

PRURITIC LESIONS/SCALING
(example-Athlete's Foot (Tinea Pedis))

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Reoccurrence Constant

Affected area: Left foot Right foot Bilateral feet

Associated Symptoms:

Itching Burning Diabetic Pain Pain scale (0-10) _____

Current treatment/medications:

Over the counter Yes No Describe: _____

Prescription Yes No Describe: _____

Objective Data: (clinically indicated VA)

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

Rash Pruritic cracking Scaling Inflammation Crusting Red streaks
 Dry Drainage Odor Blisters Discoloration Edema

Refer to Medical Provider If:

- Worsening of condition after treatment started
- Allergy to Antifungal agent-documented
- Presence of secondary infection
- Suspected underlying infection
- Fungal infection spreads to other parts of body, or symptoms do not subside

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

Assessment:

Alteration in skin integrity related to pruritic lesions/scaling

Plan:

Nursing Intervention Routine:

- Tolnaftate cream to affected area twice daily for 3 – 4 weeks – issue one tube
or
- Tolnaftate powder to affected area twice daily for 3 – 4 weeks – issue one tube

Progress Note: _____

Offender Education:

Instructed on hygiene - care of feet, signs and symptoms of secondary infection, 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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