

**SUNBURN**

**Subjective Data:**

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

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

Onset: \_\_\_\_\_ Anatomical location: \_\_\_\_\_ Approx. Length of exposure: \_\_\_\_\_

**Associated Symptoms:**

Chills     Fever     Dizziness     Visual disturbances     Pain scale (0-10) \_\_\_\_\_

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

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

Skin turgor	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
Mucous membrane	<input type="checkbox"/> Normal	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched
Character of burn	<input type="checkbox"/> Redness	<input type="checkbox"/> Edema	<input type="checkbox"/> Blister	<input type="checkbox"/> Peeling

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

- Fever, chills, dizziness, visual disturbances
- Blisters, evidence of 2<sup>nd</sup> degree burns
- Abnormal vital signs
- Signs and symptoms of dehydration-poor turgor; dry parched mucous
- Severe pain

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

**Assessment:**

- Alteration in skin integrity related to sunburn

**Plan:**

**Nursing Intervention Routine:**

- Cleanse gently with mild antiseptic soap. Take care not to break the blister
- Increase fluid intake
- "Polysporin" to open blisters and apply non-adhering dressing to 2<sup>nd</sup> degree burn
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days
- or**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
- Sunscreen SPF 30 as directed
- Provide offender with supply of non-adhering dressing.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Offender Education:**

- Instructed signs and symptoms of infection, keep wound clean and dry and not to perforate blisters, increase fluid intake, medication use, 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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