

NURSING PROTOCOL

(R 2/20)

Self-Harm/Self-Injury/Self-Mutilation

Subjective Data:

Allergies: _____

Chief Complaint: _____

- Scratching, cutting or pinching of skin to the point of bleeding, using fingernails or a sharp object. Describe: _____
Date of incident: _____ Time of Incident: _____
- Carving words or symbols into arms, legs, breast, torso, or other body parts. Describe: _____
Date of incident: _____ Time of Incident: _____
- Biting oneself to the point of bleeding or leaving marks on the skin. Describe: _____
Date of incident: _____ Time of Incident: _____
- Burning of the skin. Describe: _____
Date of incident: _____ Time of Incident: _____
- Intentionally preventing wounds from healing. Describe: _____
Date of incident: _____ Time of Incident: _____
- Imbedding objects into the skin or body part. Describe: _____
Date of incident: _____ Time of Incident: _____
- Ingesting foreign objects or toxic substances. Describe: _____
Date of incident: _____ Time of Incident: _____

Objective Data: (clinically indicated VS)

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

Size and location of injury: _____

Character of wound:	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Gapping	<input type="checkbox"/> Redness/ Swelling
	<input type="checkbox"/> Crusted	<input type="checkbox"/> Dry	<input type="checkbox"/> Weeping	<input type="checkbox"/> Imbedded or foreign material present

Drainage: Yes No If "Yes" describe _____

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

- Wound is severe /deep / requires sutures
- Laceration to the face, ear, nose, eyelid or over joint
- Bleeding is uncontrolled
- Signs of infection present
- Laceration to the abdomen or chest that may penetrate underlying organs
- Dysphagia
- Upper/lower GI bleed
- Acute abdomen pain
- Hematuria
- Dysuria
- Vaginal discharge, bleeding, pain, foul odor
- Rectal Bleeding

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 edges do not approximate easily with Steri – Strips
- Wound not responding to nursing intervention
- Wound has imbedded debris not easily irrigated out
- Last Tetanus/ Diphtheria injection more than 5 years

CONTACT MENTAL HEALTH PROFESSIONAL IMMEDIATELY IN ALL CASES OF SELF-HARM QMHP must be called if not on site or if after clinic hours.

QMHP Contacted: _____ Time Notified: _____

Emergency department notification time: _____ Transport Time: _____ Transported by: _____

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: Self-Injury

(check all that apply)

- Check in assessment only for health care provider visit.
- Acute emergency situation, imminent danger of self-harm – initiate Suicide Watch per OP 140129.
- Stop bleeding with pressure
- Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt.
- Apply telfa pad, clean dry dressing or butterfly dressing or Steri – Strips
- Arrange for dressing change, wound check and suture removal
- "Polysporin" ointment twice a day for 10 days PRN and dressing if wound location subject to irritation or dirt.
- 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 PRN days.
- X-ray per Health Care Providers order.
- Education/Intervention: Instructed to keep wound clean and dry, 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: _____

Inmate Name
(Last, First)

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