation level of less than 90%. Inmate may be either conscious or unconscious.
Rhonchus	A whistling or snoring sound heard on auscultation of the chest when the air channels are partly obstructed.
Rigid	Deficient in or devoid of flexibility: characterized by stiffness.
Second Degree Burn	A burn marked by pain, blistering, and superficial destruction of dermis with edema and hyperemia of the tissues beneath the burn.
Seizure	An abnormal electrical discharge in the brain.
Semi-Fowler's position	A position in which the inmate lies on the back with the trunk elevated at an approximate 30-degree angle.
Sexual Assault	Illegal sexual contact that may involve force, but not required, upon a person without consent or is inflicted upon a person who is incapable of giving consent.
Shortness of Breath	Difficulty in drawing sufficient breath: labored breathing.
Sinusitis	Inflammation of a sinus of the skull.
Standard Procedures	Precautions that integrate and expand the elements of universal precautions into a standard of care designed to protect health- care personnel and inmates from pathogens that can spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood, 2) all body fluids, secretions, and

	excretions, and 3) mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions.
Sore Throat	Painful throat due to inflammation of the faucets and pharynx.
Spinal Precautions	Maintain stable positioning/body in alignment, moving inmate as little as possible until precautions are in place. Efforts to prevent movement of the spine and those with a risk of spinal injury include log rolling technique, utilizing a backboard, and application of C-collar. In the event of CPR utilize jaw thrust vs. chin tilt. If inmate has fallen from an elevated height, DO NOT LET INMATE WALK TO THE CLINIC.
Sprain	A sudden or violent twist or wrench of a joint causing the stretching or tearing of ligaments and often rupture of blood vessels with hemorrhage into the tissues, also, a condition resulting from a sprain that is usually marked by swelling, inflammation, hemorrhage, and discoloration.
Sputum	The matter discharged from the air passages in diseases of the lungs, bronchi, or upper respiratory tract that contains mucus and often pus, blood, fibrin, bacterial products.
Status Epilepticus	A seizure that lasts longer than 5 minutes or having more than 1 seizure within a 5-minute period, without returning to a normal level of consciousness between episodes. This is a medical emergency that may lead to permanent brain damage or death.
Sty	An inflamed swelling of a sebaceous gland at the margin of an eyelid – called also *hordeolum*.
Sunburn	Inflammation of the skin caused by overexposure to ultraviolet radiation especially from sunlight.
Superficial	Of, relating to, or located near the surface.
Symmetry	Correspondence in size, shape, and relative position of parts on opposite sides of a dividing line or median plan or about a center or axis.
Symptomatic	Having the characteristics of a particular disease but arising from another cause.
Tachycardia	Relatively rapid heart action whether physiological (as after exercise) or pathological.
Tarry Stool	An evacuation from the bowels having the color of tar caused

	especially hemorrhage in the stomach or small intestine.
Tension Headache	Headache marked by mild to moderate pain of variable duration that affects both sides of the head and is typically accompanied by contraction of neck and scalp muscles.
Testicular Torsion	A condition resulting from twisting of the cord that supplies blood to testicles causing sudden and severe pain and swelling.
Third Degree Burn	A severe burn characterized by destruction of the skin through the depth of the dermis and possibly into underlying tissues, loss of fluid, and sometimes shock.
Tinea Cruris	A fungal infection involving especially the groin and perineum.
Tissue Perfusion	The state in which an individual experiences a decrease in nutrition and oxygenation at the cellular level due to a deficit in capillary blood supply.
Toothache	Pain in or about a tooth – called also *odontalgia*.
Torsion	A twisting or rotation of a part on its long axis.
Tourniquet	A device (as a bandage twisted tight with a stick) to check bleeding or blood flow.
Turgor	The normal state of turgidity and tension in living cell.
Tympanic Membrane	A thin membrane separating the middle ear from the inner part of the external auditory canal that vibrates in response to sound energy and transmits the resulting mechanical vibrations to the structures of the middle ear.
Unconscious	Not marked by conscious thought, sensation, or feeling.
Uremia	Accumulation in the blood of constituents normally eliminated in the urine that produces a severe toxic condition and usually occurs in severe kidney disease.
Urgency	A sudden compelling need to urinate or defecate.
Vertigo	A disordered state which is associated with various disorders (as of the inner ear) and in which the individual or the individual's surrounding seem to whirl dizzily.
Vesicle	A small abnormal elevation of the outer layer of skin enclosing a watery liquid.
Wheeze	To breathe with difficulty usually with a whistling sound.

TENNESSEE DEPARTMENT OF CORRECTION CLINICAL SERVICES APPROVED ABBREVIATION LIST

A		D	
AAOx3	awake, alert, oriented to time, place, person	**DOA**	dead on arrival
ABC	airway, breathing, and circulation	**DOT**	directly observed therapy
abd	abdomen	**DT**	diphtheria and tetanus toxoid
ad lib	as desired	**Dx**	diagnosis
AFB	acid-fast bacillus		
AIDS	acquired immunodeficiency syndrome		
AMA	against medical advice		
amt	amount		
		E	
B		**ECG or EKG**	electrocardiogram
BE	barium enema	**Echo**	echocardiogram
bil	bilateral	**EDC**	expected date of confinement
BM	bowel movement	**EEG**	electroencephalogram
BG	Blood Glucose	**EENT**	eye, ear, nose, and throat
BP	blood pressure	**ENT**	ear, nose, and throat
bpm	beats per minute	**ER**	Emergency Room
BRP	bathroom privileges		
BUN	Blood Urea Nitrogen		
		F	
C		**F**	Fahrenheit
C & S	culture and sensitivity	**FBS**	fasting blood sugar
C/O	Complain(t)s of	**F/U**	follow-up
		FME	Forensic Medical Exam
CA	cancer	**FUO**	fever of unknown origin
Caps	capsules	**Fx**	fracture
Cath	catheterization or catheter		
CBC	complete blood count	**G**	
CHF	Congestive Heart Failure	**GB**	gallbladder
cm	centimeter	**GC**	gonorrhea culture/ gonococcal
CNS	Central Nervous System	**GCS**	Glasgow Coma Scale
COPD	Chronic Obstructive Pulmonary Disease	**GI**	gastrointestinal
CSF	cerebral spinal fluid	**gm**	gram
c-spine	cervical spine	**GU**	genitourinary
CT Scan	computer tomography scan	**GYN**	gynecology
CTM	Chlor-trimeton	**H**	
CVA	Cerebral Vascular Accident	**HA**	headache
CXR	chest x-ray	**H & P**	history and physical
C-PAP	continuous positive airway pressure	**Hct**	hematocrit
D		**hgb**	hemoglobin
D & C	dilation and curettage	**HIV**	human immunodeficiency virus
DC	discontinue	**hr(s)**	hour(s)
Diff	differential	**Ht**	height
DM	dextromethorphan/cough suppressant	**Hx**	history

Add ABBREVIATIONS FROM INFIRMARY NOTE

TENNESSEE DEPARTMENT OF CORRECTION CLINICAL SERVICES APPROVED ABBREVIATION LIST

I		**N**	
I & D	incision and drainage	**NS**	normal saline
I & O	intake and output	**N/S**	no show
IM	intramuscular	**N&V**	nausea and vomiting
inj	injection		
IPPB	intermediate positive pressure breathing	**O**	
IUD	intrauterine device	**O2**	oxygen
IV	intravenous	**OB**	obstetrics
IVP	intravenous pyelogram	**OD**	overdose or right eye (Snellen)
		oint	ointment
K		**OPD**	out-inmate department
kg	kilogram	**Ophth**	ophthalmology
KOP	keep on person	**OS**	Left eye
KUB	x-ray of kidney, ureter, and bladder	**OU**	Both eyes
KVO	keep vein open	**OT**	occupational therapy
		OTC	over-the -counter
L			
L	liter	**oz**	ounce
lab	laboratory	**P**	
lat	lateral	**P**	pulse
lb.	pound	**PAP**	Papanicolaou's smear
liq	liquid	**per**	by or through
LLQ	left lower quadrant	**PERRLA**	pupils equal, round, reactive to light and accommodation
LMP	last menstrual period	**PID**	pelvic inflammatory disease
LP	lumbar puncture	**po**	by mouth
lt	left	**post**	posterior
LUQ	left upper quadrant	**Post Op**	post-operative
		PP	post-partum
M		**pp**	post-prandial
MD	medical doctor	**PPD**	purified protein derivative
mEq	milliequivalent	**Pre-Op**	pre-operative
mg	milligram	**Prep**	prepare
ml	milliliter	**PRN**	as needed
mm	millimeter	**Pro-time**	prothrombin time
MRSA	methicillin resistant staphylococcus aureus	**pt**	inmate
MI	myocardial infarction	**PT**	physical therapy
N			
neg	negative	**Q**	
NKA	no known allergies		
NPO	nothing by mouth		
NRB	non-rebreather		

TENNESSEE DEPARTMENT OF CORRECTION CLINICAL SERVICES APPROVED ABBREVIATION LIST

R		T	
R	respiration	**T**	temperature
RBC	red blood count	**T&A**	tonsils and adenoids
resp	respiratory	**Tabs**	tablets
RL	Ringer's Lactate Solution	**TB**	tuberculosis
RLQ	right lower quadrant	**Tbsp**	tablespoon
R/O	rule out	**TMJ**	Temporal Mandibular Joint
ROM	range of motion	**TO**	telephone order
rt	right	**TPR**	temperature, pulse, and respiration
RTC	return to clinic	**Tsp**	teaspoon
RUQ	right upper quadrant	**TUR**	transurethral resection
Rx	prescription	**Tx**	treatment
S		**U**	
S/C	sick call	**UA**	urinalysis
Sc	subcutaneously	**UCG**	urinary chorionic gonadotrophin
sed rate	sedimentation rate		(pregnancy test)
SGOT	serum glutamic oxaloacetic	**URI**	upper respiratory infection
SGPT	serum glutamic pyruvic transaminase	**UTI**	urinary tract infection
SOAP	subjective data, objective data, assessment, plan		
SOB	shortness of breath	**V**	
sol	solution	**VD**	venereal disease
spec	specimen	**VO**	verbal order
SS Enema	soap suds enema	**VS**	vital signs
S/S	Signs and symptoms		
STAT	immediately		
STD	sexually transmitted disease	**W**	
STI	Sexually transmitted infection	**WBC**	white blood count
		w/c	wheelchair
		WNL	within normal limits
		wt.	weight

Official "Do Not Use" List

- This list is part of the Information Management standards
- Does not apply to preprogrammed health information technology systems (i.e. electronic medical records or CPOE systems), but remains under consideration for the future

Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

Official "Do Not Use" List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO_4 and $MgSO_4$	Confused for one another	

[1] Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the "Do Not Use" List

In 2001, The Joint Commission issued a *Sentinel Event Alert* on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its "Do Not Use" List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

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The Joint Commission

FACT SHEET

For more information

- Contact the Standards Interpretation Group at 630-792-5900.
- Complete the Standards Online Question Submission Form.

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APPENDIX 3. VARICELLA CONTACT INVESTIGATION CHECKLIST

A contact investigation should be initiated whenever a single case of chickenpox is suspected. The contact investigation steps below may overlap in time. Promptly evaluate close contacts as they are identified.

✔	TASK
	1. IDENTIFY, ISOLATE, and CONFIRM varicella case; complete varicella timeline below.
	a. Appropriately isolate suspected chickenpox case. See *Section 7* on housing inmates. **Begin treatment**, if indicated. See *Section 5* on treatment. Place on Medical Hold (SENTRY/BEMR).
	b. Consider lab confirmation, particularly if clinical presentation is atypical. See *Appendix 1*.
	c. Determine the exposure and infectious periods for the varicella case, and the incubation period for the varicella contacts. Utilize the ***Varicella Timeline Calculator*** available at: https://www.bop.gov/resources/health_care_mngmt.jsp or fill in the blanks below.

c.1. EXPOSURE PERIOD for *Varicella Case* **(time period when VZV exposure could have occurred)**

It can be determined when a varicella case could have been exposed to VZV by using the dates for the incubation period--from 10 to 21 days before the onset of rash. Knowing these dates allows the investigator to determine when (and where) the varicella case could have been exposed to VZV.

___/___/___ = **Date varicella case developed rash**

___/___/___ = **EXPOSURE PERIOD for varicella case began** (21 days *before* rash developed)

___/___/___ = **EXPOSURE PERIOD for varicella case ended** (10 days *before* rash developed)

c.2. INFECTIOUS PERIOD for *Varicella Case* **(time period when case was able to transmit VZV)**

The infectious period is used to identify the group of contacts who were exposed while the case was infectious.

___/___/___ = **INFECTIOUS PERIOD for varicella case begins** (2 days *before* rash developed)

___/___/___ = **INFECTIOUS PERIOD for varicella case ends** (when all lesions are crusted, 4-7 days *after* rash onset)

c.3. INCUBATION PERIOD for *Varicella Contact* **(time period from VZV exposure to onset of varicella)**

The incubation period is used to determine when susceptible contacts are at risk for developing varicella.

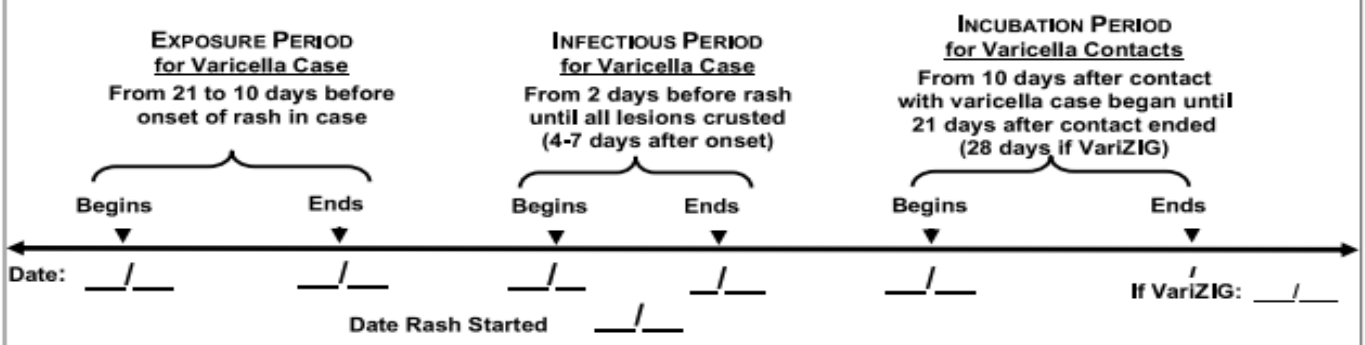
___/___/___ = **Date exposure began.** If contact has been ongoing, then the "date exposure began" is the date that the case infectious period began. Date may vary depending on exposure history.

___/___/___ = **Date exposure ended.** The date that exposure to the varicella case ended is usually (1) the date that the case was isolated from general population or (2) the end of the case infectious period. This date may vary depending on the exposure history of individual contacts.

___/___/___ = **INCUBATION PERIOD for contact begins** (10 days after exposure to varicella case *began)*

___/___/___ = **INCUBATION PERIOD for contact ends** (21 days after exposure to varicella case *ended)*

c.4. VARICELLA TIMELINE: Fill in the dates calculated in c.1.–c.3. above.



✓	TASK
	2. Make notifications regarding the potential for a varicella outbreak.
	a. Notify correctional management officials of the varicella case and the anticipated need to stop movement of contacts. **b.** Alert facility clinicians and staff regarding the need to detect and report new cases. **c.** Report to BOP regional & central offices per BOP policy. **d.** Report to local public health authorities (if required).
	3. Convene contact investigation team and issue "Varicella Alerts."
	a. Identify team leader. Identify roles and responsibilities of team members. **b.** Develop plan for managing contact investigation data. **c.** Develop communication plan for staff, inmates, and visitors. **d.** Issue Varicella Alerts (see sample notifications at http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp.
	4. Identify contacts with "significant exposure" and prioritize contacts.
	When identifying contacts, "significant exposure" to varicella is defined as follows: Exposure is defined as at least *one hour of contact* with nasopharyngeal secretions or lesions, face-to-face interaction, or sharing indoor airspace during the infectious period (2 days before rash onset until all lesions are crusted or until the inmate with varicella was isolated). Consider all inmates in a housing unit that share a common area to be "contacts."
	a. Obtain inmate traffic history to obtain housing, work, and school and social locations during infectious period. Consider touring exposure sites to evaluate transmission potential. ☐ Facility/housing _____ ☐ Work _____ ☐ School _____ ☐ Social contacts_____
	b. Interview index case for close contacts, recent visitors, and activities.
	c. Identify inmate contacts who are "high risk" (pregnant or immunocompromised). Check CD4 count for HIV infected inmate contacts. **d. Identify inmate contacts who are scheduled to release or transfer to another institution or to residential reentry within the 21-day incubation period.**
	e. Identify inmate contacts who have transferred out to another correctional facility. Provide Regional/Central Office with Sentry ranges associated with where varicella case was housed so report can be generated.
	5. Stop transfers of identified inmate contacts pending Varicella IgG results.
	Housing unit contacts and other identified contacts with "significant exposure" who are scheduled to be transferred to another correctional facility or to Residential Reentry during their incubation period shall not be moved until it has been determined that the contact has confirmation of immunity (i.e., VZV IgG positive). Varicella contacts should be placed on "Medical Hold" and not be transferred until 21 days after their exposure ended or until a positive IgG result is obtained.
	6. Educate staff and inmates.
	Staff and inmates should be provided general information about chickenpox (staff recalls, staff emails, inmate town halls). Emphasis should be placed on the importance of promptly reporting inmates with varicella symptoms, i.e., fever and rash.
	7. Check if contacts have varicella symptoms.
	Assess each identified contact for symptoms of chickenpox.

✓	TASK
	8. Test for varicella IgG for selected groups of contacts.
	a. Create a linelist of varicella contacts who should be tested for Varicella IgG below. EXCEL linelist can be accessed at: http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp.
	b. Obtain STAT Varicella IgG blood test for the following contacts with "significant exposure" and without history of a positive IgG: • Inmates due to be transferred during the incubation period (NOTE: In detention centers, because of the high frequency of inmate movement, it is generally necessary to test all housing unit contacts) • High-risk inmates (HIV-infected, pregnant, or immunocompromised) • Cellmate(s) of chicken pox case • Health care orderlies or attendants (who could potentially expose high-risk inmates to varicella) • Inmates with work assignments who could expose others (e.g., van drivers, workers at adjacent facility) With the exception of detention center settings, it is generally recommended to test only the groups listed above, not all inmate contacts. ***IMPORTANT NOTE:*** Do not order IgM tests for inmate contacts because of high rates of false positive results. **INTERPRETATION OF TEST RESULTS:** **IgG positive or reactive:** Means contact is immune to varicella. No follow-up is required. Inmates can be housed in general population and continue with any previously scheduled movement out of the institution. **IgG negative or non- reactive:** Means that the contact is susceptible to varicella and is at risk for developing chickenpox during 10–21 days following exposure (>28 days if VariZIG was administered). IgG negative inmates contacts shall not be transferred outside the institution during this time period.
	9. Make decisions about housing within the institution.
	See Step 1 above for information on determining the incubation period. • To prevent exposing another housing unit, it is recommended that inmates housed in the same housing unit as a chicken pox case (the **"exposed housing unit"**) not be moved to another housing unit during the incubation period. • Avoid moving new inmates into the "exposed housing unit" during the incubation period. • Do not move immunocompromised inmates into the "exposed housing unit" during the incubation period. • Consider moving identified close contacts not currently housed in the "exposed housing unit" into that unit to avoid exposing another housing unit. • Consider individually isolating IgG-negative cellmates until the end of the 21-day incubation period. If isolating IgG-negative inmate contacts, it is recommended that they not be housed together—if one develops chickenpox, the other susceptible contact will be re-exposed. ***NOTE:*** In general, it is not recommended that "exposed housing units" be locked down.

✓	TASK
	10. Consider post-exposure prophylaxis.
	In rare instances post-exposure prophylaxis may be indicated. It should only be pursued after consultation with Regional/Central office. • **VARICELLA VACCINATION.** To be effective, post-exposure varicella vaccination must be administered within 3-5 days post-exposure, a time-frame that is rarely feasible in the correctional setting. Varicella vaccination can be considered for IgG negative contacts in outbreak situations with multiple generations of varicella cases. ➔ *See Appendix 4 for more information.* ***NOTES:*** ***HIV infection with CD4 less than 200 cells/µL and pregnancy are contraindications to varicella vaccination.*** HIV status and pregnancy status must be known prior to vaccination. ***Varicella vaccine must be kept frozen at -15°C (5°F) or colder.*** The vaccine is reconstituted at room temperature with a diluent and must then be administered within 30 minutes. • **VARIZIG.** Post-exposure prophylaxis with VariZIG should be considered for susceptible (VZV IgG negative) inmates who are pregnant or who are HIV-infected with a CD4 less than 200 cells/µL or severely immunocompromised. VariZIG is ideally administered within 4 days post-exposure, but can be administered within 10 days of exposure. ➔ *See Appendix 5 for more information.*
	11. Observe for new cases of chickenpox.
	a. Prompt identification and isolation of new varicella cases is critically important to control varicella. During the 21-day incubation period observe for new varicella cases. Continue to educate correctional staff and exposed inmates about the need to report inmates with symptoms (especially fever and rash).
	b. It is recommended that exposed inmates who have been identified as IgG negative be evaluated daily for signs and symptoms of varicella. Utilize a low threshold of suspicion of chickenpox for isolation of potential cases and for treatment of immunocompromised contacts who develop symptoms.
	c. With any new cases, return to Steps 1–10 above.
	12. Summarize outbreak.
	• # of cases • # treated • # hospitalized • # of contacts • Factors that contributed to the outbreak • How to prevent future outbreaks • Recommendations for response to future outbreaks
	(Appendix 3, page 4 of 4)

GOTO: http://www.bop.gov/resources/health_care_mngmt.jsp
for complete document.

NURSE (*Print Name*)	SIGNATURE AND TITLE OF NURSE	LICENSE #	DATE

Copy as needed

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EPA's Registered Antimicrobial Products Effective Against Methicillin-resistant Staphylococcus aureus (MRSA) and/or Vancomycin-resistant Enterococcus faecalis/faecium (VRE) [List H] https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-methicillin

Management of Varicella Zoster Virus (VZV) Infections

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Centers for Disease Control and Prevention, https://www.cdc.gov

PROPER USE OF A NON-REBREATHER MASK



1. CONNECT THE TUBING TO AN OXYGEN SOURCE (CYLINDER OR WALL OXYGEN ONLY! NO CONCENTRATORS) AND TURN THE FLOW REGULATOR TO **15 LPM.**

2. **WAIT FOR THE RESEVIOR BAG TO INFLATE FULLY AND *THEN* PLACE THE MASK ON THE INMATE.**

   ***To inflate bag fully, place a finger over the oxygen inlet valve inside the mask to block oxygen flow until bag is fully inflated.**

3. IT IS NORMAL FOR THE BAG TO PARTIALLY DEFLATE DURING INHALATION BUT SHOULD REFILL QUICKLY. MONITOR THE INMATE'S RESPIRATORY STATUS INCLUDING BREATH SOUNDS, RESPIRATORY RATE, HEART RATE AND PULSE OXIMETRY.

4. **INMATES AT RISK FOR VOMITING MUST BE MONITORED AT CLOSELY IF WEARING A MASK.**

PLEASE NOTE THAT A NON-REBREATHER MASK IS FOR EMERGENCY SITUATIONS ONLY AND IS NOT INTENDED TO BE A LONG-TERM SOLUTION FOR INMATES REQUIRING OXYGEN. An INMATE REQUIRING A NON-REBREATHER SHOULD BE EVALUATED FOR NEED OF TRANSPORT TO AN OUTSIDE EMERGENCY DEPARTMENT!

Wound Management and Tetanus Prophylaxis

Appropriate tetanus prophylaxis should be administered as soon as possible following a wound but should be given even to inmates who present late for medical attention. This is because the incubation period is quite variable; most cases occur within 8 days, but the incubation period can be as short as 3 days or as long as 21 days.

For inmates who have been vaccinated against tetanus previously but who are not up to date, there is likely to be little benefit in administering human tetanus immune globulin more than 1 week or so after the injury. However, for inmates thought to be completely unvaccinated, human tetanus immune globulin should be given up to 21 days following the injury; Td or Tdap should be given concurrently to such inmates.

DT: diphtheria-tetanus toxoids adsorbed; DTP/DTwP: diphtheria-tetanus whole-cell pertussis; DTaP: diphtheria-tetanus-acellular pertussis; Td: tetanus-diphtheria toxoids absorbed; Tdap: booster tetanus toxoid-reduced diphtheria toxoid-acellular pertussis; TT: tetanus toxoid.

* Tetanus toxoid may have been administered as DT, DTP/DTwP (no longer available in the United States), DTaP, Td, Tdap, or TT (no longer available in the United States).

¶ Such as, but not limited to, wounds contaminated with dirt, feces, soil, or saliva; puncture wounds; avulsions; or wounds resulting from missiles, crushing, burns, or frostbite.

Δ The preferred vaccine preparation depends upon the age and vaccination history of the inmate:

- ✓ <7 years: DTaP.
- ✓ Under immunized children ≥7 and <11 years who have not received Tdap previously: Tdap.Children who receive Tdap at age 7 through 9 years should receive another dose of Tdap atage 11 through 12 years.
- ✓ ≥11 years: A single dose of Tdap is preferred to Td for all individuals in this age group who have not previously received Tdap; otherwise, Td or Tdap can be administered without preference. Pregnant women should receive Tdap during each pregnancy.

◇ 250 units intramuscularly at a different site than tetanus toxoid; intravenous immune globulin should be administered if human tetanus immune globulin is not available. Persons with HIV infection or severe immunodeficiency who have contaminated wounds should also receive human tetanus immune globulin, regardless of their history of tetanus immunization.

§ The vaccine series should be continued through completion as necessary.

¥ Booster doses given more frequently than every 5 years are not needed and can increase adverse effects.

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2024- Nursing Protocols Medication List

√	Medication	Associated Protocol
	Acetaminophen 325mg (Tylenol)	Burns, Dental, Genitourinary, HEENT, Musculoskeletal, Trauma
	Albuterol Nebulizer Treatment Unit Dose	Respiratory Distress
	Aspirin 325mg or 81mg chew	Chest pain
	Ativan 2mg	Anaphylactic Reaction, Hypoglycemia, Seizure-like Activity, Suspected Drug or Alcohol Withdrawal, Suspected Drug Overdose
	Benzoyl Peroxide	Integument
	Bisacodyl (Dulcolax) 5mg	Digestive
	Calamine Lotion	Integumentary
	Carbamide Peroxide (Debrox)	HEENT
	Chlorpheniramine 4mg (CTM)	HEENT
	Docusate Sodium 100mg (Colace)	Digestive
	Epinephrine 1:1000 .05ml	Emergency
	Glucagon Injection	Hypoglycemia
	Glucose Gel 15gm	Hypoglycemia
	Ibuprofen 200mg (Advil)	Burns, Dental, Genitourinary, HEENT, Musculoskeletal, Trauma
	Naloxone Nasal (Narcan Nasal Spray) 4mg/0.1mL	Burns, Chest Pain, Correctional Environment, Digestive, Genitourinary, Head Injury, HEENT, Hyperglycemia, Hypoglycemia, Integument, Musculoskeletal, Neurological Impairment, Respiratory Distress, Seizure-like Activity, Suspected Drug or Alcohol Withdrawal, Suspected Drug Overdose, Trauma
	Normal Saline	Anaphylactic Reaction, Burns, Chest Pain, Correctional Environment, Dental, Digestive, Genitourinary, Head Injury, HEENT, Hyperglycemia, Hypoglycemia, Integument, Musculoskeletal, Neurological Impairment, Respiratory Distress, Seizure-like Activity, Sexual Assault – PREA, Suspected Drug or Alcohol Withdrawal, Suspected Drug Overdose, Trauma
	Oxygen	Anaphylactic Reaction, Burns, Chest Pain, Correctional Environment, Dental, Digestive, Genitourinary, Head Injury, HEENT, Hyperglycemia, Hypoglycemia, Integument, Musculoskeletal, Neurological Impairment, Respiratory Distress, Seizure-like Activity, Sexual Assault – PREA, Suspected Drug or Alcohol Withdrawal, Suspected Drug Overdose, Trauma
	Pyrethrin Preparation (RID)	Integument
	Simethicone 125mg	Digestive
	Stock Antacid	Digestive
	Stock Hemorrhoid Preparation	Digestive
	Stock Topical Corticosteroid Preparation	Integument
	Stock Topical Antifungal Preparation	Integument
	Sublingual Nitroglycerin 0.4mg	Chest pain
	Tetanus Toxoid 0.5ml	Burns

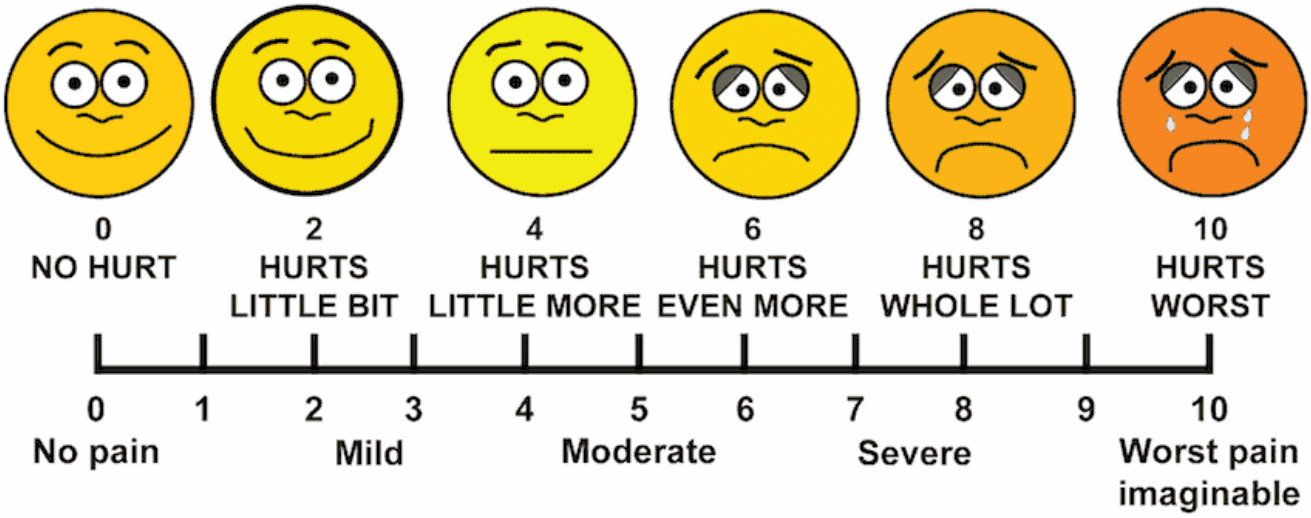
Understanding an Objective Pain Score (facial appearance)

This picture is for the nurse, not the inmate ….

The objective pain score facilitates early diagnosis, disease progression monitoring, therapeutic efficacy evaluation for chronic pain management, and improve patient outcomes such as function and quality of life.

OBJECTIVE

PAIN MEASUREMENT SCALE



USING THE COLUMBIA PROTOCOL

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		High Risk

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

The template and additional information may be found at the following link: https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

SECTION V

NURSING PROTOCOL POGRESS NOTES

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE – BURNS

_____
INSTITUTION

Name: _____ TDOC ID: _____

Date/Time: Allergies:

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective:

How/Where: _____ Cause/Type: _____

Witness Report: ☐ Y ☐ N Loss of Consciousness: ☐ Y ☐ N Inhalation: ☐ Smoke ☐ Chemicals Seizure Activity: ☐ Y ☐ N

Activity prior to onset: _____ Prior history of same ☐ Y ☐ N

If yes, what was the treatment and when?

History of: ☐ Diabetes ☐ HIV ☐ Mental Health Vocal Quality: ☐ Good ☐ Affected ☐ Stridor Respirations ☐ Y ☐ N

Pain Scale (0-10): _____ ☐ None ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Constant ☐ Intermittent

Location of Pain: ☐ Abdomen ☐ Back/Neck ☐ Chest ☐ Head ☐ Extremity (which) _____

Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ SOB ☐ Numbness ☐ Facial/Neck Swelling ☐ Blisters

☐ Difficulty Swallowing ☐ Other: _____

Last Tetanus Shot: _____

Objective: Vital Signs: T: P: R: BP: / O2 Sat: _____ Weight: _____

Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk ☐ Unresponsive (GCS)

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ 15	☐ 9-14	☐ 3-8

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Singed

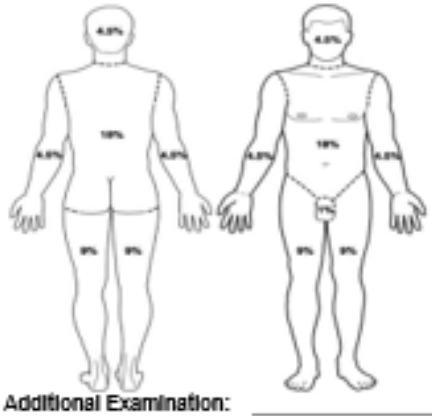
Drainage: ☐ Y ☐ N -If yes, describe: _____

☐ *1st Degree Burn: presence of pink to red, dry, slightly edematous skin* Color: _____ Odor: ☐ Y ☐ N

☐ *2nd Degree Burn: presence of vesicles (blisters) and edema*

☐ *3rd Degree Burn: presence of full thickness, skin loss, skin can appear white in color and sloughs off*

Indicate size and location of burn.



Objective Pain Score: _____

Head Trauma: ☐ None ☐ Y, Describe _____

☐ Facial/Neck Swelling ☐ Tongue Swelling

Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint

☐ Round ☐ Accommodating

Snellen: ☐ N/A OD _____ OS _____ OU _____

Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent

Heart Sounds: ☐ Norm ☐ Extra Sounds

Edema (1-4+) ☐ None LUE_____ RUE_____ LLE_____ RLE_____

Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally

LUE_____ RUE_____ LLE_____ RLE_____

Reflexes ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____

LLE_____ RLE_____

Additional Examination: _____

*Use blank Problem Oriented Progress Record, CR-1884 for addl. Documentation

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – BURNS TDOC ID:_____

Assessment: Alteration in comfort due to Burn
Plan: Provide treatment per Nursing Protocol

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly If:	☐ Routine Refer to Provider If:
☐Loss of Consciousness or GCS 0-8 ☐Acute Mental Status Change ☐Difficulty Swallowing /Breathing or Stridor ☐Swollen Tongue/Neck ☐Extremity swelling ☐Inhalation Injury ☐3rd Degree Burn ☐2nd Degree Burn involving greater than 15% Body Surface Area (BSA) ☐Burns related to Radiation/ Chemicals/ Electricity ☐Burns involving Face/ Hands/ Feet/ Genitalia/Perineum/Major Joints ☐Decreased/uneven pulses, diminished capillary refill ***Interventions:*** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Irrigate chemical burns with copious amounts of water ☐ Maintain thermoregulation with burn blanket ☐Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% ☐GCS 9-14 ☐1st & 2nd Degree Burn involving greater than 15% BSA ***Interventions:*** ☐Apply cool compress ☐Irrigate chemical burns with copious amounts of cool water ☐Burn ointment ☐ Non-adherent dressing ☐Assess for signs of infection ☐Tetanus booster if not within 10 years. **Location:** _____ ☐Patient Education Provided ☐Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop ****Complete Sexual History Screening on all patients.*** **Time provider notified:**_____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐**Protocol Treatment ineffective x 2 within 7 days** ☐**Protocol does not adequately meet the patient's objective clinical needs** ***Interventions:*** ☐For 1st degree Burn, give **Acetaminophen** 325mg, 2 tabs PO TID PRN for pain x 4 days. **OR** ☐For 1st degree Burn, give **Ibuprofen** 200mg, 2 tabs, PO TID PRN for pain x 4 days ☐Patient Education Provided ☐Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop ****Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.*

Emergency Transport
☐Time EMS Notified: _____
☐ Emergency Room transfer documentation completed
☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– CARDIAC

_____
INSTITUTION

Name: _____ TDOC ID: _____

Date/Time: _____ Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change: _____

Subjective: _____

Onset: _____ **Duration:** _____
Pain: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic condition **Drug Ingestion:** ☐ Y ☐ N
Nitroglycerine prior to coming to clinic: ☐ Y ☐ N If yes, how many? _____
Activity prior to onset: _____ **Prior history of same** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse: ☐ Stroke ☐ Heart Disease ☐ DVT/Pulmonary Embolism ☐ HTN ☐ Diabetes ☐ Gout
☐ HPLD ☐ COVID-19 Exposure ☐ Anxiety ☐ COPD ☐ Family History ☐ CAD ☐ Smoking ☐ Obesity
Precipitating/Aggravating Factors: ☐ None ☐ Infection ☐ Injury ☐ Exercise
Relieving Factors: ☐ Rest: ☐ NSAID ☐ Tylenol ☐ None ☐ Other: _____
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent
☐ Pressure-like ☐ Crushing ☐ **Localized *or* Radiates to:** ☐ Neck/Back ☐ Jaw ☐ Arm ☐ Shoulder ☐ Face
Location of Pain: ☐ Retrosternal ☐ Behind Breast Other: _____
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Diaphoresis ☐ Cough ☐ SOB ☐ Weakness ☐ Numbness
☐ Fever/Chills ☐ Dizziness/light headiness ☐ Other: _____

Objective: **Vital Signs:** T: P: R: BP: / O2 Sat: _____ Weight: _____
Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice
Chest & abdomen palpated: Reproduction of pain: ☐ Yes ☐ No If yes, where: _____
Pain with motion of shoulder, back, or deep breath: ☐ Yes ☐ No If yes, where: _____
Objective Pain Score: _____
Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent
Heart Sounds: ☐ Norm ☐ Extra Sounds
Extremity Edema (1-4+) ☐ None LUE_____ RUE_____ LLE_____ RLE_____ ☐ Warmth ☐ Redness ☐ Tenderness
Additional Examination: _____

_____

_____

_____

_____

_____

_____

*Use blank Problem Oriented Progress Record,CR-1884 for addl. Documentation

Assessment: Alteration in Comfort due to Cardiac Impairment

Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – CARDIAC TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐Loss of consciousness ☐Difficulty swallowing or breathing ☐Acute mental status change **Interventions:** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Nitroglycerin 0.4mg, 1 tab SL every 5 mins x 3 doses max for chest pain • Time: _____ • Time: _____ • Time: _____ ☐**Non-enteric coated** ASA 325mg 1 tab PO, chew 1 tab x 1 dose or ASA 81mg, 3 tabs PO, chew 3 tabs x 1 dose for chest pain or per Provider's order ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure Like Activity ☐Extremity Swelling ☐Pain 7/10 ☐Heart Disease ☐History of DVT/PE **Interventions:** ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐**Protocol Treatment Ineffective x 2 within 7 days** ☐**Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ *Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.*

Emergency Transport

☐ Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date

OR (*Routine*) **Both** (*Urgent/ Emergent*)

_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE - CORRECTIONAL ENVIRONMENT

_____
INSTITUTION

Use for Pepper Gas Exposure; Taser Exposure; Use of Force; Assault

Name: _____ TDOC ID: _____

Date/Time: _____Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe _____

Subjective:_____

Type of Force: ☐ Physical ☐ Pepper Spray* ☐ Taser **Witness/Officer** Report: ☐ Y ☐ N (*Complete CR-2592*)
Loss of Consciousness: ☐ Y ☐ N **Seizure Activity:** ☐ Y ☐ N **Drug Ingestion:** ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse: ☐ Stroke ☐ Heart Disease ☐ Hemophilia ☐ Sickle Cell Disease ☐ Respiratory Disease*

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Constant ☐ Intermittent
Location of Pain: ☐ Abdomen ☐ Back/Neck ☐ Chest ☐ Extremity ☐ Head
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Diaphoresis ☐ Cough ☐ SOB ☐ Weakness ☐ Tingling
☐ Bruising ☐ Cut/Laceration ☐ Facial/Neck Swelling ☐ Numbness ☐ Difficulty Swallowing ☐ Eye/Skin Irritation
☐ Other: _____

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____Weight:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
☐Unresponsive **(GCS)** **Objective Pain Score**: _____

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal *Response*:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15**	☐ **9-14**	☐ **3-8**

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Cut/Lac-
Decribe_____
Head Trauma: ☐ None ☐ Y-Describe_____
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent ***PFM:** _____
Heart Sounds: ☐ Norm ☐ Extra Sounds **Edema (1-4+)** ☐ None LUE___ RUE___ LLE___ RLE___
Neuro: Muscle Strength (1-5/5) ☐Norm Bilaterally LUE___RUE___LLE___RLE___
Reflexes ☐ Norm Bilaterally ☐Absent: LUE___ RUE___ LLE___ RLE___
Additional Examination: _____
**Use blank Problem Oriented Progress Record, CR-1884 for addl. Documentation*

Assessment: Alteration in Comfort due to Correctional Encounter
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – CORRECTIONAL ENVIRONMENT TDOC ID:_____

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐Loss of Consciousness ☐Active Bleeding ON Anticoagulant ☐Difficulty Swallowing/Breathing or Stridor ☐Acute Mental Status Change ☐Swollen Tongue or Neck **Interventions:** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified** _____ **Time provider responded**_____ ☐ **Orders received** ☐ **No** ***(Complete CR-2592)***	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐GCS 9-14 ☐Active Bleeding **NOT** on Anticoagulant ☐ History of cardiac conditions ☐Seizure-like Activity ☐Extremity Swelling ☐Laceration/Cut beyond minor self-limiting injuries. **Interventions:** ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Tetanus booster if not within 10 years. **Location:** _____ ☐ Barb removal ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all patients.*** **Time provider notified** _____ **Time provider responded**_____ ☐ **Orders received** ☐ **No** ***(Complete CR-2592)***	☐ **Protocol Treatment ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Water irrigation with soap to remove contaminants. ☐Perform first aid for minor cuts and superficial wounds. ☐Cover with non-adherent dressing ☐Barb removal ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient. ***(Complete CR-2592)***

Emergency Transport

☐Time EMS Notified:_____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date

OR (*Routine*) **Both** (*Urgent/ Emergent*)

_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE – DENTAL PAIN

_____
INSTITUTION

Name: _____ TDOC ID: _____

Date/Time: _____ Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective: _____

Onset: _____ Duration: _____

Recent Dental Work: ☐ Y ☐ N Facial Trauma: ☐ Y ☐ N Drug Ingestion: ☐ Y ☐ N

Activity prior to onset: _____ **Prior history of same** ☐ Y ☐ N

If yes, what was the treatment and when? _____

History of: ☐ Drug Abuse ☐ Heart Disease ☐ Diabetes

Aggravating Factors: ☐ None ☐ Temp ☐ Jaw Movement ☐ Chewing

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Constant ☐ Stabbing ☐ Intermittent

Location of Pain: _____

Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Fever/Chills ☐ Facial/Neck Swelling ☐ Difficulty Swallowing ☐ Bad Breath

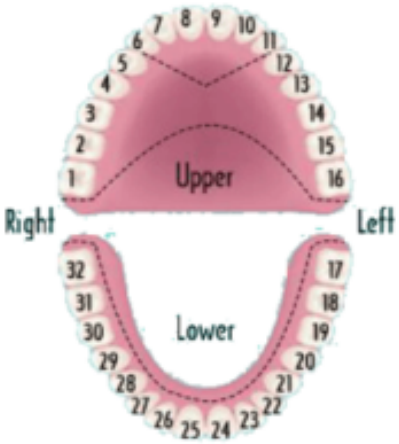
Other: _____

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____ Weight: _____

Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented

Objective Pain Score: _____

***Place "X" on affected tooth**



Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice

Head Trauma: ☐ None ☐ Y-Describe: _____

_____

Facial Asymmetry: ☐Y ☐N If N, describe: _____

_____

Neck and Jaw: ☐ Norm ☐ Swollen ☐ Tender on Palpation ☐ Pain reproduced with movement

Gums: ☐ Norm ☐ Red ☐ Swollen ☐ Lesions ☐ Bleeding ☐ Bad Breath ☐ Visible Lesions ☐ Tooth Abnormality

Degree of swelling: ☐ None ☐ Minimal ☐ level with tooth ☐ Over tooth **Location/tooth #:** _____

Additional Examination: _____

_____

*Use blank Problem Oriented Progress Record, CR-1884 for addl. Documentation

Assessment: Alteration in Comfort due to Dental Pain

Plan: Provide treatment per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – DENTAL PAIN TDOC ID:_____

☐ **Emergent** **Life Threatening or Patient in Extremis – Activate EMS**	☐ **Urgent** **Notify Provider Directly if:**	☐ **Routine** **Refer to Provider if:**
☐ Active Bleeding **ON** Anticoagulant ☐ Difficulty breathing ☐ Difficulty swallowing with noted drooling **Interventions:** ☐Oxygen@ 2-15Liters 2-6 L/min via NC or 15 L/min NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site: _____# of attempts: _____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified_____** **Time provider responded_____** **☐ Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant ☐ Avulsed Tooth ☐ Abscessed Tooth ☐ Fractured/Displaced Jaw ☐ Large amount of jaw or periorbital swelling **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Complete Sexual History Screening on all patients.*** **Time provider notified _____** **Time provider responded_____** **☐ Orders received ☐ No**	☐ **Protocol Treatment ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain **OR** ☐ Ibuprofen 200 mg tabs PO, 2 tabs PO TID PRN x 4 days for pain ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop. ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to**: _____

Depart Date/ Time: _____ Type of Transport: _____

_____ _____ _____

LPN Signature Printed Name Date

OR (*Routine*) **Both** *(Urgent/ Emergent)*

_____ _____ _____

RN Signature Printed Name Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE – DIGESTIVE

_____
INSTITUTION

Use for Abdominal Pain; Blood in Stool; Constipation; Diarrhea; Difficulty or Painful Swallowing; Flatulence; Heartburn; Hemorrhoids; Nausea; Vomiting

Name: _____TDOC ID: _____

Date/Time: _____ Allergies: _____

See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective: _____

Onset: _____ **#of episodes last 24 hours:** _____ **Last time of episode:** _____
Drug Ingestion: ☐ Y ☐ N **Discomfort Occurs:** ☐Before Meals ☐After Meals ☐ Always ☐Other:_____
Activity prior to onset: _____ **Prior history of same** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse ☐ Hepatitis ☐ Cirrhosis ☐ Inflammatory Bowel Disease ☐ COVID Exposure
Precipitating Factors: ☐ None ☐ Temp ☐ Noise/Light ☐ Infection ☐ Injury
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Constant ☐ Stabbing ☐ Cramping ☐ Intermittent
Radiates to: ☐ Back ☐ Chest ☐ Groin/Perineum
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Abdominal Pain ☐ Burning ☐ Bloating
☐ Difficulty Swallowing ☐ SOB ☐ Fever/Chills ☐ Blood in Urine/Stool/Emesis
☐ Constipation ☐ Diarrhea ☐ Gas/Belching/Flatulence ☐ Penile/Vaginal Discharge ☐ ~~SOB~~ ☐ Other
Aggravating Factors: ☐ None ☐ Eating ☐ Movement
Relieving Factors: ☐ None ☐ Rest ☐ Passing Gas/Bowel Movement
Last BM: _____ Color: _____Consistency:_____

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____Weight:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand /Walk **Objective Pain Score**:_____
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice **Turgor:** ☐Tenting ☐No Tenting
Mucous Membranes: ☐ Hydrated ☐Dry
Abdominal Assessment: Bowel Sounds: ☐ Norm ☐ Hypoactive ☐ Hyperactive ☐ Absent
Exam: ☐ Soft ☐ Guarded ☐ Distended ☐ Tender ☐ Non-Tender ☐ Rigid
Location of Tenderness: ☐ None ☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ ☐ Mid-epigastric

Additional Examination: _____

_____

_____
Use blank Problem Oriented -Progress Record, CR-1884 for addl. Documentation

Urine Dipstick obtained: ☐ Y ☐N Results: _____

Stool Guaiac: ☐ Y ☐ N Results _____

Pregnancy Test ☐ Y ☐ N Results _____ ☐**N/A**

Assessment: Alteration in Comfort due to digestive discomfort
Plan: Provide Treatment per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – DIGESTIVE TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐Loss of Consciousness ☐Difficulty Swallowing/Breathing or Stridor ☐Acute Mental Status Change ☐Coffee ground or bright red emesis ☐Bright red blood or tarry stool ☐Abdominal distension/no bowel sounds/tender/rigidity **Interventions:** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP greater than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified _____** **Time provider responded_____** ☐ **Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐Painful Swallowing ☐Severe pain 7/10 or Distress ☐ Unintentional 5lb Weight loss in the last 48 hours ☐ Nausea and/or Vomiting ☐Diarrhea greater than two days ☐Inflammatory Bowel Disease ☐Abdominal surgery ☐Pregnancy ☐ Recent abdominal trauma ☐ Diabetic vomiting greater than 24 hours ☐ Positive Guaiac stool test **Interventions:** ☐ BG x1 if patient has history of Diabetes, then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop **Complete Sexual History Screening on all patients.* **Time provider notified _____** **Time provider responded_____** ☐ **Orders received ☐ No**	**☐Protocol Treatment Ineffective x 2 within 7 days** **☐Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐Antacid PO x 1 dose for Abdominal Pain or Dyspepsia **(EXCLUDING RENAL PATIENTS)** ☐Bisacodyl (Dulcolax) 5 mg, 2 tabs PO now then docusate (Colace) 100mg BID PO for 5 days, not to exceed 5 caps, for Constipation ☐Simethicone 125mg, 1-2 tabs PO TID PRN x 5 days for Flatulence ☐Hemorrhoid ointment with instructions to apply to rectal area 2-4 times daily PRN x 5 days, for hemorrhoids ☐ Docusate (Colace) 100 mg capsule PO BID x 5 days for hemorrhoids ☐Patient Education Provided ☐Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop ***Sexual History Screening:** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV?_____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐ Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date

OR (*Routine*) **Both** (*Urgent/ Emergent*)

_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE - EMERGENCY

_____
INSTITUTION

Use for Acute Mental Status Change; Alcohol or Drug Withdrawal; Anaphylactic Reaction; COVID-19; Loss of Consciousness (LOC); Seizures; Suspected Overdose

Name: _____ TDOC ID: _____

Date/Time: _____ Allergies: _____

See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective: _____

Onset: _____ Duration: _____
Witness Report: ☐ Y ☐ N LOC: ☐ Y ☐ N **Seizure Activity:** ☐ Y-length of seizure_____ ☐ N
Drug Ingestion: ☐ Y ☐ N **Medication Compliant:** ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug/Alcohol Abuse ☐ Stroke ☐ Heart Disease ☐ DVT/Pulmonary Emboli ☐ Cancer ☐ Head Trauma ☐ Seizures ☐ Cancer
Precipitating Factors: ☐ None ☐ Temp ☐ Noise/Light ☐ Infection ☐ Injury ☐ New Med ☐ Sting/Bite ☐ Chemical ☐ Other: _____
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent
Location of Pain: ☐ Abd ☐ Back/Neck ☐ Chest ☐ Extremity ☐ Head ☐ Other: _____
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ SOB ☐ Wheezing ☐ Fever/Chills ☐ Hives/Itching ☐ Facial/Neck Swelling ☐ Rash/ Blisters ☐ Difficulty Swallowing ☐ Anxiety/Fears ☐ Injuries_____
☐ Other:
_____

Objective: **Vital Signs:** T: P: R: BP: / O2 Sat: _____ Weight:_____
Objective Pain Score:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk ☐ Unresponsive **(GCS)** **Glucose Finger Stick:** _____ **COWS score:** _____

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15** ☐ **9-14** ☐ **3-8**		

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Redness/Rash/Hives ☐ Blisters
Head Trauma: ☐ N ☐ Y – Describe _____ ☐ Facial Asymmetry
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent ☐ Stridor
Heart Sounds: ☐ Norm ☐ Extra Sounds **Edema (1-4+)** ☐ None LUE_____ RUE_____ LLE_____ RLE_____
Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes: ☐ Norm Bilaterally ☐ Absent: LUE_____RUE_____LLE_____RLE_____
Note: ☐ Audible Wheezing/Stridor ☐ Nasal Flaring ☐ Use of Accessory Muscles ☐ Incontinence ☐ Tongue biting

Additional Examination: _____
**Use blank Problem Oriented- Progress Record, CR-1884 for addl. Documentation*

Assessment: Alteration in Comfort due to Clinical Emergency
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – EMERGENCY TDOC ID:_____

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine
☐Loss of Consciousness ☐Difficulty Swallowing/Breathing or Stridor ☐Acute Mental Status Change ☐Swollen Tongue/Neck ☐Extremity Swelling ☐Seizure lasting longer than 5 minutes ☐More than 1 seizure within 5 minutes ☐Monitor vital signs q5mins until EMS arrives **Interventions:** ☐ Epinephrine 1:1000 0.5ml IM x 1 dose for anaphylaxis or Provider's order ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose. **For Narcan does beyond 5, provider order and EMS notification is required.** ☐Ativan 2mg IM x1 immediately for Seizure ☐BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site: _____ # of attempts: _____** **Gauge: _____Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified _____** **Time provider responded_____** **☐ Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐GCS 9-14 ☐Seizure-like Activity ☐Injury related to Seizure-like Activity **Interventions: (Suspected Withdrawal or Overdose)** ☐UDS Obtained ☐COWS ☐Ativan 2mg IM x1 immediately for seizure-like activity ☐BG x1 per protocol then as directed by provider Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Completion of Institutional Health Services Referral, CR-3431 with UDS results **Time provider notified _____** **Time provider responded_____** **☐ Orders received ☐ No**	**Not Applicable**

Emergency Transport

☐ Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date

Both (*Urgent/ Emergent*)

_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE – GENITOURINARY

_____

INSTITUTION

Use for Burning or Blood on Urination; Genital Discharge; Menstrual Discomfort; Testicular Pain/Swelling; Unable to Void

Name:_____ TDOC ID: _____

Date/Time: _____ Allergies: _____

***See MAR for current medications**: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe:_____

Subjective:_____

Onset: _____ Duration:_____

Last Bowel Movement:_____ Last Menstrual Period:_____

Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N

If yes, what was the treatment and when? _____

History of: ☐ Drug Abuse ☐ Diabetes ☐ HIV ☐Trauma ☐ Kidney Stones

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent

Location of Pain: ☐ Abdomen ☐ Back ☐ Groin ☐ Hip ☐ Rectum/Perineum ☐ Testicular

Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Fever/Chills ☐ Penile/Vaginal Discharge ☐ Rash/ Blisters ☐ Difficulty Voiding ☐ Painful Voiding ☐ Other:_____

***Objective:* Vital Signs:** T: P: R: BP: / O2 Sat: _____Weight:_____

Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice

Abdominal Assessment: Bowel Sounds x 4: ☐Y ☐N ☐ Norm ☐ Hypoactive ☐ Hyperactive ☐ Absent ☐ Mass

Other:_____

Exam: ☐ Soft ☐ Guarded ☐ Distended ☐ Tender ☐ Non-Tender ☐Rigid

Location of Tenderness: ☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ ☐ Mid-epigastric ☐ Supra-pubic

External Genitalia: ☐ Normal ☐ Redness ☐ Rash ☐ Masses/Nodule ☐ Ulcer ☐ Blisters ☐ Discharge ☐ Swelling ☐ Groin adenopathy ☐ Foul Odor

Back: Costal Vertebral Tenderness: ☐Y ☐ N **Objective Pain Score:**_____

Additional Examination: _____

_____

_____

**Use blank Problem Oriented -Progress Record,CR-1884 for addl. documentation*

Urine Dipstick obtained ☐ Y ☐N Results _____ Color of Urine: _____

Stool Guaiac ☐ Y ☐ N Results _____

Pregnancy Test ☐ Y ☐ N Results _____ ☐**N/A Male**

Pregnancy test should be completed on any non-menopausal female between the ages of 12-52, if LMP was reported as more than 4 weeks ago

Assessment: Alteration in Comfort due to Genitourinary Discomfort

Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – GENITOURINARY TDOC ID:_____

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐ Active Bleeding **ON** Anticoagulant ☐ Sudden, intense, or severe pain in one or both testicles ☐ Sudden, intense, or severe pain in the pelvic region **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified**_____ **Time provider responded**_____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant, except menstruation ☐ Masses/Nodules ☐ Exudate/Discharge ☐ Vomiting ☐ Abdominal distension/tender/Rigidity ☐ Absent bowel sounds ☐ Pregnant ☐ 7/10 Pain ☐ Abnormal urine dipstick ☐ Positive pregnancy test ☐ Positive Guaiac stool test **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified**_____ **Time provider responded**_____ ☐ **Orders received** ☐ **No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Acetaminophen 325 mg tabs. 2 tabs PO, TID PRN x 4 days for menstrual discomfort or testicular pain/swelling OR ☐ Ibuprofen 200 mg tabs, 2 tabs PO, TID PRN x 4 days for menstrual discomfort or testicular pain/swelling ☐ Clotrimazole Vaginal Cream 45gm insert one applicatorful of cream into the vagina at bedtime x 7 days. Use the same tube of cream if you have itching and irritation on the skin outside the vagina. Squeeze a small amount of cream onto your fingertip. Apply to itchy, irritated skin outside the vagina. Use BID up to 7 days PRN. ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐ Time EMS Notified:

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– HEAD INJURY

_____
INSTITUTION

Name:_____TDOC ID: _____

Date/Time: _____Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe _____

Subjective:_____
Onset: _____ Duration:_____
Type of Injury: ☐Blunt Force ☐Fall: **Distance of fall:**_____ **Object involved:** ☐Y ☐ N If yes, describe:_____
Witness Report: ☐ Y ☐ N **Loss of Consciousness** ☐ Y ☐ N **Seizure Activity:** ☐ Y ☐ N **Drug Ingestion:** ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse: ☐ Stroke ☐ Head Trauma ☐ Anticoagulants ☐ Hemophilia **Last Tetanus:**_____
Precipitating Factors: ☐ None ☐ Fall ☐ Fight ☐ Seizure ☐ Unknown
Pain Scale (0-10): _____☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping
Location of Pain: ☐ Neck ☐ Chest ☐ Extremity ☐ Abdomen
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Associated Symptoms: ☐ None ☐No recall of event ☐ Nausea ☐ Vomiting ☐ SOB ☐ Facial/Neck Swelling ☐Seizures
☐ Visual Changes ☐Headache ☐Dizziness ☐ Nasal/Ear Drainage ☐ Numbness/Tingling ☐
Other:_____

Objective: **Vital Signs:** T: P: R: BP: / O2 Sat: _____Weight:_____
Objective Pain Score:_____
Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice
Head Trauma: ☐ None ☐ Y-Describe_____
Facial Asymmetry ☐Y ☐N, if No describe:_____
☐ Nasal Drainage: **Color:**_____ ☐ Ear Drainage: **Color:** _____ ☐ Black Eye ☐ Any Bruising
Pupils: ☐ Reactive ☐ Symmetrical ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Asymmetrical ☐ Accommodating
Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent
Heart Sounds: ☐ Norm ☐ Extra Sounds ***Edema (1-4+)*** ☐ None LUE_____ RUE_____ LLE_____ RLE_____
Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes: ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____ LLE_____ RLE_____
Gait Pattern: ☐ Balanced ☐Unbalanced
Recall Test: ☐ Pass ☐ Fail
Additional Examination: _____

_____

_____

_____

_____

_____

_____

*Use blank Problem Oriented- Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Head Injury
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – HEAD INJURY TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Difficulty Swallowing /Breathing or Stridor ☐ Swollen Tongue/Neck ☐ Clear Drainage from Ear/Nose ☐ Open Fracture or Severe Deformity ☐ Loss of Consciousness ☐ Acute Mental Status Change ☐ Slurred speech, facial drooping ☐ Sudden, severe headache, "worst headache of my life" **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Spinal Precautions ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs 5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified:**_____ **Time provider responded:**_____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure-like Activity ☐ Periorbital Edema ☐ ON Anticoagulant ☐ Failed Recall Test **Interventions:** ☐ Spinal precautions ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Tetanus booster if not within 10 years. Location given:_____ ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ******Complete Sexual History Screening on all patients.* **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐Perform first aid for minor cuts and superficial wounds ☐Apply cold packs topically PRN for pain/swelling ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Name

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– HEENT

_____
INSTITUTION

Use for Head; Ears; Eyes; Nose; Throat

Name:_____TDOC ID: _____

Date/Time: _____ Allergies: _____

***See MAR for current medications**: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective:_____

Onset: _____ Duration:_____

Activity prior to onset: _____**Prior history of same?** ☐ Y ☐ N

If yes, what was the treatment and when? _____
History of: ☐ Dental Problems ☐ Cancer ☐ Head Trauma
Precipitating Factors: ☐ None ☐ Temp ☐ Season Change ☐ Infection ☐ Injury
Pain Scale (0-10): _____☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Constant ☐ Intermittent
Location of Pain/Problem: ☐ Head ☐ Neck ☐ Eyes ☐ Ear ☐ Nose
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ SOB ☐ Fever/Chills ☐ Hives/Itching ☐Sore Throat ☐ Fatigue
☐ Nasal Stuffiness/Drainage ☐ Body Aches ☐ Bloody Discharge from Ear ☐ Eye Irritation or Pain ☐ Increased Tearing
☐Visual Changes ☐Headache ☐ Hearing Loss ☐ Facial/Neck Swelling ☐ Rash/ Blisters ☐ Difficulty Swallowing/Hearing
***Objective:* Vital Signs**: T: P: R: BP: / O2 Sat: _____Weight:_____
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Red ☐ Rash ☐ Blisters
Head Trauma: ☐ None ☐ Y-Describe_____
Objective Pain Score:_____ **Snellen:** ☐N/A OD _____OS _____OU_____
Facial Asymmetry: ☐Y ☐N **If N, describe:**_____
Cranium: ☐ Infestation ☐ Hair Loss ☐ Skin Breakdown ☐ Abnormalities ☐ Sinus Tenderness
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Ear/External Canal: ☐ Norm ☐ Swollen ☐ Red ☐ Tender ☐ Drainage, **Color:** _____
Tympanic Membrane: ☐ Norm ☐ Cloudy ☐ Red ☐ Air bubbles ☐ Cerumen Impacted
Eyes: ☐ Norm ☐ Red ☐ Exudate ☐ Swollen ☐ Discoloration **PERRLA** ☐Y ☐N If N, describe:_____
Nose: ☐ Norm ☐ Occluded Nares ☐ Polyps ☐ Lesions ☐ Septum Deviated
Oral Cavity: ☐ Norm ☐ Swollen Tonsils ☐ Lesions ☐ Broken Teeth **Mucous Membranes Moist:** ☐ Y ☐ N
Throat: ☐ Norm ☐ Trachea Deviated **Jugular Vein Distention:** ☐ Y ☐ N
Cervical Lymph Nodes: ☐ Non-palpable ☐ Tender ☐Enlarged **Thyroid Gland:** ☐Tenderness ☐ Enlarged ☐ Non-palpable

Additional Examination: _____

_____

_____

_____

**Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation*

Assessment: Alteration in Comfort due to HEENT Discomfort
Plan: Treatment Provided per Nursing Protocol

Nursing Protocols

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – HEENT TDOC ID:_____

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐ Loss of Consciousness ☐ Difficulty Swallowing/Breathing or Stridor ☐ Complaints of "sudden or worst headache of my life" **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95 ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site:** _____ **# of attempts:**_____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified** _____ **Time provider responded**_____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% ☐ Swollen Tongue/Neck ☐ Rash/Blisters around eye or nose ☐ Oral lesions ☐ Nasal Polyp ☐ Adenopathy ☐ Exudate ☐ Uncontrolled Epistaxis ☐ Headache greater than 12 hours unrelieved by OTC **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified** _____ **Time provider responded** _____ ☐ **Orders received** ☐ **No**	☐ **Protocol Treatment ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Acetaminophen 325 mg tabs, 2 tabs, PO TID PRN x 4 days for pain **OR** ☐ Ibuprofen 200 mg tabs, 2 tabs, PO, TID PRN x 4 days for pain ☐ Chlorpheniramine (CTM) 4 mg tabs, 1 tab PO DXD TID PRN x 4 days for allergies ☐ For Cerumen impaction, Carbamide Peroxide (Debrox), 5-10 drops in ear BID x 4 days – for ear wax. On day 5, flush ear with warm water for removal of cerumen impaction. If history of perforated eardrum, DO NOT use Carbamide Peroxide ☐Referred to Optometry ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified:_____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

Nursing Protocols

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– HYPERGLYCEMIA

_____
INSTITUTION

Name:_____TDOC ID: _____

Date/Time: _____Allergies: _____

***See MAR for current medications**: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective:_____

Onset: _____ Duration:_____
Witness Report: ☐ Y ☐ N **Loss of Consciousness:** ☐ Y ☐ N **Seizure Activity:** ☐ Y ☐ N **Drug Ingestion:** ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse ☐ Hospitalization for High Sugars ☐ Kidney Disease ☐ Liver Disease ☐Pancreatic Disease ☐ Diabetic Keto Acidosis ☐ Insulin Dependent Diabetes Mellitus ☐ Non-Insulin Dependent Diabetes Mellitus
Precipitating Factors: ☐ None ☐ Medication Change ☐ Missed Medication ☐ Non-Compliance
Last mealtime: _____ **Changes in food intake/activity level:** ☐Y ☐N If Y describe: _____
Last diabetic Medication dose and time: _____
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐Lightheadedness ☐Disorientation ☐ Fruity Breath ☐Tremors ☐Slurred Speech ☐ Loss of Consciousness ☐ Abdominal Pain ☐ Seizure Like Activity ☐ Infection ☐ Headache ☐ Increase Voiding ☐ Hunger ☐ Weight Loss ☐ Weakness ☐ Dizziness ☐ Stress ☐ Other: _____
Pain Scale (0-10): _____ **Pain Onset:** ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____Weight:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk ☐Unresponsive **(GCS)** **Seizure activity:** ☐Y ☐N
Glucose Finger Stick (Time & Glucometer reading) 1: _____/_____ 2: _____/_____ 3: _____/_____

Glasgow Coma Scale (GCS)

Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	**☐ 15**	**☐ 9-14**	**☐ 3-8**

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Signs of Infection ☐Diaphoretic
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Muscle Strength (1-5/5): ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes: ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____ LLE_____ RLE_____

Additional Examination: _____

_____

_____

_____
**Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation*

Urine Dipstick Results: _____

Assessment: Alteration in Comfort due to Hyperglycemia
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – HYPERGLYCEMIA TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:** **SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94%	☐ Routine **Refer to Provider if:**
☐ Unresponsive/Confused ☐ Loss of Consciousness **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG x1 per protocol then as directed by provider Time _____ BG _____ Time _____ BG _____ Time _____ BG _____ ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified:**_____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐ GCS 9-14 ☐ Seizure-like activity ☐ Acute Mental Status Change ☐ Previous DKA ☐ Positive Ketones ☐ Any Symptomatic Hyperglycemia ☐ Greater than 140 mg/dl two hours post prandial ☐ Abnormal urine dipstick **Interventions:** ☐ BG x 1 per protocol as directed by provide Time:_____ BG:_____ Time:_____ BG:_____ Time:_____ BG:_____ ☐ Ativan 2mg IM x1 immediately for seizure-like activity ☐ Start IV with Normal Saline 0.9% or per Provider's order for elevated BG equal to or greater than 350mg/dl ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop **Site:** _____ **# of attempts:** _____ **Gauge:**_____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** ***Complete Sexual History Screening on all patients.** **Time provider notified:**_____ **Time provider responded:**_____ ☐ **Orders received** ☐ **No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ****Sexual History Screening:*** Have you ever had any STDs? ☐ Yes ☐ No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified:_____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGESS NOTE– HYPOGLYCEMIA

_____
INSTITUTION

Name:_____TDOC ID: _____

Date/Time: _____Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change: _____

Subjective:_____

Onset: _____ Duration:_____
Witness Report: ☐ N ☐Y If yes describe: _____
Loss of Consciousness: ☐ Y ☐ N **Seizure Activity:** ☐ Y ☐ N **Drug Ingestion:** ☐ Y ☐ N
Activity prior to onset: _____**Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Abuse ☐ Insulin Dependent Diabetes Mellitus ☐ Non-Insulin Dependent Diabetes Mellitus ☐ Kidney Disease ☐ Liver Disease ☐ Pancreatic Disease
Precipitating Factors: ☐ None ☐ Medication Change ☐ Missed or Late Meal
Last mealtime: _____ **Changes in food intake/activity level:** ☐Y ☐N If Y describe: _____
Last Diabetic Medication dose and time: _____
Associated Symptoms: ☐ None ☐ Sweating (Diaphoresis) ☐Tremors ☐ Lightheadedness ☐ Disorientation ☐ Nausea ☐ Vomiting ☐ SOB ☐ LOC ☐ Seizure Like Activity ☐ Weakness ☐Slurred Speech ☐ Dizziness ☐ Difficulty Swallowing ☐ Other:_____
Pain Scale (0-10): _____ ☐ None ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Constant ☐ Intermittent
Location of Pain: _____
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

***Objective:* Vital Signs:** T: P: R: BP: / O2 Sat: _____Weight:_____
Objective Pain Score:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk ☐Unresponsive **(GCS)** **Seizure activity:** ☐ Y ☐ N
Glucose Finger Stick (Time & Glucometer reading) 1: _____/_____ 2: _____/_____ 3: _____/_____

Glasgow Coma Scale (GCS)			
Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15**	☐ **9-14**	☐ **3-8**

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐Diaphoretic
Head Trauma: ☐ None ☐ Y- Describe _____
Facial Asymmetry: ☐Y ☐N **If N, describe:**_____
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Neuro: Muscle Strength (1-5/5): ☐ Norm Bilaterally LUE_____RUE_____LLE_____RLE_____
Reflexes ☐ Norm Bilaterally ☐ Absent: LUE_____RUE_____LLE_____RLE_____
Additional Examination:_____

Use blank Problem Oriented Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Hyperglycemia
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGESS NOTE– HYPOGLYCEMIA

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐ Unresponsive to Glucagon Injection ☐ Unresponsive ☐ Loss of Consciousness **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ BG q15 minutes until BG is > greater than 70 Time _____ BG_____ Time _____ BG_____ Time _____ BG_____ ☐ **Ativan 2mg IM x1 immediately for seizure** ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐ Well ☐ Fair ☐ Poor** **Time provider notified:_____** **Time provider responded:_____** **☐ Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐ GCS 9-14 ☐ Seizure Like Activity ☐Confusion ☐ Acute Mental Status Change ☐ Any symptom related to Hypoglycemia **Interventions:** ☐ Glucose Gel given PO in the Cheek for BG 40-60 x 1 dose if able to swallow **OR** ☐ Glucagon Injection 1 mg IM x 1 dose BG less than 40 OR if patient is unable to swallow, too confused or combative to give Glucose Gel ☐ Re-assess BG q 15 minutes until BG is greater than 75 Time _____BG_____ Time _____BG_____ Time _____BG_____ ☐Ativan 2mg IM x1 immediately for seizure-like activity ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ******Complete Sexual History Screening on all patients.* **Time provider notified:_____** **Time provider responded:_____** **☐ Orders received ☐ No**	☐ **Protocol Treatment ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ****Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– INTEGUMENT

_____
INSTITUTION

Use for Abrasion; Abrasion, Acne; Athlete's Foot; Bite; Blister; Boil; Bruise; Callous/Corns; Chicken Pox; Dandruff; Dermatitis; Dry Skin; Jock Itch; Laceration; Lice; Poison Ivy/Oak; Rash; Scabies; Wounds

Name:_____TDOC ID: _____

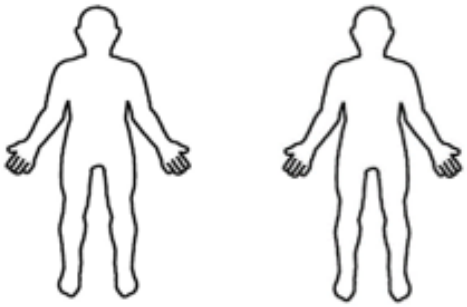
Date/Time: _____ Allergies: _____

**See MAR for current medications*: Complaint? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective: _____
Onset: _____ **Duration:**_____
Activity prior to onset: _____**Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment, and when? _____
History of: ☐ Drug Abuse ☐ HIV ☐ Diabetes ☐ Steroid Use ☐Change in Medication
Precipitating Factors: ☐ None ☐ Temp ☐ Medication ☐ Soap ☐ Perfume ☐ Trauma ☐ Insect Bite
☐ Other:_____
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping
Associated Symptoms: ☐ None ☐ Nausea ☐ Bleeding ☐ SOB ☐ Fever/Chills ☐ Hives/Itching
☐ Redness ☐ Rash/ Blisters ☐ Pus/Drainage ☐ Other: _____
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Objective: Vital Signs: T: P: R: BP: / O2 Sat: _____ Weight:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented
Objective Pain Score _____ **Date of Last Tetanus Booster:** _____
Skin: ☐ Norm ☐ Dry ☐ Warm ☐Moist/Clammy ☐ Pale ☐ Cyanotic ☐Jaundice ☐ Flakey ☐ Red ☐ Edema
☐ Streaking ☐Tunnel/Burrows ☐ Oozing/Pus ☐ Malodorous Drainage ☐ Excoriations ☐ Scabs in different stages
☐ Vesicle/blisters ☐Active Bleeding ☐ Lesions ☐ Whiteheads ☐ Lice (Visible Nits) ☐ Peeling/Cracking ☐ Rash
☐ White Scales ☐ Erythema with Raised Border ☐ Black Eschar ☐ Laceration ☐ Granulation
Lymph nodes ☐ palpable (where) _____ **Tender:** Y ☐ N ☐ **Palpable:** Y ☐ N ☐

Location:



Depth of Injury: _____
Width of Injury: _____
Length of Injury: _____
Thickness: ☐ Partial ☐ Full

Wound edges:
☐Diffuse ☐Well defined ☐Rolled

Additional Examination:_____
_____
_____
*Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to skin discomfort
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– INTEGUMENT

☒ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐Active Bleeding **ON** Anticoagulant ☐Laceration w/visible Muscle/Tendon/Bone **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. For Narcan doses beyond 5, provider order and EMS notification is required. ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access. **Site: _____# of attempts_____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified: _____** **Time provider notified: _____** **☐ Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% ☐Active Bleeding **NOT** on Anticoagulant ☐Pain 7/10 ☐Redness, Warmth, Pus, Blisters, Swelling ☐Burrows/Tunnels ☐Abscess ☐Black Dead Skin ☐Foul Odor ☐Obvious Nits (lice) ☐New Medication **Interventions:** ☐ Tetanus booster if not within 10 years Location: _____ ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if the problem worsens, does not improve, or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified: _____** **Time provider notified: _____** **☐ Orders received ☐ No**	**☐ Protocol Treatment Ineffective x 2 within 7 days** **☐ Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Benzoyl Peroxide, apply topically BID PRN for 14 days for acne ☐ Clotrimazole Cream 28gm, one tube. Wash and dry the affected area and apply cream topically BID 2x daily for 3 weeks for Jock Itch ☐Tolnaftate cream 30gm tube Wash and dry affected area and apply cream topically BID x 3 weeks for Athlete's Foot ☐ Calamine lotion, apply topically for pruritus associated with Chicken Pox, Poison Oak, or Poison Ivy. Apply enough medicine to cover the affected skin area(s) and rub in gently x 5 days PRN. EXTERNAL USE ONLY. Do NOT use it on the inside of the mouth, nose, genitals, or anal areas. ☐ Hydrocortisone 30gm topical as directed on package 3xTID daily PRN x 5 days for Dermatitis ☐ Permethrin preparation (RID), shampoo one application to scalp now and one in 7-10 days, if indicated, for Lice. Comb hair to remove nits. ☐ Acetaminophen 325 mg tabs, 2 tabs, PO, TID PRN x 4 days for pain ***OR*** ☐ Ibuprofen 200 mg tabs, 2 tabs, PO, TID PRN x 4 days for pain ☐Perform first aid for minor cuts and superficial wounds ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if the problem worsens, does not improve, or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? _____ Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date

OR (*Routine*) **Both** (*Urgent/ Emergent*)

_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – MENTAL HEALTH TDOC ID:_____

_____
INSTITUTION

Name: _____ TDOC ID: _____

Date/Time: _____ Allergies: _____

***See MAR for current medications**: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change: _____

Subjective:_____

Onset: _____ Duration: _____

Witness Report: ☐ Y ☐ N **Thoughts of self-harm** ☐Y ☐N **Thoughts of harm to others** ☐Y ☐N
Prior history of same? ☐ Y ☐ N
If yes, what was the treatment and when? _____

Prescribed Psychotropics ☐ Y ☐ N If yes, list medication: _____
History of: ☐Drug Use ☐ Head Trauma ☐ Psychosis ☐Tobacco ☐Mental Health Disease ☐ CVA ☐Other: _____
Pain Scale (0-10): _____☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent
Location of Pain: _____
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Precipitating Factors: ☐ None ☐ Med Change Other: _____
Relieving Factors: ☐ None ☐ Rest ☐ Other: _____
Associated Symptoms: ☐ None ☐ Agitation ☐ Restlessness ☐Worsening of psychosis ☐ Nausea ☐ Vomiting
☐ SOB ☐ Numbness ☐ Audio-Visual Hallucinations
Other: _____

Objective: **Vital Signs:** T: P: R: BP: / O2 Sat: _____Weight:_____

Gen Appearance: ☐ Alert & No Distress ☐ Alert & Distressed ☐ Neat ☐ Unclean ☐ Disheveled
Orientation: ☐ Oriented x _____ ☐Disoriented: ☐ Person ☐ Time ☐ Place ☐ Situation
Mood/Affect: ☐ Appropriate ☐Flat ☐Sad ☐Hopeless ☐Anxious/Panic ☐Euphoric ☐Impulsive ☐Hostile
Eye Contact: ☐ Good ☐Fair ☐Poor
Speech: ☐ Normal ☐ Low/Quiet ☐ Rambling ☐ Threatening ☐ Loud ☐ Slurred ☐ Angry ☐ Rapid
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Observation/Comments: ☐ Cooperative ☐ Pleasant ☐ Reluctant ☐ Withdrawn ☐Uncooperative

Objective Pain Score: _____

Additional Examination: _____

_____

_____

_____

_____

_____

**Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation*

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – MENTAL HEALTH TDOC ID:_____

Assessment: Alteration in Mental Status
Plan: Treatment Provided per Nursing Protocol

☐ **Urgent**	☐ **Routine**
Notify Provider Directly if: **SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% **Interventions:** **Notify Behavioral Health Provider if:** ☐Thoughts of self-harm or harming others ☐Answered "Yes" to any Columbia Protocol questions **Time provider notified:** _____ **Time provider responded:**_____ ☐ **Orders received** ☐ **No** ☐ **Placed in Suicide Watch** ☐ **Placed in Mental Health Seclusion**	**☐Referred to Mental Health Provider** **Interventions:** ☐Patient Education Provided ☐Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.

_____ _____ _____
LPN Signature Printed Name Date

OR (*Routine*) **Both** (*Urgent*)

_____ _____ _____
RN Signature Printed Name Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– MUSCULOSKELETAL

_____
INSTITUTION

Use for Back Pain; Bruise; Contusion; Dislocation; Joint Pain; Sprain

Name:_____TDOC ID: _____

Date/Time: _____Allergies: _____

***See MAR for current medications:** Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective:_____

Onset: Duration:
Drug Ingestion: ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N

If yes, what was the treatment and when?
History of: ☐ Hemophilia ☐ DM ☐ Surgery in affected area ☐ IV Drug Use
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent
Precipitating Factors: ☐ None ☐ Infection ☐ Injury ☐ Sports ☐Fight
Relieving Factors: ☐ None ☐ Rest ☐ Elevation
Location of Pain: ☐ Abdomen ☐ Back/Neck ☐ Chest ☐ Extremity ☐ Head ☐ Localized ☐Radiates to: _____
Associated Symptoms: ☐ None ☐ Weakness ☐ Numbness ☐ Tingling ☐ Swelling ☐ Fever ☐ Redness ☐ Trauma ☐ Loss of Bladder Control ☐ Loss of Bowel Control ☐Bleeding ☐ Reduced Range of motion ☐ Radiation ☐ Burning ☐ Bruising ☐ Difficulty w/ADLs (bathing/dressing)
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Date of Last Tetanus Booster:

Objective: **Vital Signs:** T: P: R: BP: / O2 Sat: _____Weight:_____

Objective Pain Score: _____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice

Affected Area/Location:_____ ☐ Tenderness to palpation
☐ Bruising ☐ Swelling ☐ Fever ☐ Redness ☐ Numbness ☐ Warmth ☐ Tingling ☐ Full Range of Motion
☐ Reduced ROM ☐ Dislocation/Angulation ☐ Bowel/Bladder Incontinence
Maintains balance: ☐ Y ☐ N **Bears weight:** ☐ Y ☐ N **Capillary Refill of Affected Limb:** ☐ Brisk ☐ Greater than 3 sec

Lymph nodes ☐ palpable (where) _____ **Tender:** ☐ Y ☐ N ☐ Not Palpable
Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____ LLE_____ RLE_____

Additional Examination:

_____

_____

**Use blank Problem Oriented Progress Record, CR-1884 for addl. documentation*

Assessment: Alteration in Comfort due to Musculo-skeletal Injury
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– MUSCULOSKELETAL

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Loss of Consciousness ☐ Bowel/Bladder Incontinence w/Back Pain ☐ Open Fracture or Severe Deformity **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 6, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation less than or equal to 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP Less Than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access. **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified: _____** **Time provider responded: _____** **☐ Orders received ☐ No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% ☐ Capillary Refill >3 secs ☐ Dislocation/Angulation ☐ Warm/Red Joint ☐ Reduced Strength or Reflexes ☐ 7/10 Pain ☐ Covid-19 Positive or Suspected ☐ Hemophilia ☐ ON Anticoagulant ☐ Extremity Swelling **Interventions:** ☐ Spinal precautions ☐ Tetanus booster if not within 10 years Location: ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified: _____** **Time provider responded:_____** **☐ Orders received ☐ No**	**☐ Protocol Treatment Ineffective x 2 within 7 days** **☐ Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐Perform first aid for minor cuts and superficial wounds ☐Apply cold packs topically PRN for pain/swelling ☐ Acetaminophen 325 mg tabs, 2 tabs PO 3 x daily TID PRN x 4 days for sprain, joint pain, or contusion **OR** ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for Contusion, Joint Pain, or Sprain ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– NEUROLOGIC IMPAIRMENT

_____
INSTITUTION

Name:_____ TDOC ID: _____

Date/Time: _____ Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective: _____
Pain Score: _____
Onset: Duration:
Witness Report: ☐ Y ☐ N **Loss of Consciousness** ☐ Y ☐ N **Seizure Activity:** ☐ Y ☐ N **Drug Ingestion:** ☐ Y ☐ N
Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N
If yes, what was the treatment and when? _____
History of: ☐ Drug Use ☐ CVA ☐ Heart Disease ☐ Head Trauma ☐ HBP ☐ HLD ☐ DM ☐ Tobacco
☐ Sickle Cell Disease ☐ HIV/AIDS ☐ Mental Health Disease
Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent
Location of Pain: ☐ Abdomen ☐ Back/Neck ☐ Chest ☐ Head ☐ Extremity (Describe) _____
Precipitating Factors: ☐ None ☐ Infection ☒ Injury ☐ Trauma ☐ Heat (Outdoor) ☐ Med Change
Relieving Factors: ☐ None ☐ Rest ☐ Ice/Heat
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Associated Symptoms: ☐ None ☐ Headache ☐ Blurred Vision ☐ Numbness ☐ Weakness ☐ Dizziness
☐ Nausea ☐ Vomiting ☐ SOB ☐ Fever/Chills ☐ Other:_____
Anticoagulant use: ☐Y ☐N **Last dose:** _____

Objective: Vital Signs: T: P: R: BP: / O2 Sat: _____Weight:_____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
☐ Unresponsive ☐Facial Drooping ☐Slurred Speech
(GCS) **Objective Pain Score:** _____

Glasgow Coma Scale (GCS)

Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ 15 ☐ 9-14 ☐ 3-8		

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice
Head Trauma: ☐ None ☐ Y-Describe_____ ☐Tongue Deviation: ☐Yes ☐No
Facial Asymmetry: ☐Yes ☐No If no, describe: _____
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Lungs Sounds: ☐Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent
Heart Sounds: ☐ Norm ☐ Extra Sounds ***Edema (1-4+)*** ☐None LUE_____RUE_____LLE_____RLE_____
Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____ LLE_____ RLE_____
Additional Examination: _____

*Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Neurologic Impairment
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – NEUROLOGIC IMPAIRMENT TDOC ID:_____

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly If:	☐ Routine Refer to Provider If:
☐Loss of Consciousness ☐Difficulty Swallowing /Breathing ☐Acute Mental Status Change ☐Facial Drooping ☐Absent or Asymmetrical Strength ☐Absent or Asymmetrical Reflexes ☐Slurred Speech **Interventions:** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐Well ☐Fair ☐Poor **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100 **O2 Sat** less than or equal to 94% ☐ GCS 9-14 **Interventions:** ☐ Spinal precautions ☐ Patient Education Provided ☐ Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐**Protocol Treatment Ineffective x 2 within 7 days** ☐**Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Patient Education Provided ☐ Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified:_____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE - PREA

_____
INSTITUTION
Use for PREA

Name: _____ TDOC ID: _____

Date/Time: _____ Allergies: _____

***See MAR for current medications**: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe: _____

Subjective: _____

Time Event Occurred: *Location:*
Witness Report: ☐ Y ☐ N **Loss of Consciousness:** ☐ Y ☐ N **Injury Incurred:** ☐ Y ☐ N

Thoughts of Self-Harm ☐ Y ☐ N ***If Yes, Notify Behavioral Health Staff Immediately***

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Constant ☐ Intermittent
Location of Pain: ☐ Abdomen ☐ Back/Neck ☐ Chest ☐ Extremity ☐ Head ☐ Other: _____
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ SOB ☐ Chest Pain ☐ Tingling ☐ Bruising ☐ Cut/Laceration
☐ Facial/Neck Swelling ☐ Numbness ☐ Difficulty Swallowing ☐ Genital Bleeding/Swelling/Bruising ☐ Other: _____
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

DO NOT COMPLETE OBJECTIVE EXAM UNLESS PATIENT UNSTABLE

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____ Weight: _____
Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
☐ Unresponsive **(GCS)** **Crying/Tearful** ☐ Y ☐ N **Objective Pain Score:** _____

Glasgow Coma Scale (GCS)

Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	**☐ 15**	**☐ 9-14**	**☐ 3-8**

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Cut/Laceration
Decribe: _____
Head Trauma: ☐ None ☐ Y-Describe _____
Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating
Lungs Sounds: ☐ Norm ☐ Decreased ☐ Wheezing ☐ Crackles ☐ Absent **Location:** ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL
Heart Sounds: ☐ Norm ☐ Extra Sounds **Edema (1-4+)** ☐ None LUE_____ RUE_____ LLE_____ RLE_____
Neuro: Muscle Strength (1-5/5) ☐ Norm Bilaterally LUE_____ RUE_____ LLE_____ RLE_____
Reflexes ☐ Norm Bilaterally ☐ Absent: LUE_____ RUE_____ LLE_____ RLE_____

**Only perform Wound Care Necessary to Stabilize for Transport*

Additional Examination:

Use blank Problem Oriented-Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Sexual Assault
Plan: Treatment Provided per Nursing Protocol

Duplicate as Needed

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE - PREA

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Unknown time frame or less than 72 hours from reported event	☐ Routine Greater than 72 hours from reported event
☐ **Notify Shift Commander** **Time notified:** _____ ☐ GCS<15 ☐ Loss of consciousness ☐ Active Bleeding **ON** Anticoagulant **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 6, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in a most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO, or per Provider's order to maintain venous access ☐ No personal hygiene activities ☐ Clothing removed and given to security ☐ Keep patient NPO until after SANE exam ☐ Mental Health Referral **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐**Well** ☐**Fair** ☐**Poor** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐ **Notify Shift Commander** **Time notified:** _____ **Notify Provider Directly if:** **SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐ Active Bleeding **NOT** on Anticoagulant ☐ Acute Mental Status Change ☐ Hemophilia/Mental Health Disease ☐ Seizure Like Activity ☐ Extremity Swelling ☐ Difficulty Swallowing /Breathing ☐ Swollen Tongue/Neck ☐ Laceration/Cut **Interventions:** ☐ Keep patient NPO until after SANE exam ☐ No personal hygiene activities ☐ Clothing removed and given to security ☐ Mental Health Referral ☐ Patient Education Provided ***Complete Sexual History Screening on all patients.*** **Time provider notified:** _____ **Time provider responded:** _____ ☐ **Orders received** ☐ **No**	☐ **Notify Shift Commander** **Time notified:** _____ **Refer to Provider:** ☐ Mental Health Referral ☐ Medical Referral ☐ Patient Education Provided ☐ 14-day Follow-up Scheduled with Medical and Mental Health Provider **Interventions:** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain **OR** ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport: ☐Bagged clothing/articles sent with Transportation

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified of need for SANE Nurse; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

_____	_____	_____
LPN Signature	Printed Name	Date
OR *(Routine)*	**Both** *(Urgent/ Emergent)*	
_____	_____	_____
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE – PREGNANCY

_____

INSTITUTION

Name:_____ TDOC ID: _____

Date/Time: _____ Allergies: _____

See *MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe:_____

Subjective:_____

Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N

Onset: _____ Duration:_____

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping ☐ Constant ☐ Intermittent

Location of Pain: ☐ Abdomen ☐ Back ☐ Groin ☐ Hip ☐ Rectum/Perineum

Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Last Menstrual Period: **Weeks of Pregnancy:** **Last Prenatal visit:**

Gravida:_____ **Para:** _____ **#Live births:**_____ **#Cesarian:**_____ **#Vaginal:** _____

#Abortions:_____ **Estimated Due Date:** _____ **Last BM:** _____

Vaginal Bleeding or Spotting: ☐No ☐Yes, Details:_____

Vaginal Discharge: ☐No ☐Yes, Details:_____

Leakage of fluids: ☐No ☐Yes Color:_____ Odor: ☐Yes ☐No Details: _____

Cramping: ☐No ☐Yes Frequency:_____

Fetal movement felt during pregnancy? ☐No ☐Yes **If Yes, felt in last 24 hours:** ☐No ☐Yes

UTI Symptoms: ☐Pain or burning with urination ☐Frequent urination ☐ Cloudy urine ☐Bloody urine ☐None

History of: ☐ Diabetes ☐Hypertension ☐Asthma ☐Seizures ☐Hepatitis ☐HIV ☐Kidney Disease

☐Thyroid Disease ☐Other chronic conditions:_____

Substance Use Disorders: ☐No ☐Yes **Current Treatment:** ☐No ☐Yes, describe:_____

Edinburgh Score: _____ ***(If the score is 12 or above, contact a behavioral health provider)***

Objective: **Vital Signs**: T: P: R: BP: / O2 Sat: _____Weight:_____

Objective Pain Score:_____

Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk

Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice

Turgor: ☐Normal ☐Delayed **Mucous Membranes:** ☐Moist ☐Dry ☐Pink ☐Blue/Gray

Lungs Sounds:☐Norm(CTA) ☐Decreased ☐Wheezing ☐Crackles ☐Absent **Loc:** ☐RUL ☐RML ☐RLL ☐LUL ☐LLL

EXT Edema (1-4+) ☐ None LU_____ RU_____ LL_____ RL_____

Bowel Sounds x 4: ☐Y ☐N ☐ Norm ☐ Hypoactive ☐ Hyperactive ☐ Absent ☐ Mass

Other:_____

Palpate Abdomen: ☐ Soft ☐ Guarded ☐ Distended ☐ Tender ☐ Non-Tender ☐Rigid **Fetal Movement:** ☐Yes ☐No

Additional Examination:

_____

_____

**Use blank Problem Oriented -Progress Record, CR-1884 for addl. documentation*

Suspect drug use: ☐ Yes ☐No **If yes, collect Urine Dipstick Drug Screen: Results:** ☐Neg ☐Pos

Assessment: Alteration in Comfort due to Genitourinary Discomfort

Plan: Treatment Provided per Nursing Protocol

Duplicate as Needed

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – PREGNANCY TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**
☐ Presentation of fetus (head, arm, foot, buttocks, umbilical cord, etc.) during visualization of the vagina and anus. ☐ Gushing or large volume of bright red bleeding or clots **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 6, provider order and EMS notification is required** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site: _____# of attempts: _____** **Gauge: _____Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified_____** **Time provider responded_____** ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐Decreased fetal movement ☐Leakage of fluids or vaginal bleeding ☐Severe abdominal pain ☐Difficulty breathing or chest pain ☐Seizure-like activity ☐Dizziness or fainting ☐Persistent or worsening headache ☐Swelling of face and hands ☐Visual changes ☐Severe nausea and vomiting ☐Painful urination ☐Vaginal discharge ☐Abnormal urine dipstick **Interventions:** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Sexual History Screening:** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient. **Time provider notified_____** **Time provider responded_____** ☐ **Orders received** ☐ **No**

Emergency Transport:

☐ Time EMS Notified:

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

_____ _____ _____

LPN Signature Printed Name Date

Both (*Urgent/ Emergent*)

_____ _____ _____

RN Signature Printed Name Date

Duplicate as Needed

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– RESPIRATORY DISTRESS

INSTITUTION

*Use for Asthma, CHF, COPD;COVID-19;Other Lung Disease; Sickle Cell Disease; Shortness of Breath

Name:_____ TDOC ID: _____

Date/Time: _____Allergies: _____

*See MAR for current medications: Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective:_____

Onset: _____ Duration:_____

Witness Report: ☐ N ☐Y If yes describe: _____

Activity prior to onset: _____ Prior history of same? ☐ Y ☐ N

If yes, what was the treatment and when? _____

History of: ☐ Asthma ☐ COPD ☐ Heart Disease ☐ DVT/Pulmonary Embolus ☐ COVID -19 Exposure
☐ Cirrhosis ☐ Sickle Cell Disease ☐ Pulmonary HTN ☐Other Lung Disease ☐ Previous Intubation
Precipitating Factors: ☐ None ☐ Exercise ☐ Temp Change ☐ Allergen/Irritant ☐ Infection ☐ Non-Compliance
☐ Other:_____ Shortness of Breath: ☐ With Activity ☐Without activity
Aggravating Factors: ☐ Activity ☐ Lying Flat ☐ Other:_____
Relieving Factors: ☐ Rest ☐ Sitting up ☐ Leaning Forward ☐ Inhaler
Pain Scale (0-10): _____☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping
Associated Symptoms: ☐ None ☐ Nausea ☐ Vomiting ☐ Dyspnea ☐ Dyspnea on Exertion ☐ Fever/Chills
☐Chest Pain ☐Headache ☐Body Aches ☐ Leg Swelling ☐ Coughing ☐ Wheezing ☐ Other:_____
Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating
Currently taking: ☐ Inhaler ☐ Steroids ☐ Anticoagulants

Objective: Vital Signs: T: P: R: BP: / O2 Sat: _____Weight:_____
Peak Flow: _____Objective Pain Score:_____
Gen Appearance: ☐ A/O & No Distress ☐ A & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk
Breathing: ☐ Dyspneic ☐ Mouth Breathing ☐ Use of Accessory Muscles ☐Audible Wheezing
Able to Speak in Complete Sentences: ☐Y ☐ N Preferred Posture:_____
Skin: ☐ Norm ☐ Dry ☐ Warm ☐ Moist/Clammy ☐ Pale ☐ Cyanotic ☐ Jaundice
Lungs Sounds: ☐Norm ☐Decreased ☐Wheezing ☐Crackles ☐Absent Location: ☐RUL ☐RML ☐RLL ☐LUL ☐LLL
Heart Sounds: ☐ Norm ☐ Extra Sounds
Edema (1-4+) ☐ None LUE_____RUE_____LLE_____RLE_____
Capillary Refill: ☐ Brisk ☐ Greater than 3 secs
Last COVID-19 Test Result: ☐ Neg ☐ Pos
Additional Examination: _____

_____

_____

*Use blank Problem Oriented- Progress Record, CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Respiratory Distress
Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– RESPIRATORY DISTRESS

☐ Emergent Life Threatening or Patient in Extremis – Activate EMS	☐ Urgent Notify Provider Directly if:	☐ Routine Refer to Provider if:
☐Loss of Consciousness ☐Difficulty Swallowing/Breathing or Stridor ☐Absent Breath Sounds **Interventions:** ☐Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 6, provider order and EMS notification is required.** ☐Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐Albuterol nebulizer solution 0.083% give 2.5mg x 1 STAT for non-trauma related distress ☐Place in most comfortable position ☐Elevate legs, if SBP less than 90 ☐Monitor vital signs q5mins until EMS arrives ☐Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access **Site: _____ # of attempts: _____** **Gauge: _____ Time: _____** **Pt. tolerated: ☐Well ☐Fair ☐Poor** **Time provider notified _____** **Time provider responded_____** **☐ Orders received ☐ No**	**BP** less than 90 or greater than 170; **DBP** greater than 100; **T** greater than 100.4 **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐Capillary greater than 3 secs ☐Peak Flow less than 250 ☐Dyspneic/wheezing ☐Decreased Breath Sounds ☐Extremity Swelling ☐Recent Covid-19 Positive ☐Suspected Influenza-like Illness **Interventions:** ☐ Patient Education Provided ☐ Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified _____** **Time provider responded _____** **☐ Orders received ☐ No**	**☐Protocol Treatment ineffective x 2 within 7 days** **☐Protocol does not adequately meet the patient's objective clinical needs** **Interventions:** ☐ Acetaminophen 325 mg tabs, 2 tabs PO TID PRN x 4 days for pain **OR** ☐ Ibuprofen 200 mg tabs, 2 tabs PO TID PRN x 4 days for pain ☐ CTM 4 mg tabs, 1 tab PO DXD TID PRN x 4 days for cold like symptoms ☐ Patient Education Provided ☐ Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:** _____

Depart Date/ Time: _____ Type of Transport: _____

LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
RN Signature	Printed Name	Date

TENNESSEE DEPARTMENT OF CORRECTION

NURSING PROTOCOL PROGRESS NOTE– TRAUMA

_____
INSTITUTION
**Use for Amputation; Laceration*

Name:_____ TDOC ID: _____

Date/Time: _____ Allergies: _____

**See MAR for current medications:* Compliant? ☐ Y ☐ N Recent change? ☐ Y ☐ N If Yes, describe change:_____

Subjective:_____

Onset: _____ Duration:_____

Witness Report: ☐ Y ☐ N **Loss of Consciousness** : ☐ Y ☐ N **Drug Ingestion**: ☐ Y ☐ N

Activity prior to onset: _____ **Prior history of same?** ☐ Y ☐ N

If yes, what was the treatment and when?

History of: ☐ Drug Abuse ☐ Stroke ☐ Head Trauma ☐ Mental Health ☐ Hemophilia ☐ Liver Disease

Precipitating Factors: ☐Fall ☐ Fight ☐ Unknown ☐Self-Inflicted ☐ Accident

Pain Scale (0-10): _____ ☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Cramping

Location of Injury: _____

Associated Symptoms: ☐ None ☐ Weakness ☐ Vomiting ☐ SOB ☐ Light Headiness ☐ Amnesia ☐ Seizure

☐ Visual Disturbance ☐Headache ☐ Numbness/Tingling ☐ Other:_____

Pain Onset: ☐ New ☐ Gradual ☐ Sudden ☐ Chronic ☐ Localized to area ☐ Radiating

Last Tetanus: _____ **Anticoagulant Use:** ☐Y ☐N If Y describe:_____

***Objective:* Vital Signs**: T: P: R: BP: / 2 Sat: _____Weight:_____

Gen Appearance: ☐ Alert, Oriented & No Distress ☐ Alert & Distressed ☐ Alert-Not Oriented ☐ Can't Stand/Walk

☐Unresponsive **(GCS)** **Recall Test:** ☐**Pass** ☐**Fail** **Objective Pain Score:** _____

Respirations: ☐Even/Unlabored ☐Uneven ☐Labored **Tracheal Deviation:** ☐Y ☐N

Glasgow Coma Scale (GCS)

Eye Opening:	☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)
	☐ None (1)	☐ Closed by edema	
Verbal Response:	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)
	☐ Incomprehensible (2)	☐ None (1)	
Motor Response:	☐ Obeys Commands (6)	☐ Localizes-pain (5)	☐ Withdraws-pain (4)
	☐ Flexion-pain (3)	☐ Extension-pain (2)	☐ None (1)
GCS total score:	☐ **15**	☐ **9-14**	☐ **3-8**

Pupils: ☐ Reactive ☐ Equal ☐ Sluggish ☐ Dilated ☐ Pinpoint ☐ Round ☐ Accommodating

Skin: ☐ Norm ☐ Dry ☐Warm ☐Moist/Clammy ☐ Pale ☐Cyanotic ☐Jaundice

Area of Amp:_____ **Bleeding**: ☐ Active ☐Stopped

Location of Lac:_____ **Length of Lac:**_____ **Depth of Lac:**_____

☐ Partial Amp ☐ Full Amp ☐ Muscle/Bone/Tendon Visible

Capillary Refill: ☐ Brisk ☐ Greater than 3 secs

Edema (1-4+) ☐ None LUE_____RUE_____LLE_____RLE_____ **Abdominal Distention:** ☐Y ☐N

Pulses: ☐Normal ☐Decreased ☐Uneven ☐Diminished ***If abnormal: location:*** ☐LUE ☐RUE ☐LLE ☐RLE

Neuro: Muscle Strength (1-5/5) ☐Norm Bilaterally LUE_____RUE_____LLE_____RLE_____

Reflexes ☐ Norm Bilaterally ☐Absent: LUE_____RUE_____LLE_____RLE_____

Additional Examination:_____

_____

_____

**Use blank Problem Oriented Progress Record,CR-1884 for addl. documentation*

Assessment: Alteration in Comfort due to Laceration or Amputation

Plan: Treatment Provided per Nursing Protocol

TENNESSEE DEPARTMENT OF CORRECTION Name:_____

NURSING PROTOCOL PROGRESS NOTE – TRAUMA TDOC ID:_____

☐ Emergent **Life Threatening or Patient in Extremis – Activate EMS**	☐ Urgent **Notify Provider Directly if:**	☐ Routine **Refer to Provider if:**
☐ Active Bleeding **ON** Anticoagulant ☐ Laceration w/ visible Muscle/Tendon/Bone ☐ Loss of Consciousness or altered mental status (GCS less than 9) ☐ Blown pupil ☐ Trachea deviation ☐ Altered neuromuscular movement or uneven strength ☐ Difficulty Swallowing/Breathing or Stridor ☐ Uncontrolled Bleeding ☐ Partial or Full Amputation **Interventions:** ☐ Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses for suspected overdose if pt. remains unresponsive. **For Narcan doses beyond 5, provider order and EMS notification is required.** ☐ Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation equal to or greater than 95% ☐ Place in most comfortable position ☐ Elevate legs, if SBP less than 90 ☐ Monitor vital signs q5mins until EMS arrives ☐ Start IV with Normal Saline 0.9% at KVO or per Provider's order to maintain venous access ☐ BG x1 per protocol then per provider order Time BG **Site:** _____ **# of attempts:** _____ **Gauge:** _____ **Time:** _____ **Pt. tolerated:** ☐Well ☐Fair ☐Poor **Time provider notified:**_____ **Time provider responded:**_____ ☐ **Orders received** ☐ **No**	**SBP** less than 90 or greater than 170; **DBP** less than 60 or greater than 100; **T** greater than 100.4; **RR** less than 10 or greater than 24; **HR** less than 60 or greater than 100; **O2 Sat** less than or equal to 94% ☐GCS 9-14 ☐Active Bleeding **NOT** on Anticoagulant ☐Self-Inflicted ☐Numbness ☐Obvious deformity ☐Failed Recall test **Interventions:** ☐ Spinal precautions ☐ Tetanus booster if not within 10 years Location: ☐ BG x1 per protocol then as directed by provider Time BG Time BG Time BG ☐ Behavioral Health consult if self-inflicted ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop ***Complete Sexual History Screening on all patients.*** **Time provider notified:**_____ **Time provider responded:**_____ ☐ **Orders received** ☐ **No**	☐ **Protocol Treatment Ineffective x 2 within 7 days** ☐ **Protocol does not adequately meet the patient's objective clinical needs** ☐ Patient Education Provided ☐ Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop ***Sexual History Screening:*** Have you ever had any STDs? ☐Yes ☐No What do you do to protect yourself from STDs and HIV? _____ What concerns about STDs do you have? Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.

Emergency Transport

☐Time EMS Notified: _____

☐ Emergency Room transfer documentation completed

☐ Emergency Room notified; **Report Given to:**_____

Depart Date/ Time: _____ Type of Transport: _____

LPN Signature	Printed Name	Date
OR (*Routine*)	**Both** (*Urgent/ Emergent*)	
RN Signature	Printed Name	Date

Duplicate as Needed

Nursing Protocols

Department of Correction: December 13 2024
Publication Authorization No. # 329894 ; 0 copies. This document was promulgated at a cost of $0.00 per copy.