Subjective Data:

Allergies: _______________________

Chief complaint: ___________________________________________________________________________________

Location: ________________________________ Size: _________________________________

Pain Scale: (0-10) ______________

Objective Data: (clinically indicated VS)

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

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

<table>
<thead>
<tr>
<th>Contusion</th>
<th>Deformity</th>
<th>Discoloration</th>
<th>Swelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse (distal)</td>
<td>Able to palpate</td>
<td>Unable to palpate</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td>Present</td>
<td>Absent</td>
<td></td>
</tr>
<tr>
<td>Movement</td>
<td>No limitation in movement</td>
<td>Limitation in movement (describe)</td>
<td></td>
</tr>
</tbody>
</table>

Appearance:  No distress  Mild distress  Moderate distress  Severe distress

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

- Deformity is present
- Impaired neurological/vascular status
- Mechanism of injury suggesting hidden trauma

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 swelling 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.
- Apply ice to the affected area to reduce swelling 24 to 48 hours. Apply ice 15 minutes at a time. Use cloth between ice and skin.
- After ice therapy, apply a wash cloth soaked in warm water to the area several times a day to promote healing.
- Medical lay-in/Restrictions
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- Education/Intervention: Instructed signs and symptoms to warrant further treatment (loss of sensation, increase swelling, decrease ROM, medication use, and 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 #