

**PRURITIC LESIONS**

(example- Jock Itch (TINEA CRURIS))

**Subjective Data:**

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

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

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

**Associated Symptoms:**

Itching  Burning  Pain scale (0-10) \_\_\_\_\_

**Current treatment/medications:**

Over the counter  Yes  No Describe: \_\_\_\_\_

Prescription  Yes  No Describe: \_\_\_\_\_

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

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

**Location:**  Upper inner thigh  Perineal area  Unilateral  Bilateral

**Infection:**  None  Inflamed  Edema  Drainage

**Lesions:**  Raised  Smooth margins  Irregular margins  Weeping  
 Even distribution  Patchy distribution  Papules  Peeling

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**Refer to Medical Provider If:**

- Worsening of condition or fails to respond after 2 weeks of treatment
- Allergy to Antifungal agent-documented
- Signs / symptoms of secondary infection
- Concern regarding underlying illness
- Fungal infection spreads to other parts of body

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

**Assessment:**

Alteration in skin integrity related to pruritic lesions

**Plan: Nursing Intervention Routine:** (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
- Tolnaftate cream to affected area after morning and evening showers for 2 – 4 weeks  
**OR**
- Tolnaftate powder to affected area after morning and evening showers for 2 – 4 weeks
- Education/Intervention: Instructed on hygiene, do not share linens, signs and symptoms of secondary infection, keep hands off infected areas and avoid scratching, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

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

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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