Subjective Data:

Allergies: _______________________

Chief complaint: ___________________________________________________________________________________

Location: _________________ ____________________________________ Size: _________________________________

History:

History of Chronic Illnesses:  □ Yes  □ No If “Yes” Type: __________________________________________________

Current treatment/medications:

Previously treated by health care provider: □ Yes □ No Describe: ________________________________

Over the counter medication □ Yes □ No Describe: _______________________________________________

Prescription medication □ Yes □ No Describe: ____________________________________________________

Associated Symptoms:

□ Itching □ Burning □ Tenderness □ Pain  Pain scale (0-10) _____

Objective Data: (clinically indicated VS)

BP_______________ Pulse_______________ Resp. ___________ Temp. _______________ Wt.________________

□ Deformity □ Redness □ Edema □ Hot □ Streaking □ Swelling

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.

□ Diabetic or circulatory problems
□ Signs of secondary infection present
□ Unusual location
□ Condition not responding to nursing intervention
□ Severe pain or burning

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
□ Soak foot in plain warm water twice a day
□ Soak foot in warm water with Epson salt daily for 5 days PRN (must be performed in medical unit)
□ Apply calluses or corn pad to lesion
□ Mole skin to affected area
□ 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
□ Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry, do not pick lesion,
  reapply pad only if it comes off, medication use, proper nail techniques - trim nails straight across, 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 #