

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
BITES (Insect and Spider)

MSRM 140117.01.5
(R-12/15)

Subjective Data:

Allergies: _____

Chief complaint: _____

Type of Bite:

| | | | |
|---------------------------------|--------------|---|-------------|
| <input type="checkbox"/> Human | Where: _____ | Why: _____ | Date: _____ |
| <input type="checkbox"/> Insect | Where: _____ | Date: _____ | |
| <input type="checkbox"/> Animal | Where: _____ | Status of animal: <input type="checkbox"/> Dead <input type="checkbox"/> Captured | Date: _____ |

Type of pain:

Throbbing Constant Intermittent Achy Sharp Dull Pain scale: (0-10) _____

Associated symptoms:

Nausea Vomiting Numbness Fever

Objective Data: (clinically indicated VS)

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

| | | | | |
|--------------------------------------|---------------------------------------|---|---|--|
| <input type="checkbox"/> Broken skin | <input type="checkbox"/> Drainage | <input type="checkbox"/> Stinger is present | <input type="checkbox"/> Increased respiratory rate | <input type="checkbox"/> Decreased mental status |
| <input type="checkbox"/> Streaking | <input type="checkbox"/> Redness | <input type="checkbox"/> Active bleeding | <input type="checkbox"/> Periorbital edema | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Decreased BP | <input type="checkbox"/> Increased pulse | <input type="checkbox"/> Severe wheezing | |

| Respiration | Lung Sounds | Skin | LOC | Swelling | Appearance |
|---|-------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Even | <input type="checkbox"/> Clear | <input type="checkbox"/> Warm | <input type="checkbox"/> Awake | <input type="checkbox"/> Tongue | <input type="checkbox"/> No distress |
| <input type="checkbox"/> Uneven | <input type="checkbox"/> Rhonchi | <input type="checkbox"/> Pink | <input type="checkbox"/> Alert | <input type="checkbox"/> Throat | <input type="checkbox"/> Mild distress |
| <input type="checkbox"/> Labored | <input type="checkbox"/> Wheezes | <input type="checkbox"/> Cool | <input type="checkbox"/> Oriented X__ | <input type="checkbox"/> Facial | <input type="checkbox"/> Moderate distress |
| <input type="checkbox"/> Unlabored | <input type="checkbox"/> Diminished | <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Extremities | <input type="checkbox"/> Severe distress |
| <input type="checkbox"/> Shallow | <input type="checkbox"/> Rales | <input type="checkbox"/> Cyanotic | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Generalized | |
| <input type="checkbox"/> Deep | | <input type="checkbox"/> Mottled | <input type="checkbox"/> Comatose | | |
| <input type="checkbox"/> Use of accessory muscles | | <input type="checkbox"/> Diaphoretic | | | |

(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:

- Any respiratory distress Major edema / erythema / signs of infection Shortness of breath Abnormal vital signs

Notify Medical Provider If:

- Last tetanus Diphtheria injection more than 5 years
 Body fluid exchange

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

Assessment:

- Alteration in skin / respiratory integrity related to bite (human, insect, animal)

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.
 See anaphylactic reaction protocol
 If stinger still in place, gently scrape the stinger and venom sac away from the wound with a scalpel or sharp sterile object
 Ice pack to bite/sting area, elevate area involved
 Hydrocortisone 1 % to area if significant reaction – issue one tube
 Diphenhydramine cream 2% to affected area three times a day for 4 days for pruritus,
 Education/Intervention: Instructed on signs and symptoms of infection, wound care, 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:** _____

Name
(Last, First)

DOC #