Subjective Data:

Chief complaint:

Location of burn: (face, chest, upper back, shoulders, etc.):

Type of Burn:

- Flames
- Hot liquids
- Steam
- Chemical
- Hot surface
- Radiation
- Friction
- Electrical
- Inhalation

Associated Symptoms:

- Coughing
- Visual problems
- LOC
- Shortness of breath
- Pain

Pain scale: (0-10) _____

Objective Data:

BP _________ Pulse _________ Resp. _________ Temp. _________ Wt. _________ O2 sats. _________ FSBS _________

- Redness
- Drainage
- Swelling
- Inflammation
- Coughing

Type of Burn | Layers Involved | Appearance | Texture
---|---|---|---
Superficial - 1st Degree | Epidemis | Red without blisters | Dry
Superficial partial - 2nd Degree | Extends into superficial (papillary) dermis | Redness with clear blister. Blanches with pressure. | Moist
Deep partial thickness – 2nd Degree | Extends into deep (reticular) dermis | Yellow or white. Less blanching. May be blistering. | Fairly dry
Full thickness – 3rd Degree | Extends through entire dermis | Stiff and white/brown, No blanching | Leathery
4th Degree | Extends through entire skin, and into underlying fat, muscle and bone | Black; charred with eschar | Dry

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

- Signs of infection is present or develops
- Pain increases or continues after treatment
- Inmate is diabetic
- Orders for aspirin, non-steroidal anti-inflammatory, or corticosteroid are not in the inmate's medical record
- Signs or symptoms of inhalation injury

BURN EMERGENCY: IMMEDIATE ER CARE AND AMBULANCE TRANSFER TO HOSPITAL WITHOUT DELAY

- Any third degree burn, large area of second degree burn, radiation or electric burn, symptoms of shock, respiratory or cardiac distress

Emergency department notification time: ___________ Transport time: ___________ Transported by: _________

Health Care Provider: ___________ Time Notified: ___________ Orders Received for Treatment: y Yes n 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.
- Place inmate in comfortable position, preferably lying down with head elevated.
- Stop the burning process-cool burned area, remove non-adhering clothing, copiously flush chemical burns with water.
- Sterile dressing over burns after initial cooling.
- Medical Lay-in/Restrictions.
- O2 at 2 liters- 6 liters/minute by nasal cannula and titrate to O2 sat of 95% or higher (this will require a order from the health care provider)
- Establish IV access (if clinically indicated) (this will require an order from the health care provider)

<table>
<thead>
<tr>
<th>1st degree burns:</th>
<th>2nd degree burns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Heat exposure apply cool moist compress for 30 minutes (no ice) may repeat twice</td>
<td>- Cool moist compress for 30 minutes (no ice) may repeat twice</td>
</tr>
<tr>
<td>- Irrigate chemical burns with large amounts of water</td>
<td>- Clean and dress area daily, monitor for s/s of infection</td>
</tr>
<tr>
<td>- Do not apply dressing</td>
<td>- Remove all topical medication prior to applying new layer</td>
</tr>
<tr>
<td>- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR</td>
<td>- Keep clean, cover with clean, dry dressing</td>
</tr>
<tr>
<td>- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN</td>
<td>- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR</td>
</tr>
<tr>
<td>- Silvadene to affected area (this will require an order from the health care provider) OR</td>
<td>- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN</td>
</tr>
<tr>
<td>- Medihoney to affected area (this will require an order from the health care provider)</td>
<td>- Silvadene to affected area (this will require an order from the health care provider) OR</td>
</tr>
<tr>
<td>- Education/Intervention: Instructed to observe wound for s/s of infection, medication use, treatment, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.</td>
<td></td>
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</tbody>
</table>

Progress Note:

<table>
<thead>
<tr>
<th>Health Care Provider Signature/Credentials:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN/LPN Signature/Credentials:</td>
<td>Date:</td>
<td>Time:</td>
</tr>
</tbody>
</table>

Inmate Name

(Last, First)

DOC #