

# OKLAHOMA DEPARTMENT OF CORRECTIONS

## MEDICAL SHARPS/SYRINGES/TOOLS/ INSTRUMENTS RECONCILIATION

Facility: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Note: Inventory count of all sharps/syringes/tools/instruments will be conducted every shift. Inventory/counts at 24-hour facilities will be conducted jointly by out-going/in-coming staff members. Additional inventory/count will be conducted if any QHCP leaves early during their assigned shift. Any **UNRESOLVED** discrepancies will be reported immediately that day to the Chief of Security, facility head, supervisor, and Correctional Health Services Administrator/Nurse Manager.

Change of Shift		Count Correct		Change of Shift		Count Correct		Change of Shift		Count Correct							
Date	Time	Nurse Initials	Nurse Initials	Yes	No	Time	Nurse Initials	Nurse Initials	Yes	No	Time	Nurse Initials	Nurse Initials	Yes	No		
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Nurse Signature/Credentials				Initials		Nurse Signature/Credentials				Initials		Nurse Signature/Credentials				Initials	

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		Additional count		Count Correct		Additional count		Count Correct		Additional count		Count Correct					
Date	Time	Nurse Initials	Nurse Initials	Yes	No	Time	Nurse Initials	Nurse Initials	Yes	No	Time	Nurse Initials	Nurse Initials	Yes	No		
01																	
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Nurse Signature/Credentials				Initials		Nurse Signature/Credentials				Initials		Nurse Signature/Credentials				Initials	