

PRURITIC LESIONS/SCALING
(example-Athlete's Foot (Tinea Pedis))

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Reoccurrence Constant

Affected area: Left foot Right foot Bilateral feet

Associated Symptoms:

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

Current treatment/medications:

Over the counter Yes No Describe: _____
Prescription Yes No Describe: _____

Objective Data: (clinically indicated VA)

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

Rash Pruritic cracking Scaling Inflammation Crusting Red streaks
 Dry Drainage Odor Blisters Discoloration Edema

(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 after treatment started
- Allergy to Antifungal agent-documented
- Presence of secondary infection
- Suspected underlying infection
- Fungal infection spreads to other parts of body, or symptoms do not subside

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

Assessment:

- Alteration in skin integrity related to pruritic lesions/scaling

Plan: Nursing Intervention Routine:

- 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 twice daily for 3 – 4 weeks – issue one tube
OR
- Tolnaftate powder to affected area twice daily for 3 – 4 weeks – issue one tube
OR
- Hydrocortisone 1% cream to affected area 3 times a day for 4 weeks - issue one tube
- Education/Intervention:** Instructed on hygiene - care of feet, signs and symptoms of secondary infection, 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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