California Correctional Health Care Services

Encounter Form: Loss of Consciousness

Institution: _____

Name:_____ CDCR#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Circumstances surrounding loss of consciousness:

Obtain information from witnesses about events leading up to loss of consciousness:

❑ suspected drug overdose ❑ seizure ❑ physical trauma

Info from the patient: _____

_____

_____

Date/Time: _____ ❑ patient found ❑ of onset

History of: ❑ Diabetes ❑ Seizures disorder

❑ Psychiatric illness ❑ Previous episode of LOC

❑ Head trauma ❑ Alcohol use ❑ Drug Abuse

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Area of pain: _____

What makes it better/worse? _____

_____

Chronic illnesses: _____

_____

Allergies: _____

Current medications: _____

_____

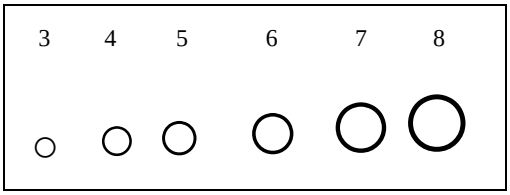
OBJECTIVE:

❑ ABCs present

Vital Signs

Time	BP	Pulse	Resp	O2 Sat.

Pupil Size



Time	Circle and describe
	PERL Abnormal _____
	PERL Abnormal _____
	PERL Abnormal _____
	PERL Abnormal _____

Parameter	Finding	Score
Eye Opening	Spontaneously	4
	To speech	3
	To pain	2
	Do not open	1

Glasgow Coma Scale (GCS)

Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate speech	3
	Unintelligible speech	2
	No verbalization	1
Best Motor Response	Obeys command	6
	Localized pain	5
	Withdraws from pain	4
	Abnormal flexion	3
	Abnormal extension	2
	No motor response	1
Interpretation: best = 15; worst = 3		

Glasgow Coma Scale				
Time				
Eye Opening				
Best Verbal Response				
Best Motor Response				
Glasgow Coma Score				
Oriented to time, person, place, situation	Y N	Y N	Y N	Y N

❑ Check for head trauma involving scalp lacerations, hematomas, and bony deformities of the skull: (describe)

_____

_____

_____

_____

❑ Fresh needle marks (Describe): _____

_____

Breath odor: ❑ alcohol ❑ acetone

Fingerstick blood glucose: (time/ results)_____

ASSESSMENT:

❑ Altered mental state related to/evidenced by: _____

_____

❑ Alteration in tissue perfusion, cerebral, related to/ evidenced by:_____

Additional Comments: _____

_____

_____

_____

_____

Signature / Title

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PLAN:

Provide BLS (Basic Life Support) if indicated

Maintain a patent airway:

- ❑ Oral airway used ❑ Nasopharyngeal airway used
- ❑ Assisted ventilation

❑ Applied C-spine collar before moving the patient if trauma evident or suspected.

❑ Applied pressure dressing to any open bleeding wound.

❑ If the patient is unconscious with stable vital signs, place in a left lateral decubitus position, unless C-spine precautions are indicated.

❑ O_2 at 2-6 L/minute to maintain oxygen saturation ≥ 90
❑ cannula ❑ rebreather mask at _____l/min to maintain 02 Sat ≥ 90%.

❑ Pulse oximeter reading on O2 _____

❑ Notify physician **STAT**.
Physician called (name / time) _____
Physician responded (time) _____

❑ Start IV Sodium Chloride Intravenous Solution (0.9%) at TKO started at (time) _____ in (location) _____ using (needle)_____.

❑ **If fingerstick blood glucose is below 50 mg/dl, administer 50 ml of 50% dextrose IV push over 2 minutes. May administer Glucagon 1 mg IM *if unable to gain IV access.*** FSBS: _____

- ❑ 50 ml of 50% dextrose IV push over 2 minutes given at (time): _____
  FS glucose after medication: _____ (time)___
- ❑ Glucagon 1mg IM (time) _____ (location) _____
  FS glucose after medication: _____ (time)___

❑ If history or physical findings suggest opiate overdose,

- ❑ Naloxone Intranasal 4 mg #1 ❑ L ❑ R Nostril
- ❑ Naloxone Intranasal 4 mg #2 ❑ L ❑ R Nostril

Alternately, administer

- ❑ Naloxone 0.8 mg given ❑ IV ❑ IM (if unable to obtain IV access) (time) _____ (location) _____
- ❑ Dose # 2 Naloxone 0.8 mg given ❑ IV ❑ IM (if unable to obtain IV access) (time) _____ (location) _____

❑ Monitor vital signs, neurologic status, and oxygen saturation at least every 15 minutes

Time	BP	Pulse	Resp.	O2 Sat.	Peak flow

❑ Prepare to transfer the patient to an outside facility or admit to a facility capable of providing a higher level of care.

❑ Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to receiving facility.

EDUCATION:

❑ Assess the patient's potential for understanding the health information to be provided.

❑ Provide the patient education consistent with the assessment of the condition.

❑ Document the education provided and the patient's level of understanding on the emergency care flow sheet.

❑ Refer the patient to other resources as needed. Document all referrals on the emergency care flow sheet.

❑ Advise the patient to utilize the urgent/emergent process to access medical care if symptoms recur

Patient instructed in:

- ❑ Use of medication
- ❑ Use of alcohol and/or drugs
- ❑ Importance of keeping scheduled appointments
- ❑ Wound care: _____
  _____
- ❑ Other: _____
  _____

❑ Resubmit Health Care Service Request Form (CDC 7362) if: loss of consciousness; dizziness; seizures; aura; or: _____

❑ Patient Health Care Education Forms given to patient:
(specify) _____
_____

❑ Education deferred due to patient condition

DISPOSITION

Time released: _____

❑ Condition on release: _____

❑ Returned to housing unit

❑ Housing reassignment to: _____

❑ Referred for follow-up
❑ Physician clinic ❑ RN clinic

Referred to higher level of care: (specify) _____
_____

Person/time contacted: _____

❑ Records faxed to facility

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

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Fill in the blanks and check all that apply

Name of Protocol(s) used: _____ ____

_____

_____

Signature / Title

_____

Signature / Title

Additional Comments: _____

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: _____