

**SKIN AND SOFT TISSUE**  
(boils, cellulitis, etc)

**Subjective Data:**

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

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

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

Location: \_\_\_\_\_ Diameter: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

**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  
 Nodules  Multiple boils  Boggy center  Pus present  Papules  Vesicles

**Refer to Medical Provider If:**

- Signs of infection present
- There is apparent presence of cellulitis or lymphangitis and fever, measure and mark surrounding area of erythema
- Condition not responding to nursing intervention
- Patient has poorly controlled diabetes
- There are 5 or more individuals from the same housing unit.

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

**Assessment:**

Alteration in skin integrity related to boil(s)

**Plan:**

**Nursing Intervention Routine:**

- Hot moist pack to lesions for 20 minutes 3 to 4 times a day to affected area for 3 days
- Open or weeping lesions, place in single cell, or with similar patient and use universal precautions
- Prepare for culture if draining (this will require an order from the medical provider)
- Cover with non-adherent dressing if draining
- Medical Lay-in/restrictions
- Laundry restrictions

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

**Patient Education:**

- Instructed signs and symptoms of infection, keep wound clean and dry and not to pick or squeeze lesions, keep lesions covered if draining, wash hands with hot water after changing dressing, do not share linens, proper hygiene, 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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