

# *2022 Nursing Protocols*

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# Nursing Protocols

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## Nursing Protocols Annual Review Certification 2022

At least annually, the TDOC Chief Medical Officer, the TDOC Director of Nursing, the vendor's Statewide Medical and Dental Directors, and the facility's Medical Director, shall review and approve the TDOC's Nursing Protocols. The Statewide CQI (SCQI) committee must approve any variances, as prescribed by the reviewing parties.

The signatures below certify that the nursing protocols have been reviewed and updated as appropriate.

TDOC'S Chief Medical Officer Kenneth Williams MD, PhD Date 6/8/2022

TDOC's State Director of Nursing Christy Russell, RN, MSW Date 6/8/22

Vendor's Statewide Medical Director \_\_\_\_\_ Date \_\_\_\_\_

Vendor's Statewide Dental Director \_\_\_\_\_ Date \_\_\_\_\_

Vendor's Statewide Director of Nursing \_\_\_\_\_ Date \_\_\_\_\_

Facility's Medical Director \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION I

# PROTOCOLS ACKNOWLEDGEMENT

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## 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 enhances medical care directed by a physician or dentist and does not replace it.

It is essential that the Nursing Protocols only be used as guidelines and do not take the place of nursing assessments. 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 clinical and medical expertise needed to determine a diagnosis and appropriate treatment.

Further, the Nursing Protocols should be utilized to address conditions that have the potential to develop into infectious diseases (e.g., abrasions/wounds, bites, blisters, boil-furuncles, and lacerations.) 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 be in adherence to Standard Precautions for infection control unless a specific precaution is warranted or ordered by the physician.

All nursing staff shall be oriented in the Nursing Protocols prior to providing nursing care in accordance with 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 shall be jointly reviewed by the responsible physician and the nursing staff.

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## TENNESSEE DEPARTMENT OF CORRECTION 2022 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/patient encounter will be for no more than **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 either face-to-face or via phone or refer that patient to the appropriate provider.

# Nursing Protocols

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TENNESSEE DEPARTMENT OF CORRECTION  
2022 NURSING PROTOCOLS LETTER OF UNDERSTANDING

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Facility Name

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

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Signature of Facility Medical Director

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Date



# Nursing Protocols

**TENNESSEE DEPARTMENT OF CORRECTION  
2022 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/patient clinical encounters will be documented utilizing the respective TDOC CR# form associated with the appropriate 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 11 of these protocols.](#)

<b>NURSE (Print Name)</b>	<b>SIGNATURE AND TITLE OF NURSE</b>	<b>LICENSE #</b>	<b>DATE</b>



## 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.

**This 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 TILL 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 number 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 legible signature, professional title, and initials in the designated area either on the bottom of the back of the MAR.

## Medication Orders

There must be a written provider's 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 number, 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 TREATMENT PROTOCOLS

**Any use of an Emergency Protocol requires a provider be contacted as soon as the patient is stable, and an order must be obtained for the patient to be discharged back to the compound**

## Anaphylactic Reaction

### Subjective (S)

Patient's statements/complaints of the events leading up to the reaction. When did the symptoms start and does the patient know what caused the reaction? Has the patient had a recent medication change, drug use, exposure to insect sting, other insects, or chemicals? Does the patient have any known food or drug allergies? Has the patient ever had treatment or hospitalization for an allergic reaction? Is the patient complaining of difficulty breathing, wheezing, swelling, or choking? Does the patient have any itching, rashes, or hives? Is the patient reporting any fears or anxiety?

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess patient'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, warm, 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.

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

### Assessment (A)

Alteration in comfort due to clinical emergency

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Acute Mental Status Change</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity Swelling</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Epinephrine 1:1000 0.5ml IM x 1 dose for anaphylaxis or Provider's order</li> <li>• Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Ativan 2mg IM x1 for SZ</li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for systolic BP &lt; 90, otherwise KVO, or per Provider's order <b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</li> </ul> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• HIV, DM, Steroid Use</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Not Applicable</b></p>
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## **Education (E)**

Patient instructed to return to the healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Avoid potential allergens if possible.

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## Burns

### Subjective (S)

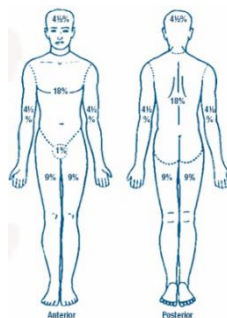
Patient's actual statements/complaints about injury. Get a witness statement if patient cannot speak. Inquire as to how and when the patient experienced the injury. Where did the injury occur (cell, break room, recreation)? Differentiate cause of the burn including flames, hot liquids, gases, chemicals, radiation, and electricity. Did the patient 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.

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Patients that have suffered an inhalation injury are at risk for carbon monoxide poisoning. **The pulse oximeter is not accurate in patients 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) 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. 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.

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

### Rule of 9's Chart





## Assessment (A)

Alteration in comfort due to burn

## Plan (P)

<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b></p> <p><b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Acute Mental Status Change</li> <li>• Difficulty Swallowing /Breathing or Stridor</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity swelling</li> <li>• Inhaled Injury</li> <li>• Third-Degree Burn</li> <li>• 2<sup>nd</sup> Degree Burn involving &gt;15% BSA</li> <li>• Burns related to Radiation/Chemical/Electricity</li> <li>• Burns involving Face/Hands/Feet/Genitalia/Perineum/ Major joints</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive.</li> </ul> <p><b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <ul style="list-style-type: none"> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O<sub>2</sub> saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Irrigate chemical burns with copious amounts of water</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b></p> <p><b>Notify Provider Directly if:</b></p> <p><b>SBP</b> &lt;90 or &gt;170; <b>DBP</b>&gt;100; <b>T</b>&gt;100.4; <b>RR</b> &lt;10 or &gt;24; <b>HR</b> &lt;60 or &gt;100; <b>O<sub>2</sub>Sat</b> &lt;=94%</p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• 1<sup>st</sup> &amp; 2<sup>nd</sup> Degree Burn involving &lt;15% BSA</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Apply cool compress</li> <li>• Irrigate chemical burns with copious amounts of cool water</li> <li>• Consider burn ointment and dressing if area easily irritated</li> <li>• Assess for signs of infection</li> <li>• Per Provider's orders: Tetanus booster if not within 10 years.</li> </ul> <p>Give IM booster dose of 0.5ml of Td (for adult use) vaccine or Tetanus Toxoid vaccine. <b>Location:</b> _____</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b></p> <p><b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> For first degree burn, give Acetaminophen 325 mg, 2 tabs PRN 3x daily x 4 days OR</p> <p><input type="checkbox"/> For first degree burn, give Ibuprofen 200 mg, 2 tabs PRN 3x daily x 4 days</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

Patient instructed to return to the healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

### 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
- Use moisturizing cream or lotion for comfort
- Apply any ointment or cream that you may have been issued by medical staff

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
-

## Cardiac (Hypertension, Chest Pain, Edema)

### Subjective (S)

Patient's statement or complaints. Inquire as to onset/duration/and history of the pain. Using the standard numerical pain scale 1-10, have patient rate their level of pain and state if it is new, gradual, sudden, or if it's a chronic condition. What activity was the patient involved in prior to onset of pain? Have patient 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 patients experience associated symptoms such as nausea/vomiting, diaphoresis, cough, shortness of breath, dizziness, weakness, or numbness. Inquire about prescription medications and if the patient is compliant. Note if patient 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.

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### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess orientation status and note general appearance. Note if patient 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 FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient.

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### Assessment (A)

Alteration in comfort related to cardiac impairment

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/ Breathing</li> <li>• Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Nitroglycerine 0.4 mg SL q 5 minutes x 3 doses max for chest pain</li> <li>• Non-enteric coated ASA 325mg 1 tab PO, chew 1 tab x 1 dose or ASA 81mg, 2 tabs PO, chew 3 tabs x 1 dose for chest pain</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• Seizure Like Activity</li> <li>• Extremity Swelling</li> <li>• Pain 7/10</li> <li>• Heart Disease</li> <li>• History of DVT/PE</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to the healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

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.

Stop Smoking

Take your medications as prescribed

Diet considerations – avoid foods high in fat and cholesterol

Increase exercise as permitted by your physician

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

### Subjective (S)

Obtain patient's statement of events and complaints. Ask the patient what type of force was used: physical force, pepper spray, and/or Taser. Ask patient if they incurred any injury during the event. Is the patient complaining of any symptoms: pain, injuries, shortness of breath/respiratory issues, eye or skin irritation, or chest pain? Using the standard numerical pain scale 1-10, ask the patient to rate their level of pain. Is the patient 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 CR-2592)

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, pulse oximetry reading (obtain Peak Flow if patient has history of respiratory disease and exposure to pepper spray). Assess level of consciousness and distress using Glasgow Coma Scale (GCS). Inspect head for trauma and describe. Examine for PERRLA (pupils equal, round, reactive to light, and accommodation). Auscultate lung and heart sounds. Assess muscle strength and reflexes in all four extremities. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient.

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

### Assessment (A)

Alteration in comfort due to Correctional Encounter

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Active Bleeding <b>ON</b> Anticoagulant</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Acute Mental Status Change</li> <li>• Swollen Tongue/Neck</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive.</li> </ul> <p><b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <ul style="list-style-type: none"> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Active Bleeding <b>NOT</b> on Anticoagulant</li> <li>• Seizure Like Activity</li> <li>• Extremity Swelling</li> <li>• Laceration/Cut</li> <li>• Hemophilia/Mental Health Disease</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

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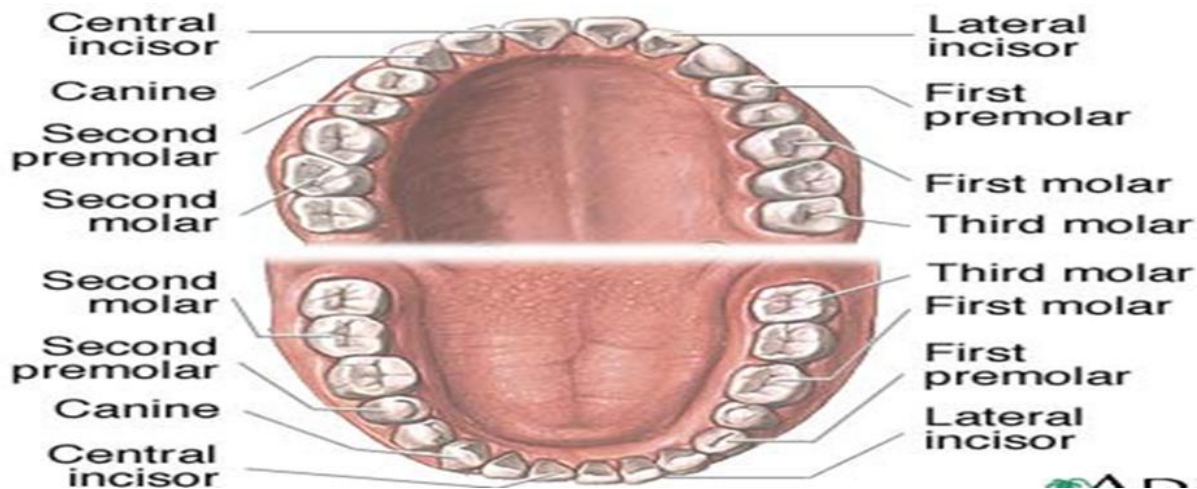
## Dental Protocol

### Subjective (S)

Patient's statement or complaint. Note onset and duration of complaint. Ask patient about previous dental work, facial trauma, or drug ingestion. Inquire about activity prior to onset of complaint. Does patient complain about aggravating factors such as chewing, jaw movement, or temperature? Using the standard numerical pain scale 1-10, have patient rate their level of pain. 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, and pulse oximetry reading. Assess patient'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 FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. 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

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Active Bleeding <b>ON</b> Anticoagulant</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP</b> &lt;90 or &gt;170; <b>DBP</b>&gt;100; <b>T</b>&gt;100.4; <b>RR</b> &lt;10 or &gt;24; <b>HR</b> &lt;60 or &gt;100; <b>O2Sat</b> &lt;=94%</p> <ul style="list-style-type: none"> <li>• Active Bleeding <b>NOT</b> on Anticoagulant</li> <li>• Drooling</li> <li>• Difficulty with Swelling</li> <li>• Avulsed Tooth</li> <li>• Abscessed Tooth</li> <li>• Fractured/Displaced Jaw</li> <li>• Fractured Maxilla/Eye Socket</li> <li>• Pain 7/10</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg, 2 tabs PO PRN 3x daily x 4 days for pain</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO PRN 3x daily x 4 days for pain</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

For bleeding following dental extraction, return to clinic if breakthrough bleeding occurs or condition worsens.

Follow up with provider as instructed.

Stop smoking

Brush your teeth twice a day with a fluoride toothpaste

Clean between your teeth daily and limit sugary beverages and snacks

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

### **Subjective (S)**

Patient's statement or complaint. Note onset and number of episodes over the last 24 hours and time of last episode. Is patient 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 1-10, have patient rate their level of pain. Document last bowel movement including color and consistency. Ask patient if they have experienced this before and what previous treatment relieved their symptoms.

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### **Objective (O)**

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Auscultate bowel sounds in all four quadrants. Assess abdominal tenderness to palpation. Evaluate skin turgor (note skin tenting) and hydration of mucous membranes. Perform rectal exam and note visibility of rectal tears, hemorrhoids, lesions, or bleeding. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient.

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### **Assessment (A)**

Alteration in comfort due to Digestive discomfort

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>Loss of Consciousness</li> <li>Difficulty Swallowing/Breathing or Stridor</li> <li>Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>Administer Narcan (when appropriate) 4mg, intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>Place in most comfortable position</li> <li>Elevate legs, if SBP&lt;90</li> <li>Monitor vital signs q5mins until EMS arrive</li> <li>Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>Painful Swallowing</li> <li>Severe pain 7/10 or Distress</li> <li>5lb Weight loss</li> <li>Nausea and/or Vomiting</li> <li>Diarrhea</li> <li>Abdominal distension/No bowel sounds/Tender/Rigidity</li> <li>Bloody or Tarry stools</li> <li>Inflammatory Bowel Disease</li> <li>Prior abdominal surgery</li> <li>Pregnancy</li> <li>Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li><b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li><b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Antacid PO x 1 dose for Abdominal Pain or Dyspepsia (<b>EXCLUDING RENAL PATIENTS</b>)</p> <p><input type="checkbox"/> Biscodyl (Dulcolax) 5 mg, 2 tabs PO now then Docusate (Colace) 100mg PO once daily for 5 days, not to exceed 5 caps for Constipation</p> <p><input type="checkbox"/> Simethicone 125 mg, 1-2 tabs 3x/day PO PRN x 5 days for Flatulence</p> <p><input type="checkbox"/> Hemorrhoid ointment with instructions to apply to rectal area 2-4 times daily PRN x 5 days, or as directed on the package, for hemorrhoids</p> <p><input type="checkbox"/> Colace or generic equivalent, 100 mg capsule PO twice daily for hemorrhoids x 5 days.</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment

Take medications as prescribed by your provider

Schedule an appointment with provider if hemorrhoids with no documented history

Return to healthcare unit if still vomiting or diarrhea in 24 hours

Return to healthcare unit if no bowel movement in 3 days

Return to healthcare unit if condition worsens or new symptoms develop

Increase water intake unless clinically contraindicated

Increase fibrous food intake

Avoid straining when passing stool

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## **Genitourinary Protocol (Burning or blood on urination, Genital discharge, Menstrual discomfort, Testicular pain/swelling, Unable to void)**

### **Subjective (S)**

Patient's statement or complaint. 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 patient if they have experienced this before and what previous treatment relieved their symptoms. Does the patient have a history of drug abuse, Diabetes, HIV, or trauma? Using the standard numerical pain scale 1-10, have patient rate their level of pain. Is the patient experiencing associated symptoms including nausea, vomiting, fever/chills, penile/vaginal discharge, rash/blisters, or difficulty voiding?

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### **Objective (O)**

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess for level of consciousness and distress. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. Perform abdominal assessment. Auscultate bowel sounds in all four quadrants. Assess abdominal tenderness to palpation and note location: RUQ, LUQ, FLQ, 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 patient'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.**

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### **Assessment (A)**

Alteration in comfort due to Genito-Urinary Discomfort

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>Active Bleeding <b>ON</b> Anticoagulant</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>Place in most comfortable position</li> <li>Elevate legs, if SBP&lt;90</li> <li>Monitor vital signs q5mins until EMS arrive</li> <li>Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>Active Bleeding <b>NOT</b> on Anticoagulant</li> <li>Masses/Nodules</li> <li>Exudate/Discharge</li> <li>Vomiting</li> <li>Abdominal distension/no bowel sounds/tender/Rigidity</li> <li>DM/ HIV</li> <li>Pregnant</li> <li>7/10 Pain</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li><b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li><b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs PO PRN 3x daily x 4 days for menstrual discomfort or testicular pain/swelling OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO PRN 3x daily x 4 days for menstrual discomfort or testicular pain/swelling</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment

Make an appointment with the provider any time you see blood in your urine.

Make an appointment with the provider any time you see:

- Greenish, yellowish, thick, or cheesy vaginal discharge
- Strong vaginal odor
- Redness, itching, burning or irritation of your vaginal or area of skin that surrounds the vagina
- Bleeding or spotting unrelated to your period

Make an appointment with the provider any time you see:

- Warts, bumps, lesions, or a rash on your penis or genital area
- A severely bent penis or curvature that causes pain
- A burning sensation when you urinate
- Discharge from your penis
- Severe pain after trauma to your penis

Seek emergency care for sudden or severe testicle pain and swelling

Seek care immediately 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. Make an appointment with your provider if you are experiencing these symptoms.

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## Head Injury

### Subjective (S)

Patient's statement or compliant. Obtain a witness statement if patient 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 patient experienced any loss of consciousness (LOC). Other reported symptoms may include no recollection of events, seizure, blurry vision, headache, dizziness, vomiting and nausea. Using the standard numerical pain scale 1-10, have patient rate their level of pain. Discuss patient's medical history including anti-coagulant use, Hemophilia, and last Tetanus Vaccine.

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess level of consciousness (LOC) using Glasgow Coma Scale. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. Determine cognitive impairment using word recall test. 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.

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

### Assessment (A)

Alteration in comfort related to head injury

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Loss of Consciousness</li> <li>• Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP &gt;100; T &gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Swollen Tongue/Neck</li> <li>• Drainage from Ear/Nose</li> <li>• Black Eye</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Return to clinic 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
-

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

### Subjective (S)

Patient's statement or complaint. Inquire as to onset of symptoms and description of activity or injury. Ask patient 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 1-10, have patient rate their level of pain.

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### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. Inspect the head, including patient's face and hair. Note symmetry of patient's facial expressions. Palpate the cranium and inspect the hair for infestations, hair loss, skin breakdown or abnormalities. Palpate the frontal and maxillary sinuses for tenderness. Patient 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 abnormalities. 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 patient 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.

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### Assessment (A)

Alteration in comfort due to HEENT Discomfort

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• Swollen Tongue/Neck</li> <li>• Rash/Blisters around eye or nose</li> <li>• Oral Lesions</li> <li>• Nasal Polyp</li> <li>• Adenopathy</li> <li>• Exudate</li> <li>• Pain 7/10</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs PO PRN 3x daily x 4 days for pain OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO PRN 3x daily x 4 days for pain</p> <p><input type="checkbox"/> CTM 4 mg tabs, 1 tab by mouth 3x daily PRN x 4 days for allergies</p> <p><input type="checkbox"/> For Cerumen Impaction, give Carbamide Peroxide, 5-10 drops in ear 2x daily x 4 days for ear wax – on day 5, flush ear with warm water to remove cerumen impaction.</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

For cold symptoms:

- Wash your hands often
- Do not cover your sneezes and coughs with your hands. Use your elbow, tissue, or toilet paper and throw it away immediately
- Drink plenty of fluids to stay hydrated
- Smoking cessation
- Rest
- Notify healthcare staff if you are not improving in 3 to 4 days.
- Notify healthcare staff if you get worse or if you develop fever and chills, start coughing up colored sputum, get chest pains with shortness of breath, and/or get a fever/stiff neck.

For Headaches:

- Minimize Tension Headaches by reducing caffeine, smoking and reading without glasses.
- Continue prescribed medications
- Avoid watching TV and noisy interactions
- Notify healthcare staff if you get worse, develop new symptoms or your headache does not go away with over-the-counter medications

For Earache and Ear Wax

- Do not put anything in your ears
- Do not attempt to clear your ears with matches, tooth-picks, Q-tips, etc.,
- Avoid vigorous blowing of your nose
- Avoid getting water in your ear during showers
- Cover your ears in windy weather
- Notify healthcare staff if you are not improving in 2 to 3 days, get worse or develop new symptoms such as fever or drainage from the ear

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
- Notify healthcare staff if you get worse, develop new symptoms, get drainage from the eye, or develop blurry vision

For Nosebleed:

- Avoid blowing your nose too hard or 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 healthcare staff

- If bleeding starts again:
    - Remain calm
    - Squeeze your nose together for 10-15 minutes
    - Sit up and lean forward a little
    - Breathe through your mouth
    - Put a cold cloth on your nose or neck
    - Return to healthcare unit if bleeding does not stop by squeezing your nose together or bleeding last longer than 10 minutes
-



## Hyperglycemia

### Subjective (S)

Patient's statement or complaint. Interview witnesses if patient is unable to respond 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 patient have a history of Insulin dependent Diabetes Mellitus or non-Insulin dependent Diabetes Mellitus? When was the patient's last meal? Has the patient received insulin or other oral agents for Diabetes? Note time and amount of last dose received. Have there been any changes in the patient's food intake or activity level? Ask the patient if they have a history of kidney, pancreatic or liver disease.

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, pulse oximetry reading, and blood glucose level. Determine level of consciousness and distress. If patient is unresponsive, use Glasgow Coma Scale. Observe for diaphoresis, change in mental status, or seizure like activity. Assess PERRLA (pupils equal, round, reactive to light, and accommodation). Assess muscle strength all four extremities. Note if reflexes are normal or absent bilaterally. Obtain urine dipstick.

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

### Assessment (A)

Alteration in comfort related to hyperglycemia

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Unresponsive/Confused</li> <li>• Loss of Consciousness</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses-if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• BG: _____</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order <b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</li> </ul> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Acute Mental Status Change</li> <li>• Previous DKA</li> <li>• Positive Ketones</li> <li>• Any Symptomatic Hyperglycemia</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• BG=&gt;350; Repeat q2 hours x 3 Time _____ BG _____ Time _____ BG _____ Time _____ BG _____</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. or per Provider's orders for elevated BG=&gt;350 <b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Take medications as directed by your physician

Monitor your blood sugar as instructed by your physician

Pay attention to early warning signs of hyperglycemia. These include:

- Frequent urination
- Increased thirst
- Blurred vision
- Fatigue
- Headache
- Fruity smelling breath

Do not drink alcohol

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## Hypoglycemia Protocol

### Subjective (S)

Patient's statement or complaint. Interview witnesses if patient is unable to respond 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 patient have a history of Insulin dependent Diabetes Mellitus or non-Insulin dependent Diabetes Mellitus? When was the patient's last meal? Has the patient received insulin or other oral agents for Diabetes? Note time and amount of last dose received. Have there been any changes in the patient's food intake or activity level? Ask the patient if they have a history of kidney, pancreatic or liver disease.

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, pulse oximetry reading, and blood glucose level. Determine level of consciousness and distress. If patient is unresponsive, use Glasgow Coma Scale. Observe for diaphoresis, change in mental status or seizure like activity. Assess PERRLA (pupils equal, round, reactive to light, and accommodation). Assess muscle strength all four extremities. Note if reflexes are normal or absent bilaterally.

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

### Assessment (A)

Alteration in comfort related to hypoglycemia

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Glucagon with FS&lt;70 &amp; Unresponsive/Confused</li> <li>• Loss of Consciousness</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOES BEYOND 5</b></li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• BG:_____</li> <li>• <b>Ativan 2mg IM x 1 for SZ</b></li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b>_____</p> <p><b>Gauge:</b>_____</p> <p><b>Time:</b>_____</p> <p><b>Provider Notified</b>_____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Acute Mental Status Change</li> <li>• Any symptomatic Hypoglycemia</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Glucose Gel 15gms PO in the Cheek for FSBS 40-60 x 1 dose for Provider's order</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Glucagon Injection 1mg, IM x 1 dose or per package directions for BS &lt;40 OR if patient is too confused or combative to give Glucose Gel or as Provider's order.</li> <li>• Re-assess BS q15 minutes until BS is &gt;75</li> </ul> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b>_____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Take medications as directed by your physician

Monitor your blood sugar as instructed by your physician

Don't skip meals or snacks

Pay attention to early warning signs of hypoglycemia. These include:

- Shakiness
- Dizziness
- Sweating
- Hunger
- Fast heartbeat
- Inability to concentrate
- Confusion
- Irritability or moodiness
- Anxiety or nervousness
- Headache
- Nighttime signs and symptoms may include damp sheets or clothes due to sweat, nightmares, confusion upon waking

Do not drink alcohol

Increasing exercise or physician activity without eating more or adjusting your medications may result in low blood sugar

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

### **Subjective (S)**

Patient's statement or complaint. 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 patient if the injury has occurred before and what action was taken to relieve symptoms. Has patient 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 1-10, have patient rate their level of pain. Have patient describe their discomfort and associated symptoms. Obtain date of last tetanus booster.

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### **Objective (O)**

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. Inspect the location and the area surrounding patient's discomfort. Describe the location, depth, width, length, thickness, and wound edges of injury. Mark the affected area of the body on the anatomical. 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.

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### **Assessment (A)**

Alteration in Skin Integrity

Potential or actual infection related to

- Abrasion
  - Athlete's foot
  - Bite/sting
  - Blister
  - Dandruff
  - Jock itch
  - Laceration
  - Rash
  - Shave bumps
  - Skin/soft tissue infection
  - Other
-

## Plan (P)

<input type="checkbox"/> <b>Emergent</b>	<input type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Routine</b>
<p><b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>Active Bleeding <b>ON</b> Anticoagulant</li> <li>Laceration w/ visible Muscle/Tendon/Bone</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</li> <li>Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>Place in most comfortable position</li> <li>Elevate legs, if SBP&lt;90</li> <li>Monitor vital signs q5mins until EMS arrive</li> <li>Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>Active Bleeding <b>NOT</b> on Anticoagulant</li> <li>Pain 7/10</li> <li>Redness, Warmth, Pus, Blisters, Swelling</li> <li>Burrows/Tunnels</li> <li>Abscess</li> <li>Black Dead Skin</li> <li>Foul Odor</li> <li>Obvious Nits (lice)</li> <li>New Medication</li> <li>Diabetes, HIV, Steroid use</li> <li>Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li><b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li><b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Benzoyl Peroxide, apply topically BID PRN for 14 days for acne</p> <p><input type="checkbox"/> Antifungal cream, 1 tube. Wash and dry affected area and apply cream topically BID x 3 weeks for Athlete's Foot or Jock Itch</p> <p><input type="checkbox"/> 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. <b>EXTERNAL USE ONLY. Do NOT</b> use on the inside of the mouth, nose, genitals, or anal areas.</p> <p><input type="checkbox"/> Corticosteroid preparation (Hydrocortisone) as directed on package or 3x daily PRN x 5 days for Dermatitis</p> <p><input type="checkbox"/> Permethrin preparation (RID), one application to scalp now and one in 7-10 days, if indicated, for Lice. Comb hair to remove nits.</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>



## Education (E)

Patient instructed to return to the healthcare unit if condition worsens or new symptoms develop prior to scheduled prover appointment.

## 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.

### 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

Notify healthcare staff or ask to see healthcare staff if:

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

## Mental Health

### Subjective (S)

Patient's statement or complaint. Obtain a witness statement if patient cannot speak. Inquire as to onset/duration/and history of event. Ask if the patient has thoughts of self-harm or harm to others. Inquire as to prior history of self-harm or harm to others. If patient has a prior history, what was the treatment and when? Is the patient on any psychotropic medication? Please list. Obtain history of drug use, head trauma, psychosis, and mental health disease. Using the standard numerical pain scale 1-10, have patient rate their level of pain. Discuss precipitating factors and associated symptoms with patient including, but not limited to, agitation, restlessness, audio-visual hallucinations, and worsening of psychosis. Is there anything that relieves the patient's mental health complaint?

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### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. Assess orientation status. Is patient alert, oriented, or in distress? Note appearance. Is the patient neat, unclean, or disheveled? Assess mood and affect. Is the patient appropriate? Does the patient appear flat, sad, hopeless, anxious, or euphoric? Assess Eye contact. Assess speech. Is the patient's speech clear, rambling, threatening, loud, slurred, angry or rapid? Observe skin for pallor and note if patient appears pale, cyanotic, or jaundice. Assess PERRLA. Observe overall mood and note if patient is cooperative, pleasant, reluctant, withdrawn, or uncooperative.

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### Assessment (A)

Alteration in Mental Status  
Potential for Self-Harm

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## Plan (P)

<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b></p> <p style="text-align: center;"><b>Notify Provider Directly if:</b></p> <p style="text-align: center;"><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><b>Notify Mental Health Provider:</b></p> <p><input type="checkbox"/> Thoughts of self-harm or harming others</p> <p><b>Time provider notified</b> _____</p> <p><b>Time provider responded</b>_____</p> <p><input type="checkbox"/> <b>Orders received</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Placed in Suicide Watch</p> <p><input type="checkbox"/> Placed in Mental Health Seclusion</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b></p> <p><input type="checkbox"/> <b>Referred to Mental Health Provider</b></p>
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## Education (E)

The following recommendations can help you cope with anxiety.

- Exercise for 20 minutes three times during the day (not right before bed)
- Eliminate or reduce caffeine, sugar, and nicotine from your diet
- Write your feelings down daily (journaling)
- Go to bed at the same time every night, do not cat nap, and try to get up at the same time every day
- Do deep breathing and relaxation exercises
- Eat well-balanced meals (avoid eating too many commissary items)
- Write letters or call family and friends
- Think positive instead of negative (hopeful instead of hopeless)
- Read books
- Pray or practice your spiritual beliefs if you find comfort in this
- Make a plan for when you get out (job, living, behavioral health and/or substance use treatment if relevant, leisure and recreational pro-social activities)
- Participate in behavioral health groups and/or programming available

The following recommendations can help you cope with feelings of depression.

- Educate yourself. Read about treatment and medication options. Participate in individual counseling sessions, as well as psycho-educational support groups to gain knowledge. Read helpful books and use them as needed. 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, get help as soon as possible. Ask trusted friends to monitor your behavior and let you know if they notice anything of concern.
- Work with your provider. Find a doctor or clinician you can trust. Communicate honestly and share information with your treatment team for managing your depression, including your reaction to medications.
- Be prepared for a crisis. Know what to do if you experience a crisis. Contact a correctional officer or healthcare professional as soon as possible. Upon transition to the community, keep handy the phone number of a crisis hotline and know the location of your community's urgent care centers and the closest emergency department.
- Hold off on big decisions. Depression can cloud your judgment. So, wait until you feel better to make major life decisions, such as changing jobs, moving, or getting married or divorced.

- Be patient. Recovering from depression is a process. Don't be discouraged if it takes some time and repeated efforts to feel better.
- Keep it simple. Depression impacts your energy and concentration, so you won't be able to do all the things you are used to doing. 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 other social event. Talk openly with trusted people and accept help when it is offered.

People with depression often lose the desire to take care of themselves. That only makes their symptoms worse. Make a point to:

- Exercise. It's a great way to take care of your body. And studies have shown that exercise helps fight depression. Aim for 30 minutes of moderate activity a day. Walking in small blocks of time (5-10 minutes) is a good way to start, but anything that gets you moving counts.
  - Avoid drug and alcohol use. These may ease the pain in the short term, but they will only make your problems worse in the long run.
  - Get relief from stress. Ask your healthcare provider for relaxation exercises and techniques to help relieve stress. Consider activities like meditation, yoga, or breath and muscle control exercises.
  - Eat right. Do your best to eat a balanced and healthy diet. Avoid excess sugars and fats. Drink water to stay hydrated and limit caffeine.
  - Get adequate sleep. Aim for 8 hours per night. Limit your daytime sleeping by staying out of your bed. If you do nap, limit it to 20 to 30 minutes. Tell your healthcare provider if you are not sleeping.
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## Musculoskeletal

### **Subjective (S)**

Patient's statement or complaint. 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 patient 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 numeric pain scale 1-10, have the patient rate their level of pain. Have patient describe their discomfort and associated symptoms. Is the pain localized to the affected area or does it radiate? Does the patient complain of weakness, numbness, or tingling, turning, swelling, fever, or redness? Ask patient about loss of bladder or bowel control. Does the patient report any difficulty performing activities of daily living (ADL's) like bathing and dressing? Obtain date of last Tetanus booster.

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### **Objective (O)**

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. 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 to include muscle strength, balance, and reflexes of upper and lower extremities. Has patient 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.

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### **Assessment (A)**

Alteration in comfort due to muscular skeletal discomfort

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Bowel/Bladder Incontinence w/ Back Pain</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive.</li> </ul> <p><b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <ul style="list-style-type: none"> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• Capillary Refill &gt;3 secs</li> <li>• Dislocation/Angulation</li> <li>• Hemophilia</li> <li>• Warm/Red Joint</li> <li>• Reduced Strength or Reflexes</li> <li>• 7/10 Pain</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs PO PRN 3x daily for 4 days for sprain, joint pain, or contusion</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO PRN 3x daily for 4 days for Contusion, Joint Pain, or Sprain</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

If you are receiving treatment for back pain, bruising, contusions, joint dislocation, joint pain, or sprains, return to the healthcare unit if you have 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.

Quit smoking. 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.

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 in a fetal position 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.

Educate patient on proper lifting techniques. Instruct the patient to warm up before performing any physical activity. Instruct patient to return to clinic if condition worsens or new symptoms develop.

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

**Rest:** Take it easy. Your healthcare 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 four to eight times a day for 24 – 48 hours. Do not apply ice directly to your skin.

**Compression:** Your healthcare 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 on pillows above the level of your heart

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## Neurological Impairment

### Subjective (S)

Patient's statement or complaint. Obtain a witness statement if patient cannot speak. Inquire as to onset/duration/and history of symptoms. Prior to event, was the patient exposed to outdoor heat? Using the standard numerical pain scale 1-10, have patient rate their level of pain and state if it is new, gradual, or sudden. Ask if patient is experiencing headache, blurred vision, numbness, weakness, or dizziness. Inquire about prescription medication and if patient is compliant. Explore patient'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 patient is unconscious or has altered level of consciousness.

#### Glasgow Coma Scale

Glasgow Coma Scale (GCS)			
Eye Opening:	<input type="checkbox"/> Spontaneous (4)	<input type="checkbox"/> To speech (3)	<input type="checkbox"/> To pain (2)
	<input type="checkbox"/> None (1)	<input type="checkbox"/> Closed by edema	
Verbal Response:	<input type="checkbox"/> Oriented (5)	<input type="checkbox"/> Confused (4)	<input type="checkbox"/> Inappropriate (3)
	<input type="checkbox"/> Incomprehensible (2)	<input type="checkbox"/> None (1)	
Motor Response:	<input type="checkbox"/> Obeys Commands (6)	<input type="checkbox"/> Localizes-pain (5)	<input type="checkbox"/> Withdraws-pain (4)
	<input type="checkbox"/> Flexion-pain (3)	<input type="checkbox"/> Extension-pain (2)	<input type="checkbox"/> None (1)
<b>GCS total score:</b>	<input type="checkbox"/> 15	<input type="checkbox"/> 9-14	<input type="checkbox"/> 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, and pulse oximetry reading. Perform Glasgow Coma Scale if patient is unconscious or has altered level of consciousness. Check pupils (PERRLA), 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 FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient.

### 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

## Plan (P)

<input type="checkbox"/> <b>Emergent</b>	<input type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Routine</b>
<p><b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>Loss of consciousness</li> <li>Difficulty Swallowing/Breathing or Stridor</li> <li>Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive.</li> </ul> <p><b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <ul style="list-style-type: none"> <li>Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>Place in most comfortable position</li> <li>Elevate legs, if SBP&lt;90</li> <li>Monitor vital signs q5mins until EMS arrive</li> <li>Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>GCS 9-14</li> <li>Facial Drooping</li> <li>Absent or Asymmetrical Strength</li> <li>Absent or Asymmetrical Reflexes</li> <li>History of Sickle Cell Disease, HIV</li> <li>Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li><b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li><b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>

## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

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

Quit smoking and drinking

Control your diet. Obesity increases your risk for stroke.

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

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

### Subjective (S)

Patient's statement or complaint. Interview witnesses if patient is unable to respond or is unconscious. Inquire about onset of symptoms and what the patient was doing prior to onset. Ask if the patient has a history of any respiratory disease. Does the patient use inhalers, steroids or anticoagulants? Does the patient 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 if the patient compliant?

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### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, pulse oximetry reading and peak flow. Determine level of consciousness and distress. Assess breathing characteristics: Is the patient 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. Obtain results of most recent COVID-19 test.

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

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### Assessment (A)

Alteration in comfort due to difficulty in breathing

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## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</li> <li>• Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• <b>Albuterol nebulizer</b> solution 0.083% give 2.5mg x 1 <b>STAT for non-trauma related distress</b></li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• Capillary &gt; 3secs</li> <li>• Peak Flow &lt;250</li> <li>• Dyspneic/wheezing</li> <li>• Decreased/No Breath Sounds</li> <li>• Extremity Swelling</li> <li>• Asthma/COPD/Heart Disease/Cirrhosis</li> <li>• Sickle Cell Disease</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Take medications as prescribed by your provider

Stop smoking

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## Seizure – like activity

### Subjective (S)

Patient’s statements/complaints of the event. Get a witness statement if patient is unable to communicate. Ask about activity prior to onset. Ask patient or witness about history of seizures. Document the patient’s pre and post event details. Ask about the length of the seizure, if known. Is the patient compliant with seizure medicine or has the medication or dose been changed recently? Ask the patient about injuries that occurred during the event. Does the patient have a history of drug use?

### Objective (O)

Position patient on their left side to prevent aspiration. Obtain vital signs including blood pressure, pulse, respiration rate, temperature, pulse ox and blood glucose level. NOTE: Do not take oral or rectal temperature post seizure, defer until patient is stable. Assess patient’s level of consciousness and distress. Complete the Glasgow Coma Scale. . Assess pupil size and reaction to light, 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. Assess muscle strength and reflexes.

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

### Assessment (A)

Alteration in comfort due to clinical emergency

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2</li> <li>• <b>Ativan 2mg IM x 1 for SZ</b></li> <li>• saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity Swelling</li> <li>• HIV, DM, Steroid Use</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Not Applicable</b></p>
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## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment

Take your medication as prescribed by your provider

Stop smoking and drinking

Avoidance of triggers (loud noises, extreme heat/cold, flashing lights.)

Explain the experience of aura if the patient is unfamiliar

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## Sexual Assault/PREA

### Subjective (S)

Obtain patient's statement of events and complaints. Note the date, time, and location of alleged assault. Ask patient if they incurred any injury during the event. Is the patient complaining of any symptoms: pain, shortness of breath/respiratory issues, eye or skin irritation, or chest pain? Using the standard numerical pain scale 1-10, ask the patient to rate their level of pain. Is the patient having any associated symptoms including nausea, vomiting, shortness of breath, tingling, bruising, facial/neck swelling, or difficulty swallowing? Is there any genital bleeding, swelling, or bruising? Thoughts of self-harm? Obtain witness and/or officer report of the events. *Do not question patient about details of assault, however, document any details/statements given spontaneously.*

### Objective (O)

If inmate's clothing needs to be removed to provide treatment, *wear gloves so not to contaminate any evidence present.* Limit contact with patient to decrease chances of cross contamination of evidence. All articles of clothes/shoes bagged individually in a paper bag marked with the inmate's name, number, and date.

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess level of consciousness using the Glasgow Coma Scale (GCS). Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. **DO NOT COMPLETE OBJECTIVE EXAM UNLESS PATIENT IS UNSTABLE.** If patient is unstable, inspect for trauma and describe. Examine for PERRLA (pupils equal, round, reactive to light, and accommodation). Auscultate lung and heart sounds. Assess for edema, muscle strength, and reflexes. If the patient goes to an outside ED, **only perform wound care necessary to stabilize for transport** If clothing is removed, place patient in a hospital gown for transport, place clothing in a paper bag marked with the inmate's name, TDOC ID, and the date. Remind security to take a full change of clothes to the ED.

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

### Assessment (A)

Alteration in comfort due to Sexual Assault

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><b>CONTACT SHIFT COMMANDER IMMEDIATELY TO ENSURE THE SART HAS BEEN NOTIFIED</b></p> <p><input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95% <input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP &lt; 90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p> <p>Time Shift Commander notified: _____</p> <p><i>If clothing is removed, place patient in a hospital gown for transport, place clothing in a paper bag marked with inmate's name, TDOC ID and the date and remind Security to take a full change of clothes to the ED</i></p>	<p><input type="checkbox"/> <b>Urgent &lt;72 hours</b> <b>Notify Shift Commander</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP &gt;100; T &gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant <input type="checkbox"/> Acute Mental Status Change <input type="checkbox"/> Hemophilia/Mental Health Disease <input type="checkbox"/> Seizure Like Activity <input type="checkbox"/> Extremity Swelling <input type="checkbox"/> Difficulty Swallowing /Breathing <input type="checkbox"/> Swollen Tongue/Neck <input type="checkbox"/> Laceration/Cut</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Keep patient NPO until after SANE exam <input type="checkbox"/> Held fluids and/or food <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Patient Education Provided</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p> <p>Time Shift Commander notified: _____</p> <p><i>If clothing is removed, place patient in a hospital gown for transport, place clothing in a paper bag marked with inmate's name, TDOC ID and the date and remind Security to take a full change of clothes to the ED</i></p>	<p><input type="checkbox"/> <b>Routine &gt; 72 hours</b> <b>Notify Shift Commander</b> <b>Refer to Provider:</b></p> <p><input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Medical Referral <input type="checkbox"/> Patient Education Provided <input type="checkbox"/> 14-day Follow-up Scheduled with Medical and Mental Health Provider</p> <p><b>*Sexual History Screening</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV?</p> <hr/> <p>What concerns about STDs do you have?</p> <hr/> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p> <p>Time Shift Commander notified: _____</p>
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## **Education (E)**

Do not wash perineum, inside of vagina, or rectum until after you have seen the doctor or nurse.

If you can wait, try not to go to the bathroom or eat anything until after you have seen a doctor or nurse.

Do not rinse out or wash clothing.

In 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.

After you return from the ER, follow up with a health care provider one to two weeks later to talk about how you are feeling and assess how your injuries are healing. They may perform tests to check for pregnancy or infections that can be spread through sexual contact.

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.

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. Mental Health will see you within a few days following the assault and will follow-up with you 14 days later. If the above symptoms develop after your 14-day visit, please return to the clinic/sign up for sick call to see Mental Health.

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. A medical provider will see you in next few days and also follow-up with you again in 14 days. If the above symptoms develop after your 14-day visit, please return to the clinic/sign up for sick call to see medical.

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.

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## Suspected Drug or Alcohol Withdrawal

### Subjective (S)

Patient statement or compliant. If patient is unable to verbalize complaint, obtain a witness statement. Note if patient admits to or is suspected of being under the influence of drugs or alcohol. Ask patient about history of drug or alcohol use or intoxication. Ask patient the name of the substance used. Is the patient potentially within 7 days of stopping use of alcohol or drugs?

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse ox%. Complete Glasgow coma score, if appropriate. Complete CIWA and or COWS 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. Complete Health Services Referral, CR-3431, and submit with the UDS results to the Addiction Treatment Program Director or qualified licensed substance use personnel.

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

## Clinical Institute Withdrawal Assessment Scale for Alcohol, Revised (CIWA-Ar)

### Nausea and Vomiting

- 0 – No nausea or vomiting
- 1
- 2
- 3
- 4 – Intermittent nausea with dry heaves
- 5
- 6
- 7 – Constant nausea, frequent dry heaves and vomiting

### Paroxysmal Sweats

- 0 – No sweat visible
- 1 – Barely perceptible sweating, palms moist
- 2
- 3
- 4 – Beads of sweat obvious on forehead
- 5
- 6
- 7 – Drenching sweats

### Agitation

- 0 – Normal activity
- 1 – Somewhat more than normal activity
- 2
- 3
- 4 – Moderate fidgety and restless
- 5
- 6
- 7 – Paces back and forth during most of the interview or constantly thrashes about

### Visual Disturbances

- 0 – Not present
- 1 – Very mild photosensitivity
- 2 – Mild photosensitivity
- 3 – Moderate photosensitivity
- 4 – Moderately severe visual hallucinations
- 5 – Severe visual hallucinations
- 6 – Extreme severe visual hallucinations
- 7 – Continuous visual hallucinations

### Tremor

- 0 – No tremor
- 1 – Not visible, but can be felt at finger tips
- 2
- 3
- 4 – Moderate when patient's hands extended
- 5
- 6
- 7 – Severe, even with arms not extended

### Tactile Disturbances

- 0 – None
- 1 – Very mild paraesthesias
- 2 – Mild paraesthesias
- 3 – Moderate paraesthesias
- 4 – Moderately severe hallucinations
- 5 – Severe hallucinations
- 6 – Extremely severe hallucinations
- 7 – Continuous hallucinations

### Headache

- 0 – Not present
- 1 – Very mild
- 2 – Mild
- 3 – Moderate
- 4 – Moderately severe
- 5 – Severe
- 6 – Very severe
- 7 – Extremely severe

### Auditory Disturbances

- 0 – Not present
- 1 – Very mild harshness or ability to frighten
- 2 – Mild harshness or ability to frighten
- 3 – Moderate harshness or ability to frighten
- 4 – Moderately severe hallucinations
- 5 – Severe hallucinations
- 6 – Extremely severe hallucinations
- 7 – Continuous hallucinations

### Orientation and Clouding of the Sensorium

- 0 – Oriented and can do serial additions
- 1 – Cannot do serial additions
- 2 – Disoriented for date but not more than 2 calendar days
- 3 – Disoriented for date by more than 2 calendar days
- 4 – Disoriented for place/person

### Cumulative scoring

Cumulative score	Approach
0 – 8	No medication needed
9 – 14	Medication is optional
15 – 20	Definitely needs medication
>20	Increased risk of complications

## Clinical Opiate Withdrawal Scale (COWS)

**Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.**

For each item, write in 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: _____ Enter scores at time zero, 30min after first dose, 2 h after first dose, etc. Times: _____				
<b>Resting Pulse Rate:</b> (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
<b>Sweating:</b> <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 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				
<b>Restlessness</b> <i>Observation during assessment</i> 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				
<b>Pupil size</b> 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				
<b>Bone or Joint aches</b> <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 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				
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

### Assessment (A)

Alteration in comfort due to clinical emergency

## Plan (P)

<input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Acute Mental Status Change</li> </ul> <b>Interventions</b> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</li> <li>• Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• <b>Ativan 2mg IM x 1 for SZ</b></li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____ <th data-bbox="607 285 1053 1755"> <input type="checkbox"/> <b>Urgent</b>  <b>Notify Provider Directly if:</b>  <b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity Swelling</li> <li>• HIV, DM, Steroid Use</li> <li>• Covid-19 Positive or Suspected</li> </ul> <b>Interventions</b> <input type="checkbox"/> UDS obtained  <input type="checkbox"/> Completion of Institutional Health Services Referral, CR-3431  <th data-bbox="1053 285 1469 1755"> <input type="checkbox"/> <b>Routine</b>  <b>Not Applicable</b> </th></th>	<input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b> <b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity Swelling</li> <li>• HIV, DM, Steroid Use</li> <li>• Covid-19 Positive or Suspected</li> </ul> <b>Interventions</b> <input type="checkbox"/> UDS obtained <input type="checkbox"/> Completion of Institutional Health Services Referral, CR-3431 <th data-bbox="1053 285 1469 1755"> <input type="checkbox"/> <b>Routine</b>  <b>Not Applicable</b> </th>	<input type="checkbox"/> <b>Routine</b> <b>Not Applicable</b>
<b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given	<b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given	



## **Education (E)**

Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Stop using drugs and alcohol.

Take your medication as prescribed by your provider.

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
-

## Suspected Drug Overdose

### Subjective (S)

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

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

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess patient'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 finger-stick blood glucose and urine drug screen (UDS) per TDOC Policy 113.94. Complete Health Services Referral, CR-3431, and submit with the UDS results to the Addiction Treatment Program Director or qualified licensed substance use personnel.

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

### Assessment (A)

Alteration in comfort due to clinical emergency

## Plan (P)

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Acute Mental Status Change</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• <b>Ativan 2mg IM x 1 for SZ</b></li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</li> </ul> <p><b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Seizure Like Activity</li> <li>• Swollen Tongue/Neck</li> <li>• Extremity Swelling</li> <li>• HIV, DM, Steroid Use</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><b>Interventions</b></p> <p><input type="checkbox"/> UDS obtained</p> <p><input type="checkbox"/> Completion of Institutional Health Services Referral, CR-3431</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Not Applicable</b></p>
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## **Education (E)**

Patient instructed to return to the healthcare unit if condition worsens or new symptoms develop prior to scheduled provider appointment.

Stop using drugs and stop smoking.

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## Trauma (Amputation, Laceration)

### Subjective (S)

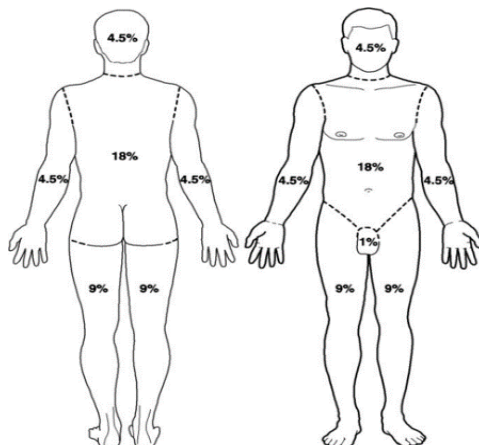
Patient's statement or complaint. Obtain a witness statement if patient cannot speak. Inquire as to onset/duration/ and history of event. Determine the type of injury: self-inflicted, intentional, un-intentional, or unknown. Ask if the patient experienced any loss of consciousness (LOC). Other associated symptoms may include amnesia (no recollection) of events, seizure, visual disturbance, headache, dizziness, joint or extremity pain/numbness. Using the standard numerical pain scale 1-10, have patient rate their level of pain. Discuss patient's medical history including anti-coagulant use, Hemophilia, and last Tetanus Vaccine.

### Objective (O)

Obtain vital signs including blood pressure, pulse, respiration rate, temperature, and pulse oximetry reading. Assess patient's consciousness and distress. Assess if patient is actively bleeding or if recent bleeding has stopped. Assess pain using the FLACC Pain Score and note if scoring is consistent with subjective pain reported by patient. 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:	<input type="checkbox"/> Spontaneous (4)	<input type="checkbox"/> To speech (3)	<input type="checkbox"/> To pain (2)
	<input type="checkbox"/> None (1)	<input type="checkbox"/> Closed by edema	
Verbal Response:	<input type="checkbox"/> Oriented (5)	<input type="checkbox"/> Confused (4)	<input type="checkbox"/> Inappropriate (3)
	<input type="checkbox"/> Incomprehensible (2)	<input type="checkbox"/> None (1)	
Motor Response:	<input type="checkbox"/> Obeys Commands (6)	<input type="checkbox"/> Localizes-pain (5)	<input type="checkbox"/> Withdraws-pain (4)
	<input type="checkbox"/> Flexion-pain (3)	<input type="checkbox"/> Extension-pain (2)	<input type="checkbox"/> None (1)
GCS total score:	<input type="checkbox"/> 15	<input type="checkbox"/> 9-14	<input type="checkbox"/> 3-8



**Rule of 9's:** The Rule of 9's is used to determine how much body surface area is damaged. You can 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 related to injury

## Plan (P)

<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li>• Active Bleeding <b>ON</b> Anticoagulant</li> <li>• Laceration w/ visible Muscle/Tendon/Bone</li> <li>• Loss of Consciousness</li> <li>• Difficulty Swallowing/Breathing or Stridor</li> <li>• Uncontrolled Bleeding</li> <li>• Hemophilia/DM</li> <li>• Partial or Full Amputation</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li>• Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li>• Place in most comfortable position</li> <li>• Elevate legs, if SBP&lt;90</li> <li>• Monitor vital signs q5mins until EMS arrive</li> <li>• Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order <b>Site:</b> _____ <b>Gauge:</b> _____ <b>Time:</b> _____</li> </ul> <p><b>Provider Notified</b> _____ <input type="checkbox"/> Orders Given</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p style="text-align: center;"><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li>• GCS 9-14</li> <li>• Active Bleeding <b>NOT</b> on Anticoagulant</li> <li>• Steroid Use</li> <li>• Self-Inflicted</li> <li>• Numbness</li> <li>• Covid-19 Positive or Suspected</li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>Provider Notified</b> _____</p> <p><input type="checkbox"/> Orders Given</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• <b>Protocol Treatment Ineffective x 2 within 7 days</b></li> <li>• <b>Protocol does not adequately meet the patient's objective clinical needs</b></li> </ul> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p>
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## Education (E)

### ***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 wound 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.
- Dab 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, if instructed to do so.
- 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.
- Dab 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.

### **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.

### **Contact the provider right away if:**

- 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.
  - You have a fever of 100 or higher.
  - 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 too soon.
-

## SECTION III

# NURSING PROTOCOL PROGRESS 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) \_\_\_\_\_

**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:	<input type="checkbox"/> Spontaneous (4)	<input type="checkbox"/> To speech (3)	<input type="checkbox"/> To pain (2)
	<input type="checkbox"/> None (1)	<input type="checkbox"/> Closed by edema	
Verbal Response:	<input type="checkbox"/> Oriented (5)	<input type="checkbox"/> Confused (4)	<input type="checkbox"/> Inappropriate (3)
	<input type="checkbox"/> Incomprehensible (2)	<input type="checkbox"/> None (1)	
Motor Response:	<input type="checkbox"/> Obeys Commands (6)	<input type="checkbox"/> Localizes-pain (5)	<input type="checkbox"/> Withdraws-pain (4)
	<input type="checkbox"/> Flexion-pain (3)	<input type="checkbox"/> Extension-pain (2)	<input type="checkbox"/> None (1)
<b>GCS total score:</b>	<input type="checkbox"/> 15	<input type="checkbox"/> 9-14	<input type="checkbox"/> 3-8

**Skin:**  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice  Singed **Drainage:**  Y  N -If Yes, describe

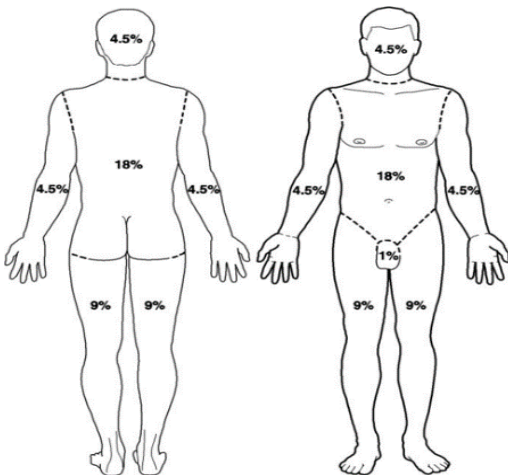
**1<sup>st</sup> Degree Burn:** presence of pink to red, dry, slightly edematous skin **Color:** \_\_\_\_\_ **Odor:**  Y  N

**2<sup>nd</sup> Degree Burn:** presence of vesicles (blisters) and edema

**3<sup>d</sup> Degree Burn:** presence of full thickness, skin loss, skin can appear white in color and sloughs off

Indicate size and location of burn.

The Rule of 9's is meant to be used for second- and third-degree burns.



The Rule of 9's assigns a percentage that's either nine or a multiple of nine to determine how much body surface area is damaged. You can estimate the body surface on an adult that has been burned 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 burned, this would involve 55% of the body.

**Head Trauma:**  None  Y

Describe \_\_\_\_\_

Facial/Neck Swelling  Tongue Swelling

**Pupils:**  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint

Asymmetrical  Accommodating

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

**Heart Sounds:**  Norm  Extra Sounds

**EXT Edema (1-4+)**  None LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

**Neuro: Muscle Strength (1-5/5)**  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_

LL \_\_\_\_\_ R \_\_\_\_\_ **Reflexes**  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

**Additional Examination:** \_\_\_\_\_

\*Use blank CR-1884 for addl. Documentation



Assessment: Alteration in comfort due to Burn

Plan: Provide treatment per Nursing Protocol

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of Consciousness</li> <li><input type="checkbox"/> Acute Mental Status Change</li> <li><input type="checkbox"/> Difficulty Swallowing /Breathing</li> <li><input type="checkbox"/> Swollen Tongue/Neck</li> <li><input type="checkbox"/> Extremity swelling</li> <li><input type="checkbox"/> Inhaled Injury</li> <li><input type="checkbox"/> 3<sup>rd</sup> -Degree Burn</li> <li><input type="checkbox"/> 2<sup>nd</sup> Degree Burn involving &gt;15% BSA</li> <li><input type="checkbox"/> Burns related to Radiation/Chemicals/Electricity</li> <li><input type="checkbox"/> Burns involving Face/ Hands/ Feet/ Genitalia/Perineum/Major Joints</li> </ul> <p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></li> <li><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</li> <li><input type="checkbox"/> Place in most comfortable position</li> <li><input type="checkbox"/> Elevate legs, if SBP&lt;90</li> <li><input type="checkbox"/> Monitor vital signs q5mins until EMS arrives</li> <li><input type="checkbox"/> Irrigate chemical burns with copious amounts of water</li> <li><input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO, or per Provider's order</li> </ul> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4</b> <b>RR &lt;10 or &gt;24; HR &lt;60 or &gt;100</b> <b>O2Sat &lt;=94%</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GCS 9-14</li> <li><input type="checkbox"/> 1<sup>st</sup> &amp; 2<sup>nd</sup> Degree Burn involving &lt;15% BSA</li> <li><input type="checkbox"/> COVID-19 Positive or Suspected</li> </ul> <p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply cool compress</li> <li><input type="checkbox"/> Irrigate chemical burns with copious amounts of cool water</li> <li><input type="checkbox"/> Consider burn ointment and dressing if area easily irritated</li> <li><input type="checkbox"/> Assess for signs of infection</li> <li><input type="checkbox"/> Per Provider's orders: Tetanus booster if not within 10 years.</li> </ul> <p>Give IM booster dose of 0.5ml of Td (for adult use) vaccine or Tetanus Toxoid vaccine as Provider's order. <b>Location:</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Education Provided</li> <li><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop.</li> </ul> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days</li> <li><input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</li> </ul> <p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For 1<sup>st</sup> degree Burn, give <b>Acetaminophen</b> 325mg, 2 tabs PO PRN 3x daily x 4 days</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For 1<sup>st</sup> degree Burn, give Ibuprofen 200 mg, 2 tabs, PO PRN 3x daily x 4 days</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Education Provided</li> <li><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</li> </ul> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV?</p> <hr/> <p>What concerns about STDs do you have?</p> <hr/> <p><i>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</i></p>
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**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

**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: \_\_\_\_\_

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

**Heart Sounds:**  Norm  Extra Sounds

**Extremity Edema (1-4+)**  None LU\_\_\_\_\_ RU\_\_\_\_\_ LL\_\_\_\_\_ RL\_\_\_\_\_  Warmth  Redness  Tenderness

**Additional Examination:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Use blank CR-1884 for addl. documentation*

**Assessment:** Alteration in Comfort due to Chest Pain  
**Plan:** Treatment Provided per Nursing Protocol



<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b>  <b>Life Threatening or Patient in Extremis –          Activate EMS</b></p> <p><input type="checkbox"/> Loss of consciousness  <input type="checkbox"/> Difficulty swallowing or breathing  <input type="checkbox"/> Acute mental status change</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Nitroglycerin 0.4mg, 1 tab SL every 5 mins x 3 doses max for chest pain</p> <p><input type="checkbox"/> <b>Non-enteric coated</b> 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</p> <p><input type="checkbox"/> Place in most comfortable position  <input type="checkbox"/> Elevate legs, if SBP&lt;90  <input type="checkbox"/> Monitor vital signs q5mins until EMS arrives  <input type="checkbox"/> Start IV with Normal Saline 0.9% 500 mL/hr. for systolic BP &lt; 90, otherwise KVO, or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b>  <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4;          RR &lt;10 or &gt;24; HR &lt;60 or &gt;100;          O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Seizure Like Activity  <input type="checkbox"/> Extremity Swelling  <input type="checkbox"/> Pain 7/10  <input type="checkbox"/> Heart Disease  <input type="checkbox"/> History of DVT/PE  <input type="checkbox"/> Acute Mental Status Change  <input type="checkbox"/> Covid-19 Pos or Suspected  <input type="checkbox"/> Dyspnea  <input type="checkbox"/> GCS 9-14</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b>  <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> <b>Protocol Treatment ineffective x 2 within 7 days</b></p> <p><input type="checkbox"/> <b>Protocol does not adequately meet the patient's objective clinical needs</b></p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV?          _____</p> <p>What concerns about STDs do you have?          _____</p> <p><i>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</i></p>
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**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
<b>OR (Routine)</b>	<b>Both (Urgent/ Emergent)</b>	
_____ 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) FLACC Pain Score:

Table with 4 columns: Eye Opening, Verbal Response, Motor Response, GCS total score. Rows include Spontaneous, None, Oriented, Incomprehensible, Obeys Commands, Flexion-pain, To speech, Closed by edema, Confused, None, Localizes-pain, Extension-pain, To pain, Inappropriate, Withdraws-pain, None.

Skin: Norm Dry Warm Moist/Clammy Pale Cyanotic Jaundice Cut/Lac- Describe
Head Trauma: None Y-Describe
Pupils: Reactive Symmetrical Sluggish Dilated Pinpoint Asymmetrical Accommodating
Lungs Sounds: Norm Decreased Wheezing Crackles Absent \*PFM:
Heart Sounds: Norm Extra Sounds EXT Edema (1-4+) None LU RU LL RL
Neuro: Muscle Strength (1-5/5) Norm Bilaterally LU RU LL RL Reflexes Norm Bilaterally
Absent: LU RU LL RL
Additional Examination:

\*Use blank CR-1884 for addl. Documentation

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



**NURSING PROTOCOL PROGRESS NOTE –  
CORRECTIONAL ENVIRONMENT**

<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Active Bleeding ON Anticoagulant <input type="checkbox"/> Difficulty Swallowing/Breathing or Stridor <input type="checkbox"/> Acute Mental Status Change <input type="checkbox"/> Swollen Tongue or Neck</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No <i>(Complete CR-2592)</i></p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14 <input type="checkbox"/> Active Bleeding NOT on Anticoagulant <input type="checkbox"/> Seizure Like Activity <input type="checkbox"/> Extremity Swelling <input type="checkbox"/> Laceration/Cut <input type="checkbox"/> Hemophilia/Mental Health Disease <input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No <i>(Complete CR-2592)</i></p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b> Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p> <p style="text-align: right;"><i>(Complete CR-2592)</i></p>
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**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: Chief Complaint-**

**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: \_\_\_\_\_

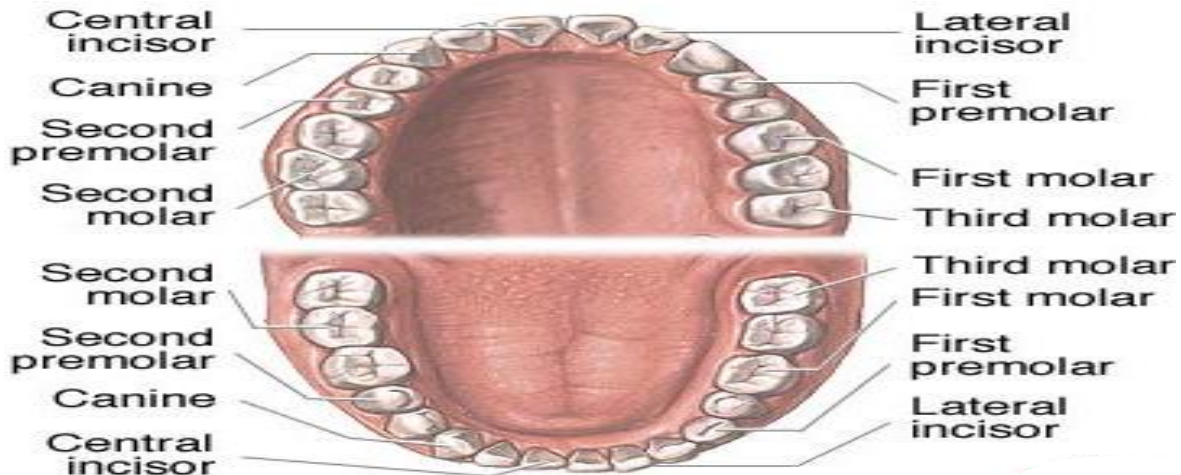
**Objective:**

**Vital Signs:** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ O2 Sat: \_\_\_\_\_ Weight: \_\_\_\_\_

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

**FLACC Pain Score:** \_\_\_\_\_

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



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

**Head Trauma:**  None  Y-Describe \_\_\_\_\_  Facial Asymmetry

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

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

**Additional Examination:** \_\_\_\_\_

*\*Use blank CR-1884 for addl. Documentation*

**Assessment:** Alteration in Comfort due to Dental Pain

**Plan:** Provide treatment per Nursing Protocol



<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extreme Distress – Activate EMS</b></p> <p><input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position</p> <p><input type="checkbox"/> Elevate legs, if SBP&lt;90</p> <p><input type="checkbox"/> Monitor vital signs q5mins until EMS arrive</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant</p> <p><input type="checkbox"/> Drooling</p> <p><input type="checkbox"/> Difficulty with Swelling</p> <p><input type="checkbox"/> Avulsed Tooth</p> <p><input type="checkbox"/> Abscessed Tooth</p> <p><input type="checkbox"/> Fractured/Displaced Jaw</p> <p><input type="checkbox"/> Fractured Maxilla/Eye Socket</p> <p><input type="checkbox"/> Pain 7/10</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days</p> <p><input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs 3 x daily PRN x 4 days for pain</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs 3x daily PRN x 4 days for pain</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens, does not improve, or new symptoms develop.</p> <p><b>*Sexual History Screening:</b> Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV?</p> <p>_____</p> <p>What concerns about STDs do you have?</p> <p>_____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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; Heart Burn; 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: Chief Complaint-**

**Onset:** \_\_\_\_\_ #of episodes last 24 hours: \_\_\_\_\_ Last time of episode: \_\_\_\_\_

**Drug Ingestion:**  Y  N **Discomfort Occurs:**  Before Meals  After Meals

**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

**FLACC Pain Score:** \_\_\_\_\_

**Skin:**  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice **Turgor:**  Tenting  No Tenting

**Mucous Membranes:**  Hydrated  Dry **Rectal Exam:**  Tear(s)  Hemorrhoids  Lesions  Bleeding

**Abdominal Assessment:** **Bowel Sounds:**  Norm  Hypoactive  Hyperactive  Absent

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

Location of Tenderness:  RUQ  LUQ  RLQ  LLQ  Mid-epigastric

**Additional Examination:** \_\_\_\_\_

*\*Use blank 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



<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Difficulty Swallowing/Breathing or Stridor <input type="checkbox"/> Acute Mental Status Change</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Painful Swallowing <input type="checkbox"/> Severe pain 7/10 or Distress <input type="checkbox"/> &gt;5lb Weight loss <input type="checkbox"/> Nausea and/or Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal distension/no bowel sounds/tender/Rigidity <input type="checkbox"/> Bloody or Tarry stools <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Prior abdominal surgery <input type="checkbox"/> Pregnancy <input type="checkbox"/> Covid-19 Positive or Suspect</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Antacid PO x 1 dose for Abdominal Pain or Dyspepsia (<b>EXCLUDING RENAL PATIENTS</b>) <input type="checkbox"/> Biscodyl (Dulcolax) 5 mg, 2 tabs PO now then docusate (Colace) 100mg once daily PO for 5 days, not to exceed 5 caps, for Constipation <input type="checkbox"/> Simethicone 125mg, 1-2 PO tabs 3x/day PRN x 5 days for Flatulence <input type="checkbox"/> Hemorrhoid ointment with instructions to apply to rectal area 2-4 times daily PRN x 5 days, or as directed on package for hemorrhoids <input type="checkbox"/> Colace or generic equivalent, 100 mcg capsule PO twice daily x 5 days for hemorrhoids</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b> Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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
<b>OR (Routine)</b>	<b>Both (Urgent/ Emergent)</b>	
_____ 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  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  DVT/Pulmonary Emboli  Cancer  Head Trauma

**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

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**) **Glucose Finger Stick:** \_\_\_\_\_

**Glasgow Coma Scale (GCS)**

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

**Skin:**  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice  Redness/Rash/Hives  Blisters

**Head Trauma:**  N  Y-Describe \_\_\_\_\_  Facial Asymmetry

**Pupils:**  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

**Lungs Sounds:**  Norm  Decreased  Wheezing  Crackles  Absent  Stridor

**Heart Sounds:**  Norm  Extra Sounds **EXT Edema (1-4+)**  None LU\_\_ RU\_\_ LL\_\_ RL\_\_

**Neuro: Muscle Strength (1-5/5)**  Norm Bilaterally LU\_\_RU\_\_LL\_\_RL\_\_; **Reflexes**  Norm Bilaterally  Absent: LU\_\_RU\_\_LL\_\_RL\_\_

**Note:**  Audible Wheezing/Stridor  Nasal Flaring  Use of Accessory Muscles  Incontinence  Tongue biting

**Additional Examination:** \_\_\_\_\_

*\*Use blank CR-1884 for addl. Documentation*

**Assessment:** Alteration in Comfort due to Clinical Emergency

**Plan:** Treatment Provided per Nursing Protocol





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

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

Location of Pain: Abdomen Back Groin Hip Rectum/Perineum

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

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 FLACC Pain Score:

Additional Examination:

Urine Dipstick obtained Y N Results Color of Urine: \*Use blank CR-1884 for addl. Documentation

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



NURSING PROTOCOL PROGRESS NOTE – GENITOURINARY TDOC ID: \_\_\_\_\_

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position</p> <p><input type="checkbox"/> Elevate legs, if SBP&lt;90</p> <p><input type="checkbox"/> Monitor vital signs q5mins until EMS arrive</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant</p> <p><input type="checkbox"/> Masses/Nodules</p> <p><input type="checkbox"/> Exudate/Discharge</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal distension/no bowel sounds/tender/Rigidity</p> <p><input type="checkbox"/> DM/ HIV</p> <p><input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> 7/10 Pain</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days</p> <p><input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs. 2 tabs PO, PRN 3x daily x 4 days for menstrual discomfort or testicular pain/swelling</p> <p>OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO, PRN 3x daily x 4 days for menstrual discomfort or testicular pain/swelling</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**Emergency Transport**

- Time EMS Notified: \_\_\_\_\_
- Emergency Room transfer documentation completed
- Emergency Room notified; **Report Given to:** \_\_\_\_\_

Depart Date/ Time: \_\_\_\_\_ Type of Transport: \_\_\_\_\_

\_\_\_\_\_  
LPN Signature

OR (Routine)

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Printed Name

Both (Urgent/ Emergent)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

Other Location of Pain:  Neck  Chest  Extremity  Abdomen

**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: \_\_\_\_\_

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

Unresponsive (**GCS**)

**FLACC Pain Score:** \_\_\_\_\_

**Glasgow Coma Scale (GCS)**

- |                  |   |   |   |
|------------------|---|---|---|
| Eye Opening:     | <input type="checkbox"/> Spontaneous (4)      | <input type="checkbox"/> To speech (3)      | <input type="checkbox"/> To pain (2)        |
|                  | <input type="checkbox"/> None (1)             | <input type="checkbox"/> Closed by edema    |   |
| Verbal Response: | <input type="checkbox"/> Oriented (5)         | <input type="checkbox"/> Confused (4)       | <input type="checkbox"/> Inappropriate (3)  |
|                  | <input type="checkbox"/> Incomprehensible (2) | <input type="checkbox"/> None (1)           |   |
| Motor Response:  | <input type="checkbox"/> Obeys Commands (6)   | <input type="checkbox"/> Localizes-pain (5) | <input type="checkbox"/> Withdraws-pain (4) |
|                  | <input type="checkbox"/> Flexion-pain (3)     | <input type="checkbox"/> Extension-pain (2) | <input type="checkbox"/> None (1)           |

**GCS total score:**  15  9-14  3-8

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

**Head Trauma:**  None  Y-Describe \_\_\_\_\_  Facial Asymmetry

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 **EXT Edema (1-4+)**  None LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

**Neuro: Muscle Strength (1-5/5)**  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

**Reflexes:**  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

**Gait Pattern:**  Balanced  Unbalanced

**Additional Examination:** \_\_\_\_\_

\*Use blank CR-1884 for addl. documentation

**Assessment:** Alteration in Comfort due to Head Injury

**Plan:** Treatment Provided per Nursing Protocol



<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Difficulty Swallowing /Breathing or Stridor</p> <p><input type="checkbox"/> Loss of Consciousness</p> <p><input type="checkbox"/> Acute Mental Status Change</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position</p> <p><input type="checkbox"/> Elevate legs, if SBP&lt;90</p> <p><input type="checkbox"/> Monitor vital signs q5mins until EMS arrives</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4;</b> <b>RR &lt;10 or &gt;24; HR &lt;60 or &gt;100;</b> <b>O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14</p> <p><input type="checkbox"/> Seizure Like Activity</p> <p><input type="checkbox"/> Swollen Tongue/Neck</p> <p><input type="checkbox"/> Drainage from Ear/Nose</p> <p><input type="checkbox"/> Black Eye</p> <p><input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days</p> <p><input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**Emergency Transport**

- Time EMS Notified: \_\_\_\_\_
- Emergency Room transfer documentation completed
- Emergency Room notified; **Report Given to:** \_\_\_\_\_

**Depart Date/ Time:** \_\_\_\_\_ **Type of Transport:** \_\_\_\_\_

\_\_\_\_\_  
LPN Signature

\_\_\_\_\_  
OR (Routine)

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
**Both (Urgent/ Emergent)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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  
**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  
 Other: \_\_\_\_\_

**Objective:**

**Vital Signs:** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ O2 Sat: \_\_\_\_\_ Weight: \_\_\_\_\_

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

**Skin:**  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice  Red  Rash  Blisters

**Head Trauma:**  None  Y-Describe \_\_\_\_\_

**FLACC Pain Score:** \_\_\_\_\_

**Facial Asymmetry:**  Y  N *If N, describe:* \_\_\_\_\_

**Cranium:**  Infestation  Hair Loss  Skin Breakdown  Abnormalities  Sinus Tenderness

**Pupils:**  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  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 CR-1884 for addl. documentation*

**Assessment:** Alteration in Comfort due to HEENT Discomfort

**Plan:** Treatment Provided per Nursing Protocol



<p style="text-align: center;"><input type="checkbox"/> <b>Emergent</b>  <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness  <input type="checkbox"/> Difficulty Swallowing /Breathing or Stridor</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position  <input type="checkbox"/> Elevate legs, if SBP&lt;90  <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive  <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b>  <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4;  RR &lt;10 or &gt;24; HR &lt;60 or &gt;100;  O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Swollen Tongue/Neck  <input type="checkbox"/> Rash/Blisters around eye or nose  <input type="checkbox"/> Oral lesions  <input type="checkbox"/> Nasal Polyp  <input type="checkbox"/> Adenopathy  <input type="checkbox"/> Exudate  <input type="checkbox"/> Pain 7/10  <input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided  <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b>  <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days  <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs, PO, 3 x daily PRN x 4 days for pain</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs, PO, 3x daily PRN x 4 days for pain</p> <p><input type="checkbox"/> Chlorpheniramine (CTM) 4 mg tabs, 1 tab by mouth 3x daily PRN x 4 days</p> <p><input type="checkbox"/> For Cerumen impaction, Carbamide Peroxide (Debrox), 5-10 drops in ear 2x daily x 4 days – flush ear on day 5 with warm water to remove cerumen impaction</p> <p><input type="checkbox"/> Patient Education Provided  <input type="checkbox"/> Patient instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs?  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV?  _____</p> <p>What concerns about STDs do you have?  _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**Emergency Transport**

- Time EMS Notified: \_\_\_\_\_
- Emergency Room transfer documentation completed
- Emergency Room notified; **Report Given to:** \_\_\_\_\_

**Depart Date/ Time:** \_\_\_\_\_ **Type of Transport:** \_\_\_\_\_

\_\_\_\_\_  
LPN Signature

OR (Routine)

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Printed Name

Both (Urgent/ Emergent)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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: \_\_\_\_\_

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:	<input type="checkbox"/> Spontaneous (4)	<input type="checkbox"/> To speech (3)	<input type="checkbox"/> To pain (2)
	<input type="checkbox"/> None (1)	<input type="checkbox"/> Closed by edema	
Verbal Response:	<input type="checkbox"/> Oriented (5)	<input type="checkbox"/> Confused (4)	<input type="checkbox"/> Inappropriate (3)
	<input type="checkbox"/> Incomprehensible (2)	<input type="checkbox"/> None (1)	
Motor Response:	<input type="checkbox"/> Obeys Commands (6)	<input type="checkbox"/> Localizes-pain (5)	<input type="checkbox"/> Withdraws-pain (4)
	<input type="checkbox"/> Flexion-pain (3)	<input type="checkbox"/> Extension-pain (2)	<input type="checkbox"/> None (1)
GCS total score:	<input type="checkbox"/> 15	<input type="checkbox"/> 9-14	<input type="checkbox"/> 3-8

Skin:  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice  Signs of Infection  Diaphoretic

Pupils:  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

Muscle Strength (1-5/5):  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Reflexes:  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Additional Examination: \_\_\_\_\_

\_\_\_\_\_

Urine Dipstick Results: \_\_\_\_\_

\*Use blank CR-1884 for addl. documentation

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



**NURSING PROTOCOL PROGRESS NOTE –  
HYPERGLYCEMIA**

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Unresponsive/Confused <input type="checkbox"/> Loss of Consciousness</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p>BG: _____</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14 <input type="checkbox"/> Seizure Like Activity <input type="checkbox"/> Acute Mental Status Change <input type="checkbox"/> Previous DKA <input type="checkbox"/> Positive Ketones <input type="checkbox"/> Any Symptomatic Hyperglycemia <input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> BG=&gt;350; Repeat q2 hours x 3</p> <p>Time: _____ BG: _____</p> <p>Time: _____ BG: _____</p> <p>Time: _____ BG: _____</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% 500 ml/hr. or per Provider's orders for elevated BG =&gt;350</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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 – 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:  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  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: \_\_\_\_\_

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:	<input type="checkbox"/> Spontaneous (4)	<input type="checkbox"/> To speech (3)	<input type="checkbox"/> To pain (2)
	<input type="checkbox"/> None (1)	<input type="checkbox"/> Closed by edema	
Verbal Response:	<input type="checkbox"/> Oriented (5)	<input type="checkbox"/> Confused (4)	<input type="checkbox"/> Inappropriate (3)
	<input type="checkbox"/> Incomprehensible (2)	<input type="checkbox"/> None (1)	
Motor Response:	<input type="checkbox"/> Obeys Commands (6)	<input type="checkbox"/> Localizes-pain (5)	<input type="checkbox"/> Withdraws-pain (4)
	<input type="checkbox"/> Flexion-pain (3)	<input type="checkbox"/> Extension-pain (2)	<input type="checkbox"/> None (1)
<b>GCS total score:</b>	<input type="checkbox"/> 15	<input type="checkbox"/> 9-14	<input type="checkbox"/> 3-8

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

Head Trauma:  None  Y – Describe \_\_\_\_\_  Facial Asymmetry

Pupils:  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

Neuro: Muscle Strength (1-5/5):  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Reflexes  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Additional Examination: \_\_\_\_\_

\_\_\_\_\_

\*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Hyperglycemia

Plan: Treatment Provided per Nursing Protocol



NURSING PROTOCOL PROGRESS NOTE – HYPOGLYCEMIA TDOC ID: \_\_\_\_\_

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Glucagon with BG&lt;70 &amp; Unresponsive/Confused <input type="checkbox"/> Loss of Consciousness</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses pt. remains unresponsive. <b>EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</b></p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><b>BG:</b> _____</p> <p><input type="checkbox"/> <b>Ativan 2mg IM x1 for SZ</b></p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p><b>Site:</b> _____ <b># of attempts:</b> _____</p> <p><b>Gauge:</b> _____ <b>Time:</b> _____</p> <p><b>Pt. tolerated:</b> <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p><b>Time provider notified:</b> _____</p> <p><b>Time provider responded:</b> _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14 <input type="checkbox"/> Seizure Like Activity <input type="checkbox"/> Acute Mental Status Change <input type="checkbox"/> Any Symptomatic Hypoglycemia <input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Glucose Gel given PO in the Cheek for BG 40-60 x 1 dose or Provider's order</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Glucagon Injection IM per package directions for BG &lt;40 OR if patient is too confused or combative to give Glucose Gel or Provider's order <input type="checkbox"/> Re-assess BG q 15 minutes until BG is &gt;75</p> <p>Time: _____ BG: _____</p> <p>Time: _____ BG: _____</p> <p>Time: _____ BG: _____</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p><b>Time provider notified:</b> _____</p> <p><b>Time provider responded:</b> _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> <b>Protocol Treatment ineffective x 2 within 7 days</b> <input type="checkbox"/> <b>Protocol does not adequately meet the patient's objective clinical needs</b></p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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
<b>OR (Routine)</b>	<b>Both (Urgent/ Emergent)</b>	
_____ RN Signature	_____ Printed Name	_____ Date



TENNESSEE DEPARTMENT OF CORRECTION  
**NURSING PROTOCOL PROGRESS NOTE – INTEGUMENT**

INSTITUTION \_\_\_\_\_

**\*Use for Abrasion; Acne; Athlete’s Foot; Bite; Boil; Callous/Corns; Chicken Pox; Dandruff; Dermatitis; Dry Skin; Jock Itch; 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: \_\_\_\_\_

**Date of Last Tetanus Booster:** \_\_\_\_\_

**Objective:**

**Vital Signs:** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ O2 Sat: \_\_\_\_\_ Weight: \_\_\_\_\_

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

**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

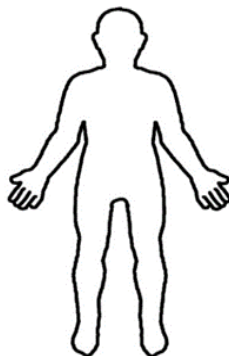
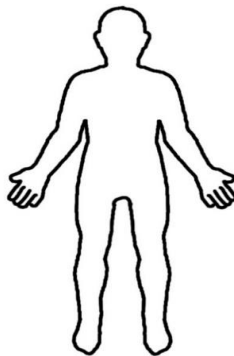
White Scales  Erythema with Raised Border  Black Eschar  Laceration  Granulation

**Lymph nodes**  palpable (where) \_\_\_\_\_  Tender Y  N  Not Palpable

**Location:**

Front

Back



*Depth of Injury:* \_\_\_\_\_

*Width of Injury:* \_\_\_\_\_

*Length of Injury:* \_\_\_\_\_

*Thickness:*  Partial  Full

*Wound edges:*

Diffuse  Well defined  Rolled

**FLACC Pain Score:** \_\_\_\_\_

**Additional**

**Examination:** \_\_\_\_\_

*Use blank CR-1884 for addl. documentation*

**Assessment:** Alteration in Comfort due to skin discomfort

**Plan:** Treatment Provided per Nursing Protocol



<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><input type="checkbox"/> Laceration w/visible Muscle/Tendon/Bone</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position</p> <p><input type="checkbox"/> Elevate legs, if SBP&lt;90</p> <p><input type="checkbox"/> Monitor vital signs q5mins until EMS arrive</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant</p> <p><input type="checkbox"/> Pain 7/10</p> <p><input type="checkbox"/> Redness, Warmth, Pus, Blisters, Swelling</p> <p><input type="checkbox"/> Burrows/Tunnels</p> <p><input type="checkbox"/> Abscess</p> <p><input type="checkbox"/> Black Dead Skin</p> <p><input type="checkbox"/> Foul Odor</p> <p><input type="checkbox"/> Obvious Nits (lice)</p> <p><input type="checkbox"/> New Medication</p> <p><input type="checkbox"/> Diabetes, HIV, Steroid use</p> <p><input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days</p> <p><input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Benzoyl Peroxide, apply topically BID PRN for 14 days for acne</p> <p><input type="checkbox"/> Antifungal cream, 1 tube. Wash and dry affected area and apply cream topically BID for 3 weeks for Athlete's Foot or Jock Itch</p> <p><input type="checkbox"/> Calamine lotion for pruritus associated with Chicken Pox, Poison Oak, or Poison Ivy. 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.</p> <p><input type="checkbox"/> Corticosteroid preparation (Hydrocortisone) as directed on package 3x daily PRN x 5 days for Dermatitis</p> <p><input type="checkbox"/> Permethrin preparation (RID) shampoo, one application to scalp now and one in 7-10 days, if indicated, for Lice. Comb hair to remove nits.</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b> Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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 – MENTAL HEALTH

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: \_\_\_\_\_

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, Oriented & 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  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

Observation/Comments:  Cooperative  Pleasant  Reluctant  Withdrawn  Uncooperative

FLACC Pain Score: \_\_\_\_\_

Additional Examination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Mental Status

Plan: Treatment Provided per Nursing Protocol



<p style="text-align: center;"><input type="checkbox"/> <b>Urgent</b></p> <p style="text-align: center;"><b>Notify Provider Directly if:</b></p> <p style="text-align: center;"><b>SBP &lt;90 or &gt;170; DBP &gt;100; T &gt;100.4;</b>  <b>RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><b>Notify Mental Health Provider:</b></p> <p><input type="checkbox"/> Thoughts of self-harm or harming others</p> <p><b>Time provider notified:</b> _____</p> <p><b>Time provider responded:</b> _____</p> <p><input type="checkbox"/> Orders received    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Placed in Suicide Watch</p> <p><input type="checkbox"/> Placed in Mental Health Seclusion</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Routine</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Referred to Mental Health Provider</b></p>
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\_\_\_\_\_  
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? Recent change? 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)

Date of Last Tetanus Booster:

Objective:

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

FLACC 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 >3 sec

Lymph nodes palpable (where) Tender: Y N Not Palpable

Neuro: Muscle Strength (1-5/5) Norm Bilaterally LU RU LL RL

Reflexes Norm Bilaterally Absent: LU RU LL RL

Additional Examination:

\*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Musculo-skeletal Injury

Plan: Treatment Provided per Nursing Protocol



NURSING PROTOCOL PROGRESS NOTE – TDOC ID: \_\_\_\_\_  
MUSCULOSKELETAL

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Bowel/Bladder Incontinence w/ Back Pain</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Capillary Refill &gt;3 secs <input type="checkbox"/> Dislocation/Angulation <input type="checkbox"/> Hemophilia <input type="checkbox"/> Warm/Red Joint <input type="checkbox"/> Reduced Strength or Reflexes <input type="checkbox"/> 7/10 Pain <input type="checkbox"/> Covid-19 Positive or Suspected <input type="checkbox"/> Extremity swelling</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• Protocol Treatment ineffective x 2 within 7 days</li> <li>• Protocol does not adequately meet the patient's objective clinical needs</li> </ul> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Acetaminophen 325 mg tabs, 2 tabs PO 3 x daily PRN x 4 days for sprain, joint pain, or contusion</p> <p>OR</p> <p><input type="checkbox"/> Ibuprofen 200 mg tabs, 2 tabs PO 3 x daily PRN x 4 days for Contusion, Joint Pain, or Sprain</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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:

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

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 (GCS) FLACC 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 \_\_\_\_\_  Facial Asymmetry  Tongue Deviation

Pupils:  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

Lungs Sounds:  Norm  Decreased  Wheezing  Crackles  Absent

Heart Sounds:  Norm  Extra Sounds EXT Edema (1-4+)  None LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Neuro: Muscle Strength (1-5/5)  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Reflexes  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Additional Examination: \_\_\_\_\_

\*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Neurologic Impairment

Plan: Treatment Provided per Nursing Protocol



**NURSING PROTOCOL PROGRESS NOTE –  
NEUROLOGIC IMPAIRMENT**

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Difficulty Swallowing /Breathing <input type="checkbox"/> Acute Mental Status Change</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14 <input type="checkbox"/> Facial Drooping <input type="checkbox"/> Absent or Asymmetrical Strength <input type="checkbox"/> Absent or Asymmetrical Reflexes <input type="checkbox"/> History of Sickle Cell Disease, HIV <input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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 – 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? Recent change? If Yes, describe change:

Subjective:

Onset: Duration:

Activity prior to onset: Prior history of same:

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:

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:

Currently taking: Inhaler Steroids Anticoagulants

Objective:

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

Peak Flow 1: 2: 3:

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

Heart Sounds: Norm Extra Sounds

Extremity Edema (1-4+) None LU RU LL RL

Capillary Refill: Brisk >3 secs

Last COVID-19 Test Result: Neg Pos

Additional Examination:

\*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Respiratory Distress

Plan: Treatment Provided per Nursing Protocol



NURSING PROTOCOL PROGRESS NOTE – TDOD ID: \_\_\_\_\_  
RESPIRATORY DISTRESS

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Difficulty Swallowing/Breathing or Stridor</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen @ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Albuterol nebulizer solution 0.083% give 2.5mg x 1 STAT for non-trauma related distress</p> <p><input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Capillary &gt; 3secs <input type="checkbox"/> Peak Flow &lt;250 <input type="checkbox"/> Dyspneic/wheezing <input type="checkbox"/> Decreased/No Breath Sounds <input type="checkbox"/> Extremity Swelling <input type="checkbox"/> Asthma/COPD/Heart Disease/Cirrhosis <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Covid-19 Pos or Suspected</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified _____</p> <p>Time provider responded _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <p><input type="checkbox"/> Protocol Treatment ineffective x 2 within 7 days <input type="checkbox"/> Protocol does not adequately meet the patient's objective clinical needs</p> <p><input type="checkbox"/> Patient Education Provided <input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
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**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 – SEXUAL ASSAULT PREA

INSTITUTION

\*Use for Sexual Assault/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: \_\_\_\_\_

Objective:

\*\*DO NOT COMPLETE OBJECTIVE EXAM UNLESS PATIENT UNSTABLE

\*Wear gloves to prevent contamination-Limit contact to prevent cross contamination

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 FLACC Pain Score: \_\_\_\_\_

Glasgow Coma Scale (GCS)

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

Skin:  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice  Cut/Laceration Describe: \_\_\_\_\_

Head Trauma:  None  Y-Describe \_\_\_\_\_

Pupils:  Reactive  Symmetrical  Sluggish  Dilated  Pinpoint  Asymmetrical  Accommodating

Lungs Sounds:  Norm  Decreased  Wheezing  Crackles  Absent

Heart Sounds:  Norm  Extra Sounds EXT Edema (1-4+)  None LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Neuro: Muscle Strength (1-5/5)  Norm Bilaterally LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Reflexes  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

\*Only perform Wound Care Necessary to Stabilize for Transport

Additional Examination: \_\_\_\_\_

\*Use blank CR-1884 for addl. Documentation

Assessment: Alteration in Comfort due to Sexual Assault

Plan: Treatment Provided per Nursing Protocol



NURSING PROTOCOL PROGRESS NOTE – TDOC ID: \_\_\_\_\_  
SEXUAL ASSAULT PREA

<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95% <input type="checkbox"/> Place in most comfortable position <input type="checkbox"/> Elevate legs, if SBP&lt;90 <input type="checkbox"/> Monitor vital signs q5mins until EMS arrive <input type="checkbox"/> Start IV with Normal Saline 0.9% 500 ml/hr. for Systolic BP &lt; 90, otherwise KVO, or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p> <p>Time Shift Commander notified: _____</p> <p><i>If clothing is removed, place patient in a hospital gown for transport, place clothing in a paper bag marked with inmate's name, TDOC ID and the date and remind Security to take a full change of clothes to the ED</i></p>	<p><input type="checkbox"/> <b>Urgent &lt;72 hours</b> <b>Notify Shift Commander</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant <input type="checkbox"/> Acute Mental Status Change <input type="checkbox"/> Hemophilia/Mental Health Disease <input type="checkbox"/> Seizure Like Activity <input type="checkbox"/> Extremity Swelling <input type="checkbox"/> Difficulty Swallowing /Breathing <input type="checkbox"/> Swollen Tongue/Neck <input type="checkbox"/> Laceration/Cut</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Keep patient NPO until after SANE exam <input type="checkbox"/> Held fluid and/or food <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Patient Education Provided</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p> <p>Time Shift Commander notified: _____</p> <p><i>If clothing is removed, place patient in a hospital gown for transport, place clothing in a paper bag marked with inmate's name, TDOC ID and the date and remind Security to take a full change of clothes to the ED</i></p>	<p><input type="checkbox"/> <b>Routine &gt; 72 hours</b> <b>Notify Shift Commander</b> <b>Refer to Provider:</b></p> <p><input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Medical Referral <input type="checkbox"/> Patient Education Provided <input type="checkbox"/> 14-day Follow-up Scheduled with Medical and Mental Health Provider</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p> <p>Time Shift Commander notified: _____</p>
--	---	---

**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
<b>OR (Routine)</b>	<b>Both (Urgent/ Emergent)</b>	
_____ 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: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_ Anticoagulant Use:  Y  N If Y describe: \_\_\_\_\_

**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

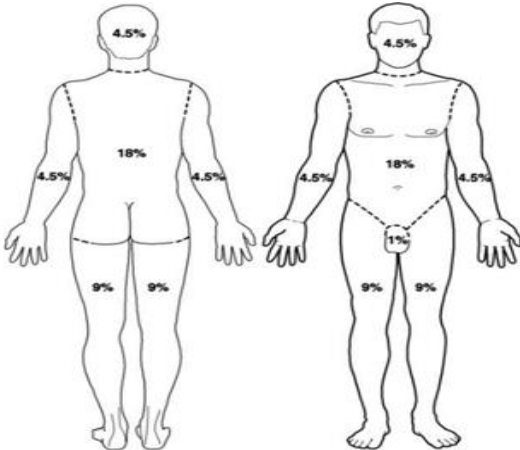
Unresponsive (GCS)

FLACC Pain Score: \_\_\_\_\_

**Glasgow Coma Scale (GCS)**

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

**Rule of 9's** The Rule of 9's can be used to determine how much body surface area is damaged. You can 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.



Skin:  Norm  Dry  Warm  Moist/Clammy  Pale  Cyanotic  Jaundice

Area of Amp: \_\_\_\_\_

Location of Lac: \_\_\_\_\_ Length of Lac: \_\_\_\_\_

Depth of Lac: \_\_\_\_\_  Partial Amp  Full Amp

Muscle/Bone/Tendon Visible Bleeding:  Active  Stopped

Capillary Refill:  Brisk  >3secs

EXT Edema (1-4+)  None LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

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

LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Reflexes  Norm Bilaterally  Absent: LU \_\_\_\_\_ RU \_\_\_\_\_ LL \_\_\_\_\_ RL \_\_\_\_\_

Additional Examination: \_\_\_\_\_ \*Use blank CR-1884 for addl. documentation

Assessment: Alteration in Comfort due to Laceration or Amputation

Plan: Treatment Provided per Nursing Protocol



<p><input type="checkbox"/> <b>Emergent</b> <b>Life Threatening or Patient in Extremis – Activate EMS</b></p> <p><input type="checkbox"/> Active Bleeding <b>ON</b> Anticoagulant</p> <p><input type="checkbox"/> Laceration w/ visible Muscle/Tendon/Bone</p> <p><input type="checkbox"/> Loss of Consciousness</p> <p><input type="checkbox"/> Difficulty Swallowing/Breathing or Stridor</p> <p><input type="checkbox"/> Uncontrolled Bleeding</p> <p><input type="checkbox"/> Hemophiliac/DM</p> <p><input type="checkbox"/> Partial or Full Amputation</p> <p><b>Interventions:</b></p> <p><input type="checkbox"/> Administer Narcan (when appropriate) 4mg intranasal every 2-3 mins up to 5 doses if pt. remains unresponsive. EMS NOTIFICATION FOR NARCAN DOSES BEYOND 5</p> <p><input type="checkbox"/> Oxygen@ 2-6 L/min via NC or 15 L/min via NRB to maintain O2 saturation =&gt;95%</p> <p><input type="checkbox"/> Place in most comfortable position</p> <p><input type="checkbox"/> Elevate legs, if SBP&lt;90</p> <p><input type="checkbox"/> Monitor vital signs q5mins until EMS arrive</p> <p><input type="checkbox"/> Start IV with Normal Saline 0.9% at 500 ml/hr. for Systolic B/P &lt;90, otherwise KVO or per Provider's order</p> <p>Site: _____ # of attempts: _____</p> <p>Gauge: _____ Time: _____</p> <p>Pt. tolerated: <input type="checkbox"/>Well <input type="checkbox"/>Fair <input type="checkbox"/>Poor</p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Urgent</b> <b>Notify Provider Directly if:</b></p> <p><b>SBP &lt;90 or &gt;170; DBP&gt;100; T&gt;100.4; RR &lt;10 or &gt;24; HR &lt;60 or &gt;100; O2Sat &lt;=94%</b></p> <p><input type="checkbox"/> GCS 9-14</p> <p><input type="checkbox"/> Active Bleeding <b>NOT</b> on Anticoagulant</p> <p><input type="checkbox"/> Steroid Use</p> <p><input type="checkbox"/> Self-Inflicted</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Covid-19 Positive or Suspected</p> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>*Complete Sexual History Screening on all patients.</b></p> <p>Time provider notified: _____</p> <p>Time provider responded: _____</p> <p><input type="checkbox"/> Orders received <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Routine</b> <b>Refer to Provider if:</b></p> <ul style="list-style-type: none"> <li>• Protocol Treatment ineffective x 2 within 7 days</li> <li>• Protocol does not adequately meet the patient's objective clinical needs</li> </ul> <p><input type="checkbox"/> Patient Education Provided</p> <p><input type="checkbox"/> Pt instructed to resubmit sick call if problem worsens, does not improve or new symptoms develop</p> <p><b>*Sexual History Screening:</b></p> <p>Have you ever had any STDs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>What do you do to protect yourself from STDs and HIV? _____</p> <p>What concerns about STDs do you have? _____</p> <p>Review/provision of the appropriate level of risk-reduction/abstinence handout and counseling for each patient.</p>
---	---	--

**Emergency Transport**

- Time EMS Notified: \_\_\_\_\_
- Emergency Room transfer documentation completed
- Emergency Room notified; **Report Given to:** \_\_\_\_\_

Depart Date/ Time: \_\_\_\_\_ Type of Transport: \_\_\_\_\_

\_\_\_\_\_  
LPN Signature

OR (Routine)

\_\_\_\_\_  
Printed Name

Both (Urgent/ Emergent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## SECTION IV

# MRSA GUIDELINES

## TENNESSEE DEPARTMENT OF CORRECTION MRSA GUIDELINES

The 2015 Tennessee Department of Correction MRSA Guidelines were developed based on the Federal Bureau of Prison's (FBOP) Management of Methicillin Resistant *Staphylococcus aureus* Clinical Practice Guidelines (April 2012). These guidelines have been implemented for the prevention, treatment, and containment of MRSA within the TDOC and are for use within all TDOC correctional facilities.

The TDOC and FBOP MRSA guidelines should be printed and placed in the facility Health Clinic and Intake areas. The FBOP's MRSA Guidelines can be found at <http://www.bop.gov/news/PDFs/mrsa.pdf>.

The following pages outline the 2015 TDOC MRSA Guidelines.

Tennessee Department of Correction, MRSA Guidelines, adheres to the statutes and regulations governing the control of communicable diseases in Tennessee. Adhering to the MRSA Invasive Disease reporting of T.C.A. §68 Rule 1200-14-01-.02. Tennessee was one of the first states to make Invasive MRSA reportable by adding it to the notifiable diseases in June 2004 to the PH-1600.

Invasive Disease is defined as isolation of MRSA from a normally sterile site (i.e., specimen source is blood, bone, or fluid from around the brain, lungs, heart, abdomen, or joints). Sputum, wound, urine and catheter tip isolates are not counted. Repeat isolates within thirty days from the same patient are not counted.

The Tennessee Department of Health and the Infections Taskforce January 2008 Executive Summary may be viewed and printed for reference from the link below. <https://health.state.tn.us/Downloads/MRSAreport307.pdf>

## 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 asymptomatic MRSA nasal carriage can also transmit MRSA, especially when symptomatic from a viral upper respiratory infection.

## II. SCREENING AND SURVEILLANCE

1. INTAKE: All inmates should be evaluated for skin infections during 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 Case Tracking and Reporting Guidelines. See Appendix 11 of the FBOP MRSA Guidelines. **Note:** The inmate’s TDOC number should be recorded in the column titled Registration #.

### 2. SCREENING FOR MRSA INFECTION

- A. Questions for inmates regarding skin lesions at the time of the intake medical screening:
  1. “Do you have any skin lesions, sores, or ‘spider bites’?”
  2. “If so, do you have any open/ draining lesions, sores, boils or ‘spider bites’?”
  3. “If so, where are these lesions?”
- B. Observation of the skin for lesions at the time of the intake physical

### 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 associates 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. BACTERIAL CULTURE REPORTS

The provider and/or Infection Control Nurse/ designee shall 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. They should be routinely examined for visible skin infections and if MRSA is suspected or confirmed, inmate food handlers should be removed from their duties until they are no longer infectious. Food Handlers shall be required to be no longer infectious and require a Physician/ 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. (Refer to TDOC Policy 113.42). Required Transfers: Inmates with SSTIs or contagious whose transfer is **absolutely** required for security or medical reason 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:

- 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 diagnosed with MRSA. Inmates assigned to community jobs shall not be permitted to work until a wound dressing is not required. A Physician/ Provider order shall be required prior to inmate return to their outside community work assignments.

Compound assignment (on compound): Inmates with SSTI and/ or diagnosed with MRSA. Inmates assigned to jobs within the compound setting shall be permitted to work. The wound shall be covered and contained in an occlusive dressing until healed. Food Handlers shall be required to be no longer infectious and require a Physician/ 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/ MRSA wound infections; the wound shall be covered and contained in an occlusive dressing until healed.

## 10. INFECTION CONTROL NURSE (ICN)

All MRSA cases will be tracked by the facility Infection Control Nurse and documented by utilizing Appendix 11, of the FBOP MRSA Guidelines. A summary of the findings shall be reported at the facility's monthly Continuous Quality Improvement (CQI) meetings.

### III. EDUCATION OF INMATES

1. MRSA handouts will be provided to inmates at the time of the intake physical. See Appendices 5 and 6 of the FBOP MRSA Guidelines.
2. MRSA prevention posters will be placed on guilds, in clinics, and in the intake rooms
3. Education of the housekeeping staff on the proper use of commercial cleaners and disinfectant products will be provided.
4. Education of laundry workers on the proper technique for handling contaminated laundry will be provided.

## IV. TREATMENT OF INFECTED INMATES

1. WOUND CARE: Recommendations for incising, draining, and culturing wounds can be found in Appendix 2 of the FBOP MRSA Guidelines. Wound care shall be documented in the nursing progress notes and tracked by the ICN utilizing Appendix 11 of the FBOP MRSA Guidelines.
2. MEDICATION MANAGEMENT: See Appendix 3 of the FBOP MRSA Guidelines. A sample algorithm for treatment decisions is provided in Appendix 1.

(See [FBOP MRSA Guidelines](#) located in the Health Services Resource Center on the V Drive)

### NOTES

- The TDOC does not recommend the routine use of Zyvox unless consultation with a TDOC infectious disease specialist has occurred.
  - Rifampin is *not* recommended for treatment of uncomplicated SSTIs. For treatment of recurrent or complicated SSTIs, Rifampin can be considered on a case-by-case basis with the approval of the TDOC Medical Director.
  - Rifampin must always be used in conjunction with another antibiotic.
3. HOUSING AND TRANSFER OPTIONS: Recommendations for the containment of infectious inmates can be found in Appendices 8a and 8b of the FBOP MRSA Guidelines.

## V. TRACKING AND REPORTING

The following process will be followed when MRSA infection is suspected or confirmed; skin and soft tissue infections empirically treated as MRSA should also be tracked as a component:

1. Nurses shall notify the ICN of all inmates with suspected or confirmed MRSA infections. The ICN shall begin tracking individual cases of suspected or confirmed MRSA on TDOC MRSA Log.
2. After tracking is completed, the ICN shall begin the surveillance and monitoring of each MRSA case utilizing Appendix 10 of the FBOP MRSA Guidelines. A summary of the findings shall be reported during the facility monthly Continuous Quality Improvement (CQI) meetings.

# Nursing Protocols

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3. All confirmed or suspected cases of MRSA shall be reported to the State Infection Control Nurse (SICN) and the State Continuous Quality Improvement Coordinator (SCQIC). Notification via submitted TDOC MRSA Log on the Health Services Clinical Database (Q:Drive) on or before the 10<sup>th</sup> day of each month. The report should include:
  - a. Number of invasive MRSA reportable to TDOH via PH-1600.
  - b. Number of culture- confirmed cases of MRSA;
  - c. Number of suspected cases of MRSA, including the type of lesion (e.g., abscess, furuncle, etc.);
  - d. Number of non-specified skin and soft tissue wounds.

## **VI. EDUCATION AND PROTECTION OF EMPLOYEES**

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

1. Education at New Employee Orientation
2. Additional training for employees who may come in contact with infected inmates
3. Personal Protective Equipment (PPE) will be provided to employees as needed for protection against MRSA infection. A list of PPE can be found in the FBOP MRSA Guidelines. See Appendices 5, 7a, 7b, 8a, and 8b.
4. Soap, running water and other hand hygiene supplies will be made available for all employees. Hand washing recommendations can be found in the FBOP MRSA Guidelines. See Appendices 5, 7a, 7b, 8a, and 8b.

## **VII. PREVENTION OF THE SPREAD OF MRSA**

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

1. Showers with soap and hot running water for all inmates.
2. Laundering clothes, linens, and towels twice weekly in hot water (>160 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.

# Nursing Protocols

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3. 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. 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 shall verify all products used in the medical clinic are EPA approved disinfectants against MRSA. The verification shall be noted in the minutes of a CQI meeting. An EPA link of additional disinfectants active against MRSA can be found in the FBOP MRSA Guidelines. See Appendices 7a, 7b, 8a, and 8b.

4. Dishwashers calibrated to correct temperatures
5. Cleaning of weight room equipment and other high touch surfaces such as doorknobs, light switches, telephones, handrails, etc. References for information applicable to correctional healthcare settings can be found in the FBOP MRSA Guidelines. See appendices 7a, 7b, 8a, and 8b

## SECTION V

## APPENDIX

## Nursing Protocols Glossary

<u>Word</u>	<u>Definition</u>
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 <i>Furuncle</i> .
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.
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 <i>histamine cephalgia</i> , <i>histamine cephalgia</i> , <i>Horton's syndrome</i> .
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 <i>Pthirus</i> ( <i>P. pubis</i> ) 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 <i>dermatitis</i> .
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 <i>keratoconjunctivitis sicca</i> .
Dysmenorrhea	Painful menstruation.
Earache	An ache or pain in the ear – also called <i>otalgia</i> .
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 – <i>extraction of a tooth</i> .
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.

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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 patient 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 <i>Pediculus</i> ( <i>P. humanus capitis</i> ) that lives on the human scalp.
Headache	Pain in the head – called also <i>cephalgia</i> .
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 <i>piles</i> .
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.

# Nursing Protocols

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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 <i>agrypnia</i> .
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 <i>jock itch</i> .
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.

# Nursing Protocols

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 bony 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 <i>epistaxis</i> .
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 <i>lousiness</i> .
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.

# Nursing Protocols

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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 <i>PMS</i> .
Productive	Raising mucus or sputum: <i>a productive cough</i> .
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 patient 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.
Respiratory Depression	A respiratory rate of less than 12 breaths per minute or an oxygen saturation level of less than 90%. Patient 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 patient 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 patients 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.
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.
Sty	An inflamed swelling of a sebaceous gland at the margin of an eyelid – called also <i>hordeolum</i> .
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.

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

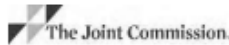


## TENNESSEE DEPARTMENT OF CORRECTION CLINICAL SERVICES APPROVED ABBREVIATION LIST

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

TENNESSEE DEPARTMENT OF CORRECTION CLINICAL SERVICES APPROVED ABBREVIATION LIST

<b>R</b>		<b>T</b>	
<b>R</b>	respiration	<b>T</b>	temperature
<b>RBC</b>	red blood count	<b>T&amp;A</b>	tonsils and adenoids
<b>resp</b>	respiratory	<b>Tabs</b>	tablets
<b>RL</b>	Ringer's Lactate Solution	<b>TB</b>	tuberculosis
<b>RLQ</b>	right lower quadrant	<b>Tbsp</b>	tablespoon
<b>R/O</b>	rule out	<b>TMJ</b>	Temporal Mandibular Joint
<b>ROM</b>	range of motion	<b>TO</b>	telephone order
<b>rt</b>	right	<b>TPR</b>	temperature, pulse, and respiration
<b>RTC</b>	return to clinic	<b>Tsp</b>	teaspoon
<b>RUQ</b>	right upper quadrant	<b>TUR</b>	transurethral resection
<b>Rx</b>	prescription	<b>Tx</b>	treatment
<b>S</b>		<b>U</b>	
<b>S/C</b>	sick call	<b>UA</b>	urinalysis
<b>Sc</b>	subcutaneously	<b>UCG</b>	urinary chorionic gonadotrophin (pregnancy test)
<b>sed rate</b>	sedimentation rate	<b>URI</b>	upper respiratory infection
<b>SGOT</b>	serum glutamic oxaloacetic	<b>UTI</b>	urinary tract infection
<b>SGPT</b>	serum glutamic pyruvic transaminase		
<b>SOAP</b>	subjective data, objective data, assessment, plan		
<b>SOB</b>	shortness of breath	<b>V</b>	
<b>sol</b>	solution	<b>VD</b>	venereal disease
<b>spec</b>	specimen	<b>VO</b>	verbal order
<b>SS Enema</b>	soap suds enema	<b>VS</b>	vital signs
<b>S/S</b>	Signs and symptoms		
<b>STAT</b>	immediately		
<b>STD</b>	sexually transmitted disease	<b>W</b>	
<b>STI</b>	Sexually transmitted infection	<b>WBC</b>	white blood count
		<b>w/c</b>	wheelchair
		<b>WNL</b>	within normal limits
		<b>wt</b>	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 “o” (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.o mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write o.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate” Write “magnesium sulfate”
MSO <sub>4</sub> and MgSO <sub>4</sub>	Confused for one another	

\* 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](#).

## 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
	<b>1. IDENTIFY, ISOLATE, and CONFIRM varicella case; complete varicella timeline below.</b>
	<p>a. Appropriately isolate suspected chickenpox case. See <a href="#">Section 7</a> on housing inmates. Begin treatment, if indicated. See <a href="#">Section 5</a> on treatment. Place on Medical Hold (SENTRY/BEMR).</p> <p>b. Consider lab confirmation, particularly if clinical presentation is atypical. See <a href="#">Appendix 1</a>.</p> <p>c. Determine the exposure and infectious periods for the varicella case, and the incubation period for the varicella contacts. Utilize the <i>Varicella Timeline Calculator</i> available at: <a href="https://www.bop.gov/resources/health_care_mngmt.jsp">https://www.bop.gov/resources/health_care_mngmt.jsp</a> or fill in the blanks below.</p>
	<p><b>c.1. EXPOSURE PERIOD for Varicella Case</b> (time period when VZV exposure could have occurred)</p> <p>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.</p> <p>___/___/___ = Date varicella case developed rash</p> <p>___/___/___ = EXPOSURE PERIOD for varicella case began (21 days before rash developed)</p> <p>___/___/___ = EXPOSURE PERIOD for varicella case ended (10 days before rash developed)</p>
	<p><b>c.2. INFECTIOUS PERIOD for Varicella Case</b> (time period when case was able to transmit VZV)</p> <p>The infectious period is used to identify the group of contacts who were exposed while the case was infectious.</p> <p>___/___/___ = INFECTIOUS PERIOD for varicella case begins (2 days before rash developed)</p> <p>___/___/___ = INFECTIOUS PERIOD for varicella case ends (when all lesions are crusted, 4-7 days after rash onset)</p>
	<p><b>c.3. INCUBATION PERIOD for Varicella Contact</b> (time period from VZV exposure to onset of varicella)</p> <p>The incubation period is used to determine when susceptible contacts are at risk for developing varicella.</p> <p>___/___/___ = 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.</p> <p>___/___/___ = 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.</p> <p>___/___/___ = INCUBATION PERIOD for contact begins (10 days after exposure to varicella case began)</p> <p>___/___/___ = INCUBATION PERIOD for contact ends (21 days after exposure to varicella case ended)</p>
	<p><b>c.4. VARICELLA TIMELINE: Fill in the dates calculated in c.1.–c.3. above.</b></p> <div style="text-align: center;"> <p>The diagram shows a horizontal timeline with three main periods defined by brackets above:</p> <ul style="list-style-type: none"> <li><b>EXPOSURE PERIOD for Varicella Case:</b> From 21 to 10 days before onset of rash in case. It begins and ends at specific dates marked on the timeline.</li> <li><b>INFECTIOUS PERIOD for Varicella Case:</b> From 2 days before rash until all lesions are crusted (4-7 days after onset). It begins and ends at specific dates marked on the timeline.</li> <li><b>INCUBATION PERIOD for Varicella Contacts:</b> From 10 days after contact with varicella case began until 21 days after contact ended (28 days if VariZIG). It begins and ends at specific dates marked on the timeline.</li> </ul> <p>Below the timeline, there are date fields: 'Date: ___/___/___' for the start of the exposure period, 'Date Rash Started ___/___/___' for the start of the infectious period, and 'If VariZIG: ___/___/___' for the end of the incubation period.</p> </div>
	<i>(Appendix 3, page 1 of 4)</i>

✓	TASK
	<b>2. Make notifications regarding the potential for a varicella outbreak.</b>
	<ul style="list-style-type: none"> <li>a. Notify correctional management officials of the varicella case and the anticipated need to stop movement of contacts.</li> <li>b. Alert facility clinicians and staff regarding the need to detect and report new cases.</li> <li>c. Report to BOP regional &amp; central offices per BOP policy.</li> <li>d. Report to local public health authorities (if required).</li> </ul>
	<b>3. Convene contact investigation team and issue "Varicella Alerts."</b>
	<ul style="list-style-type: none"> <li>a. Identify team leader. Identify roles and responsibilities of team members.</li> <li>b. Develop plan for managing contact investigation data.</li> <li>c. Develop communication plan for staff, inmates, and visitors.</li> <li>d. Issue Varicella Alerts (see sample notifications at <a href="http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp">http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp</a>).</li> </ul>
	<b>4. Identify contacts with "significant exposure" and prioritize contacts.</b>
	<p><b>When identifying contacts, "significant exposure" to varicella is defined as follows:</b></p> <p>Exposure is defined as at least <i>one hour of contact</i> 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."</p>
	<ul style="list-style-type: none"> <li>a. <b>Obtain inmate traffic history to obtain housing, work, and school and social locations during infectious period.</b> Consider touring exposure sites to evaluate transmission potential. <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility/housing _____</li> <li><input type="checkbox"/> Work _____</li> <li><input type="checkbox"/> School _____</li> <li><input type="checkbox"/> Social contacts _____</li> </ul> </li> </ul>
	<b>b. Interview index case for close contacts, recent visitors, and activities.</b>
	<b>c. Identify inmate contacts who are "high risk" (pregnant or immunocompromised).</b> Check CD4 count for HIV infected inmate contacts.
	<b>d. Identify inmate contacts who are scheduled to release or transfer to another institution or to residential reentry within the 21-day incubation period.</b>
	<b>e. Identify inmate contacts who have transferred out to another correctional facility.</b> Provide Regional/Central Office with Sentry ranges associated with where varicella case was housed so report can be generated.
	<b>5. Stop transfers of identified inmate contacts pending Varicella IgG results.</b>
	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.
	<b>6. Educate staff and inmates.</b>
	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.
	<b>7. Check if contacts have varicella symptoms.</b>
	Assess each identified contact for symptoms of chickenpox.
<i>(Appendix 3, page 2 of 4)</i>	

✓	TASK
	<b>8. Test for varicella IgG for selected groups of contacts.</b>
	<p>a. Create a linelist of varicella contacts who should be tested for Varicella IgG below. EXCEL linelist can be accessed at: <a href="http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp">http://sallyport.bop.gov/co/hsd/infectious_disease/index.jsp</a>.</p> <p>b. Obtain STAT Varicella IgG blood test for the following contacts with "significant exposure" and without history of a positive IgG:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• High-risk inmates (HIV-infected, pregnant, or immunocompromised)</li> <li>• Cellmate(s) of chicken pox case</li> <li>• Health care orderlies or attendants (who could potentially expose high-risk inmates to varicella)</li> <li>• Inmates with work assignments who could expose others (e.g., van drivers, workers at adjacent facility)</li> </ul> <p>With the exception of detention center settings, it is generally recommended to test <b>only</b> the groups listed above, not all inmate contacts.</p> <p><b>IMPORTANT NOTE:</b> Do not order IgM tests for inmate contacts because of high rates of false positive results.</p> <p><b>INTERPRETATION OF TEST RESULTS:</b></p> <p><b>IgG positive or reactive:</b> 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.</p> <p><b>IgG negative or non-reactive:</b> Means that the contact is susceptible to varicella and is at risk for developing chickenpox during 10–21 days following exposure (&gt;28 days if VariZIG was administered). IgG negative inmates contacts shall not be transferred outside the institution during this time period.</p>
	<b>9. Make decisions about housing within the institution.</b>
	<p>→ See <a href="#">Step 1</a> above for information on determining the incubation period.</p> <ul style="list-style-type: none"> <li>• To prevent exposing another housing unit, it is recommended that inmates housed in the same housing unit as a chicken pox case (the "<b>exposed housing unit</b>") <u>not be moved</u> to another housing unit during the incubation period.</li> <li>• Avoid moving new inmates into the "exposed housing unit" during the incubation period.</li> <li>• Do not move immunocompromised inmates into the "exposed housing unit" during the incubation period.</li> <li>• Consider moving identified close contacts not currently housed in the "exposed housing unit" <u>into that unit</u> to avoid exposing another housing unit.</li> <li>• Consider <u>individually</u> 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.</li> </ul> <p><b>NOTE:</b> In general, it is <u>not</u> recommended that "exposed housing units" be locked down.</p>
<i>(Appendix 3, page 3 of 4)</i>	

✓	TASK
	<p><b>10. Consider post-exposure prophylaxis.</b></p> <p>In rare instances post-exposure prophylaxis may be indicated. It should only be pursued after consultation with Regional/Central office.</p> <ul style="list-style-type: none"> <li> <b>VARICELLA VACCINATION.</b> 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.           <ul style="list-style-type: none"> <li>→ See <a href="#">Appendix 4</a> for more information.</li> </ul> </li> </ul> <p><b>NOTES:</b></p> <p><b>HIV infection with CD4 less than 200 cells/μL and pregnancy are contraindications to varicella vaccination.</b> HIV status and pregnancy status must be known prior to vaccination.</p> <p><b>Varicella vaccine must be kept frozen at -15°C (5°F) or colder.</b> The vaccine is reconstituted at room temperature with a diluent and must then be administered within 30 minutes.</p> <ul style="list-style-type: none"> <li> <b>VARIZIG.</b> 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.           <ul style="list-style-type: none"> <li>→ See <a href="#">Appendix 5</a> for more information.</li> </ul> </li> </ul>
	<p><b>11. Observe for new cases of chickenpox.</b></p> <p>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).</p> <p>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.</p> <p>c. With any new cases, return to Steps 1–10 above.</p>
	<p><b>12. Summarize outbreak.</b></p> <ul style="list-style-type: none"> <li># of cases</li> <li># treated</li> <li># hospitalized</li> <li># of contacts</li> <li>Factors that contributed to the outbreak</li> <li>How to prevent future outbreaks</li> <li>Recommendations for response to future outbreaks</li> </ul>
(Appendix 3, page 4 of 4)	

GOTO: [http://www.bop.gov/resources/health\\_care\\_mngmt.jsp](http://www.bop.gov/resources/health_care_mngmt.jsp) for complete document.





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## 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 PATIENT.**
  - \*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 PATIENT'S RESPIRATORY STATUS INCLUDING BREATH SOUNDS, RESPIRATORY RATE, HEART RATE AND PULSE OXIMETRY.
4. **PATIENTS 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 PATIENTS REQUIRING OXYGEN. A PATIENT REQUIRING A NON-REBREATHER SHOULD BE EVALUATED FOR NEED OF TRANSPORT TO AN OUTSIDE EMERGENCY DEPARTMENT!***

## TASER EXPOSURE/REMOVAL OF BARBS

**SUBJECTIVE (S):** Patient's statement/complaints: Inquire about presence or absence of burning at site, dizziness, chest pain, irregular heartbeats, injuries/injuries from falling. Inquire about chronic cardiac conditions.

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**OBJECTIVE (O):** Vital Signs (TPR, BP, pulse oximetry and weight), Assess level of consciousness and responsiveness (especially continuing agitation, aggression, intoxication, and mental status changes, such as disorientation and psychotic behavior). Assess skin integrity/irritation at exposure/probe site. Assess for signs of other injuries. Repeat vital signs prior to discharge from healthcare.

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**ASSESSMENT (A):** Alteration in Comfort related to taser exposure. Potential for Infection related to barbs

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**PLAN (P):** Consult provider if:

- Taser probe cannot be easily removed or if ocular, genital or vascular penetration is evident
- If patient reports cardiac symptoms, such as chest pain; or if shortness of breath and irregular pulse evident
- History of chronic heart disease
- Altered mental status or level of cooperation
- Pregnancy
- Injuries suggesting head or other significant trauma from falling
- If skin is broken and tetanus status is greater than 5 years
- Condition not responding to protocol

Removal of Barbs:

- Embedded Taser probes can be removed from most areas by using one hand to stretch the skin surrounding the probe taut and the other hand to remove the probe with a rapid, firm pull.
- Cleanse gently with mild antiseptic or soap and water; apply topical antibiotic ointment
- Instruct patient to notify health care staff if symptoms worsen or change, including:
  - Fever or heat around the wound
  - Red streaks up from the wound
  - Foul smell from wound drainage
  - Increased wound drainage

## Wound Management and Tetanus Prophylaxis

Appropriate tetanus prophylaxis should be administered as soon as possible following a wound but should be given even to patients 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 patients 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 patients 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 patients.

DT: diphtheria-tetanus toxoids adsorbed; DTP/DTwP: diphtheria-tetanus whole-cell pertussis; DTaP: diphtheria-tetanus-acellular pertussis; Td: tetanus-diphtheria toxoids adsorbed; 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 patient:

- <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 at age 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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## 2022- 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

# Nursing Protocols

## *Understanding the FLACC Pain Score*

Criteria	Score 0	Score 1	Score 2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, uninterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

### **Instructions:**

Patients who are awake:

- Observe for at least 2-5 minutes
- Observe legs and body uncovered
- Reposition patient or observe activity; assess body for tenseness and tone
- Initiate consoling interventions if needed

Patients who are asleep:

- Observe for at least 5 minutes or longer
- Observe body and legs uncovered
- If possible, reposition the patient
- Touch the body and assess for tenseness and tone

Each category is scored on the 0-2 scale which results in a total score of 0-10

- 0 = Relaxed and comfortable
- 1-3 = Mild discomfort
- 4-6 = Moderate pain
- 7-10 = Severe discomfort/pain