OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

MSRM 140117.01.2.13 (R-2/20)

SKIN INFESTATION (example – **SCABIES**)

| Subjective Data: | | | Allergies | · | |
|---|---|--|--|--|---|
| Chief complaint: | | | | | |
| Onset: | w Onset | □ Recurrence | | | |
| Associated Symptoms: | | | | | |
| ☐ Itching ☐ Bo | urning | ☐ Pain scale | (0-10) | | |
| Current treatment/medication | ons: | | | | |
| Over the counter | s 🗖 No | Describe: | | | |
| Prescription | s 🗖 No | Describe: | | | |
| Objective Data: (clinically indic | cated VS) | | | | |
| BPPulse | Resp | Temp | WtC | 02 sats | FSBS: |
| Location of any scabies: | ☐ Webs of fing | ger 🚨 Elbows | ☐ Knees | ☐ Thighs | □ Vaginal area |
| Location of any scaples. | ☐ Around nipp | oles | Axillary folds | ☐ Glutea | al fold Head of penis |
| Character of scables: | □ Papules | □ Nodules | ☐ Burrows | ☐ Crust | ☐ Red pruritic eruptions |
| REFER TO HEALTH CARE F | | | health care provider | s to be calle | d if not on site. If after clinic |
| hours the health care provider | | | | | |
| Worsening of condition or tSigns / symptoms of secon | ialis to respond all idary infection | ier ireaimeni | | | |
| | · | Time Notif | fied: Or | ders Recei | ved for Treatment: ☐ Yes |
| □ No | | / | | | |
| | or any of the above | e s/s and/or there is r | io need for additional i | nedication/tr | eatment, proceed with nursing |
| interventions. | any or the above | | | | |
| interventions. | | | | | |
| Plan: Interventions: (che Check in assessment onl | ck all that apply) | oroviders visit. | | | |
| Plan: Interventions: (che ☐ Check in assessment onl ☐ Chief complaint resolved | ck all that apply) y for health care p prior to appointme | oroviders visit. | | | mptoms warranting further |
| Plan: Interventions: (che ☐ Check in assessment onl ☐ Chief complaint resolved evaluation. Assessment of ☐ Obtain inmate's weight an | ck all that apply) y for health care p prior to appointme | oroviders visit. ent. Instructed offend | er to follow-up sick cal | I for signs/sy | mptoms warranting further |
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