

PUSTULAR LESIONS
(example - Acne)

Subjective Data:

Allergies: _____

Chief complaint: _____

Location of pustular lesions: (face, chest, upper back, shoulders) _____ Onset of symptoms: _____

Current treatment/medications:

| | | | |
|------------------|------------------------------|-----------------------------|-----------------|
| Over the counter | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: _____ |
| Prescription | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: _____ |

Objective Data: (clinically indicated VS)

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

Redness Drainage Swelling Inflammation Itching

Grades:

| | |
|------------------------------------|---|
| <input type="checkbox"/> Grade I | Presence of closed white heads or black heads(comedo) and non-inflammation papules |
| <input type="checkbox"/> Grade II | Pustules, nodules, cysts, inflammation and drainage |
| <input type="checkbox"/> Grade III | Features of Grade I and II plus deeper inflammatory nodules |
| <input type="checkbox"/> Grade IV | Features of Grades I-III with cysts formation and scarring |

(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 present

Refer to Medical Provider If:

- Case is severe
- Signs of infection
- Unresponsive to above treatment

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

Assessment:

Alteration in skin integrity related to pustular 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.
- Benzoyl Peroxide 5% cream /gel to affected area twice a day – issue one tube
- Issue “clipper-no shave” if indicated
- Instructed to keep hands away from face/area, do not squeeze lesions as this may cause infection, wash affected area with soap and water at least 2 times daily, 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:** _____

Name
(Last, First)

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