

**SKIN AND SOFT TISSUE**  
(boils, cellulitis, etc)

**Subjective Data:**

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

Chief complaint: \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Recurrence  Constant

Location: \_\_\_\_\_ Diameter: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

**Associated Symptoms:**

Itching  Burning  Diabetic  Pain Pain scale (0-10) \_\_\_\_\_

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_

Bleeding  Intact  Broken  Drainage  Redness  Swelling  
 Nodules  Multiple boils  Boggy center  Pus present  Papules  Vesicles

**REFER TO HEALTH CARE PROVIDER IF:** *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

- Signs of infection present
- There is apparent presence of cellulitis or lymphangitis and fever, measure and mark surrounding area of erythema
- Condition not responding to nursing intervention
- Patient has poorly controlled diabetes
- There are 5 or more individuals from the same housing unit.

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

*If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions*

**Plan: Interventions:** (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Hot moist pack to lesions for 20 minutes 3 to 4 times a day to affected area for 3 days
- Open or weeping lesions, place in single cell, or with similar patient and use universal precautions
- Prepare for culture if draining (this will require an order from the health care provider)
- Cover with non-adherent dressing if draining
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
- OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- Medical Lay-in/restrictions
- Laundry restrictions
- Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry and not to pick or squeeze lesions, keep lesions covered if draining, wash hands with hot water after changing dressing, do not share linens, proper hygiene, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Name  
(Last, First)

DOC #