Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:

(Name, DOC#, DOB)

MEDICAL RISK EVALUATION FOR OC, CS, AND ECD USE

DATE	FACILITY / UNIT (optional)

Instructions: When requested by custody, providers will review the health record to determine if any increased risk to the use of OC, CS (tear gas), and/or ECD exists and complete this form. See protocol "Safe Use of OC, CS, and/or ECD" for more information.

Review of the patient's health record on the above date reveals (check all that apply):

Electronic Control Device (ECD) use is prohibited by policy because the patient meets the following condition(s):

- ☐ Body weight is 85 pounds or less
- ☐ Age is over 70 years
- ☐ Pacemaker or implanted defibrillator
- ☐ Seizure disorder
- ☐ Pregnant

Oleoresin Capsicum (OC) use with this condition is absolutely contraindicated:

- ☐ Documented anaphylaxis to capsaicin

OC or CS use is relatively contraindicated due to the following condition(s) the potential health risk of use must be weighed against the risks of using other means of control:

- ☐ Documented severe, uncontrolled asthma
- ☐ Debilitating COPD
- ☐ Debilitating restrictive lung disease (severe pulmonary fibrosis, sarcoidosis, tuberculosis, histoplasmosis, berylliosis, SLE, bronchiolitis obliterans, Wegener's granulomatosis, Sjogren's syndrome, chronic eosinophillic pneumonia)

The following was verbally relayed to: _____
NAME AND TITLE

- ☐ ECD use is prohibited by policy
- ☐ Possible medical complications with OC or CS use. Consult Health Services as necessary.
- ☐ Allergic to OC, should not be used
- ☐ No medical contraindications or policy prohibitions to use ECD
- ☐ No medical contraindications or policy prohibitions to use OC or CS

_____ _____ _____
PROVIDER TYPED NAME/STAMP AND SIGNATURE | DATE | TIME

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.