Swelling (Peripheral and Pulmonary Edema)

Subjective Data:
Chief complaint:
Location: _____________________________ Size: _____________________________ Pain Scale: (0-10) _____________________________

Objective Data: (clinically indicated VS)

Inmate on anticoagulants (warfarin, aspirin, heparin etc.), diuretic, cardiac medication. Yes No

<table>
<thead>
<tr>
<th>Capillary Refill</th>
<th>Edema</th>
<th>Neurological (sensation)</th>
<th>Movement</th>
<th>Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisk - &lt; 2 seconds</td>
<td>Non - Pitting</td>
<td>Sensation Present</td>
<td>No Limitation</td>
<td>No distress</td>
</tr>
<tr>
<td>Sluggish - &gt; 2 seconds</td>
<td>Pitting (scale)</td>
<td>Sensation Absent</td>
<td>Limit Movement</td>
<td>Mild distress</td>
</tr>
<tr>
<td>+1</td>
<td>+2</td>
<td>+3</td>
<td>Location: ___________</td>
<td>Describe: ___________</td>
</tr>
<tr>
<td>+4</td>
<td>Location: ___________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact Health Care Provider Immediately If:
Health care provider must be called if not on site or if after clinic hours.

- Shortness of breath, abnormal breaths sounds and/or tachycardia
- Impaired neurological (lethargy, disorientation)/vascular status
- Edema is accompanied by blurry vision, severe headache, tingling or numbness

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.

- Marked edema is present
- Condition not responding to intervention

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.

Peripheral Edema
- Protect the affected area.
- Raise the legs several times per day to improve circulation. Elevate head if facial.
- Apply ice to the affected area to reduce swelling 24 to 48 hours
- Elevate the affected area anytime sitting or lying down.
- Cut down salt consumption.
- Avoid sitting for long periods of time.
- Monitor I & O
- Assess fit of shoes and slippers to avoid risk of pressure and skin breakdown.
- Consider crutches if lower extremity.
- Medical lay-in/Restrictions.
- Circumference: Lt: ___________ Rt: ___________

Pulmonary Edema
- Place inmate in semi-fowler position or reclining position
- Place pulse oximeter
- Administer Oxygen at 2L minute via nasal cannula to maintain oxygen saturation above 90% (requires health care provider order)
- Monitor blood pressure, cardiac rate and rhythm
- Monitor breath sounds and be alert for crackles (Rales), heart tones and peripheral pulses
- Monitor skin color, moisture, temperature and capillary refill time
- Monitor for a new non-productive cough
- Monitor for signs of hypoxia: restlessness, confusion, headache
- Assess for distended neck and peripheral vessels
- Schedule inmate for daily weights
- Monitor I & O

- Education/Intervention: Instructed signs and symptoms to warrant further treatment (loss of sensation, increase swelling, decrease ROM, 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: ___________

Inmate Name (Last, First) DOC #