PRURITIC LESIONS  
(example- Jock Itch (TINEA CRURIS))

Subjective Data:  
Allergies: ____________________

Chief complaint: ________________________________________________________________

Onset: ___________________________  □ New Onset  □ Recurrence  □ Constant

Associated Symptoms:  
□ Itching  □ Burning  □ Pain  

Pain scale (0-10) ______________

Current treatment/medications:  
Over the counter □ Yes  □ No  Describe: ___________________________________________

Prescription □ Yes  □ No  Describe: ______________________________________________

Objective Data:  
BP ___________  Pulse ___________  Resp. ___________  Temp. ___________  Wt. ___________  O2 sat. ___________  FSBS: ___________

Location:  
□ Upper inner thigh  □ Perineal area  □ Unilateral  □ Bilateral

□ Breast  □ Skin folds

Infection:  
□ None  □ Inflamed  □ Edema  □ Drainage

Lesions:  
□ Raised  □ Even distribution  □ Smooth margins  □ Patchy distribution  □ Irregular margins  □ Weeping  □ Papules  □ Peeling

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.

□ Worsening of condition or fails to respond after 2 weeks of treatment  
□ Allergy to Antifungal agent-documented  
□ Signs / symptoms of secondary infection  
□ Concern regarding underlying illness  
□ Fungal infection spreads to other parts of body

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.

□ Tolnaftate cream to affected area after morning and evening showers for 30 days PRN.  

OR  
□ Tolnaftate powder to affected area after morning and evening showers for 30 days PRN.

□ Assign nursing protocol to Infectious Disease nurse if positive for Jock itch  
□ Education/Intervention: Instructed on hygiene, do not share linens, signs and symptoms of secondary infection, keep hands off infected areas and avoid scratching, 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 ____________________  DOC # ____________________

(Last, First)