SUNBURN

Subjective Data:

Allergies: _______________________

Chief complaint: ___________________________________________________________________________________

Onset: ______ Anatomical location: ____________________________________________ Approx. Length of exposure: ______

Associated Symptoms:

- Chills
- Fever
- Dizziness
- Visual disturbances
- Pain scale (0-10) __________

Objective Data: (clinically indicated VS)

BP ___________ Pulse ___________ Resp. ___________ Temp. ___________ Wt. ___________ O2 sats. ___________ FSBS: ___________

- Skin turgor: Normal, Decreased
- Mucous membrane: Normal, Moist, Dry, Parched
- Character of burn: Redness, Edema, Blister, Peeling

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: Health care provider must be called if not on site or if after clinic hours.

- Fever, chills, dizziness, visual disturbances
- Blisters, evidence of 2nd degree burns
- Abnormal vital signs
- Signs and symptoms of dehydration-poor turgor; dry parched mucous
- Severe pain

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.
- Cleanse gently with mild antiseptic soap. Take care not to break the blister.
- Cool compresses as needed.
- “Polysporin” two times a day for 10 days PRN to open blisters and apply non-adhering dressing to 2nd degree burn
- 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
  - Silvadene or Medihoney to affected area or (this will require an order from the health care provider)
  - Sunscreen SPF 30 as directed
  - Provide inmate with supply of non-adhering dressing.
  - Education/Intervention: Instructed signs and symptoms of infection, increase fluid intake, keep wound clean and dry and not to perforate blisters, increase fluid intake, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: ____________________________________________________

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Health Care Provider Signature/Credentials: ___________________________ Date: ___________ Time: _______

RN/LPN Signature/credentials: ___________________________ Date: ___________ Time: _______

Inmate Name
(_____, ______) DOC #