

FLORIDA DEPARTMENT OF CORRECTIONS
EMERGENCY ROOM RECORD

Check all that apply: Inmate Employee Visitor
 Post-Use-of-Force Exam Injury Physical Altercation

All inmates must be examined by medical personnel following a use of force. This includes a visual inspection of the entire body to identify any sign of injury. This exam shall be performed in the medical unit except under unusual circumstance. Injuries shall be documented on the DC4-708, *Diagram of Injury*. If a physician/CA is not present at the time of the exam, a physician/CA **must** review this form and sign it on the next working day.

Time of occurrence: _____ Time of exam: _____

Description of occurrence: _____

Post Use of Chemical Agent Instructions: Shower without soap? N/A Yes Refused → educated on importance of showering
 Report any difficulty breathing Remain in upright position Do Not apply lotion to the skin Splash cool water to eyes 5-10 minutes

Vital Signs: Temperature _____ Pulse _____ Respiration _____ O2 Sat _____ % Blood Pressure _____ / _____

Arrived via: Ambulatory Stretcher Wheelchair Other: _____

Condition on arrival (check all that apply): Alert Oriented x 4 (person, place, time, situation) Responding to questions verbally
 Other (requires description in examinations summary)
 C/O pain? If checked, where? _____

Examination summary: _____

Physician notified? No Yes Name: _____ Time: _____

Treatment provided? No Yes If yes, describe: _____

Response to Treatment: _____

Disposition: Population Confinement Infirmary Hospital Rescue Other (explain): _____

Discharge Instructions and Education: _____

Health Care Provider's Signature and Stamp: _____ Date/Time: _____

Reviewing Physician's Signature and Stamp: _____ Date/Time: _____

Name _____
DC# _____ **Race/Sex** _____
Date of Birth _____
Institution _____

Inmate Distribution: White—Health Record
 Canary—Inspector General
 Pink—Local Requirements
Employee Distribution: White—Safety Officer/Designee
 Canary—Employee Copy
 Pink—DESTROY