

ABRASIONS

Subjective Data:

Allergies: _____

Chief complaint: _____

Associated Symptoms:

Active bleeding Numbness Pain Pain Scale: (0-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Size and location of injury: _____

Character of wound:

Clean Dirty Dry Weeping Crusted Redness/ Swelling Imbedded or foreign material present

Drainage: Yes No If "Yes" describe _____

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

- Wound is severe /deep / requires sutures
- Signs of infection present (redness, tenderness, exudate, etc.)
- Bleeding is uncontrolled

Refer to Medical Provider If:

- Daily dressing changes are indicated
- Last tetanus diphtheria injection more than 5 years
- Orders needed for treatment
- Wound has imbedded debris not easily irrigated out

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

Assessment:

- Alteration in skin integrity related to injury

Plan: Nursing Intervention Routine:

- Stop bleeding with pressure
- Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt.
- "Polysporin" ointment and dressing, if wound location subject to irritation or dirt – issue one tube
- 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.

Progress Note: _____

Patient Education:

- Instructed to keep wound clean and dry, signs and symptoms of infection, condition worsens or fever, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Name
(Last, First)

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