

**SKIN IRRITATION**

(Example - Dermatitis (rash, poison ivy, dry skin))

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Chronic  Constant  Recurrence

Where did it start: \_\_\_\_\_ Did it spread (where): \_\_\_\_\_

Exposure to allergens  Unknown  Poison ivy  Poison oak  Chemicals  Medication  Food

Pain:  Yes  No Pain scale: (0-10) \_\_\_\_\_

Current medication(s): \_\_\_\_\_

**Associated symptoms:**

Itching  Burning  Fever  Difficulty breathing  Tongue swelling  Throat closing

**Objective Data:** (VS if clinically indicated)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_

<b>Appearance of lesions</b>	<input type="checkbox"/> Weeping	<input type="checkbox"/> Pustules	<input type="checkbox"/> White/patchy	<input type="checkbox"/> Redness	<input type="checkbox"/> Swelling
	<input type="checkbox"/> Dry	<input type="checkbox"/> Scales	<input type="checkbox"/> Scabs	<input type="checkbox"/> Vesicles	<input type="checkbox"/> Macules

**Drainage** (describe): \_\_\_\_\_

**Appearance:**  No distress  Mild distress  Moderate distress  Severe distress

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:**

Generalized rash  Temp > 101  Associated with antibiotic or other recent new medication

**Refer to Medical Provider If:**

Rash with apparent secondary infection  
 Condition not responding to intervention

**Medical Provider/RN Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

Alteration in skin integrity and comfort related to rash.

**Plan:**

**Nursing Intervention Routine:**

- Remove irritant by washing with soap and water
- Cool moist compresses to affected area 3-4 times a day for 20 minutes
- Chlorpheniramine (CTM) 4 mg p.o. three times daily for 8 days
- OR**
- Diphenhydramine cream 2% to affected area three times a day for 4 days for pruritis
- Calamine lotion to affected area 4 times daily for 3 days
- Hydrocortisone 1 % cream to affected area 2-3 times daily for no more than 3 days – issue one tube
- OR**
- A & D ointment for symptomatic relief – issue one tube
- Selenium Sulfide 1% to affected area – issue one bottle
- If kitchen worker, work excused until clear
- If possible medication allergy, document in medical record and educate patient

**Progress Note:** \_\_\_\_\_

**Offender Education:**

Instructed to wash well with soap and water, do not share linens, avoid scratching/touching-affected area, medication use, avoid contact of lotion/ointment around eyes, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

**LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/Provider Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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