

SUNBURN

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Anatomical location: _____ Approx. Length of exposure: _____

Associated Symptoms:

Chills Fever Dizziness Visual disturbances Pain scale (0-10) _____

Objective Data: (clinically indicated VS)

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

Skin turgor	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased
Mucous membrane	<input type="checkbox"/> Normal	<input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Parched
Character of burn	<input type="checkbox"/> Redness	<input type="checkbox"/> Edema <input type="checkbox"/> Blister <input type="checkbox"/> 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)

NOTIFY MEDICAL PROVIDER IMMEDIATELY IF:

- Fever, chills, dizziness, visual disturbances
- Blisters, evidence of 2nd degree burns
- Abnormal vital signs
- Signs and symptoms of dehydration-poor turgor; dry parched mucous
- Severe pain

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

Assessment:

- Alteration in skin integrity related to sunburn

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.
- Cleanse gently with mild antiseptic soap. Take care not to break the blister
- "Polysporin" to open blisters and apply non-adhering dressing to 2nd degree burn
- 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
- Sunscreen SPF 30 as directed
- Provide offender with supply of non-adhering dressing.
- Education/Intervention: Instructed signs and symptoms of infection, increase fluid intake, keep wound clean and dry and not to perforate blisters, increase fluid intake, 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)

DOC #