

BLISTERS

Subjective Data:

Allergies: _____

Chief complaint: _____

Location: _____ Size: _____

Associated Symptoms:

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

Objective Data: (clinically indicated VS)

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

Bleeding Intact Broken Drainage Redness Swelling

Refer to Medical Provider If:

- Signs of infection present
- Possible herpes, shingles
- Condition not responding to nursing intervention
- Patient has poorly controlled diabetes
- If open wound and last Tetanus/Diphtheria shot more than 5 years.

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

Assessment:

- Alteration in skin integrity related to blister(s)

Plan:

Nursing Intervention Routine:

- Cleanse gently with mild antiseptic soap. Take care not to break the blister
- Apply "Polysporin" ointment to open blisters and non-adhering dressing to area for protection – issue one tube
- Mole-skin to affected area
- Cover with non-adhering dressing if draining
- Provide patient with supply of non-adhering dressing
- Medical Lay-in/restrictions

Progress Note: _____

Patient Education:

- Instructed signs and symptoms of infection, keep wound clean and dry and not to perforate blister(s), 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:** _____

Name
(Last, First)

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