

SKIN AND SOFT TISSUE
(boils, cellulitis, etc)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Recurrence Constant

Location: _____ Diameter: _____ Length: _____ Width: _____ Depth: _____

Associated Symptoms:

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

Objective Data: (clinically indicated VS)

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

Bleeding Intact Broken Drainage Redness Swelling
 Nodules Multiple boils Boggy center Pus present Papules Vesicles

(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:

- Signs of infection present
- There is apparent presence of cellulitis or lymphangitis and fever, measure and mark surrounding area of erythema
- Condition not responding to nursing intervention
- Patient has poorly controlled diabetes
- There are 5 or more individuals from the same housing unit.

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

Assessment:

- Alteration in skin integrity related to boil(s)

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.
- Hot moist pack to lesions for 20 minutes 3 to 4 times a day to affected area for 3 days
- Open or weeping lesions, place in single cell, or with similar patient and use universal precautions
- Prepare for culture if draining (this will require an order from the medical provider)
- Cover with non-adherent dressing if draining
- Medical Lay-in/restrictions
- Laundry restrictions
- Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry and not to pick or squeeze lesions, keep lesions covered if draining, wash hands with hot water after changing dressing, do not share linens, proper hygiene, 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)

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