

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Associated Symptoms:

Active bleeding Numbness Pain Pain Scale: (0-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 Sats: _____ FSBS: _____

Star Skin tear Classification: Skin tear classified as:

Category 1a

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap color is not pale, dusky or darkened.

Category 1b

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap color is pale, dusky or darkened.

Category 2a

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap color is not pale, dusky or darkened.

Category 2b

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap color is pale, dusky or darkened.

Size and location of injury: _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

Bleeding is uncontrolled Skin tear is full thickness Signs of infection present

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

Daily dressing changes are indicated Wound not responding to nursing intervention
 Wound has imbedded debris not easily irrigated out Last Tetanus/ Diphtheria injection more than 5 years

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Bleeding controlled with pressure and limb elevated (if appropriate).
- Skin tear wash with antiseptic soap, sterile water, or sterile normal saline to remove debris or hematoma. Patted dry.
- Using a damp cotton bud or gloved finger, approximated the skin flap by gently easing it back into place.
- Apply dressing with lipido-colloid based mesh and foam dressing, soft silicone-based mesh or foam dressing, calcium alginate dressing, adsorbent clear acrylic dressing, or opaque dressing. Arrow marked on opaque dressing to indicate preferred direction of removal.
- Dressing held in place with tubular bandage (stocking like product) gauze roller bandage.
- Arranged for dressing change. If possible, leave the dressing in place for 2-3 days to avoid disturbing flap.
- Topical emollient (i.e. Dermadaily) 2 times a day for 30 days PRN.
- "Polysporin" ointment two times a day for 10 days PRN and dressing if appropriate.
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN. **OR**
- Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days PRN.
- Education/Intervention: Instructed to keep wound clean and dry, skin hydrated, signs and symptoms of infection, condition worsens or fever, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Name
(Last, First)

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