

PUSTULAR LESIONS
(example - Acne)

Subjective Data:

Allergies: _____

Chief complaint: _____

Location of pustular lesions: (face, chest, upper back, shoulders) _____ Onset of symptoms: _____

Current treatment/medications:

Over the counter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____
Prescription	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____

Objective Data: (clinically indicated VS)

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

<input type="checkbox"/> Redness	<input type="checkbox"/> Drainage	<input type="checkbox"/> Swelling	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Itching
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Grades:

<input type="checkbox"/> Grade I	Presence of closed white heads or black heads(comedo) and non-inflammation papules
<input type="checkbox"/> Grade II	Pustules, nodules, cysts, inflammation and drainage
<input type="checkbox"/> Grade III	Features of Grade I and II plus deeper inflammatory nodules
<input type="checkbox"/> Grade IV	Features of Grades I-III with cysts formation and scarring

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

Fever 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.*

Case is severe

Signs of infection

Unresponsive to above treatment

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.
- Wash face with soap and water.**
- Benzoyl Peroxide 5% cream /gel once a day for 30 days PRN to affected area.
- Issue "clipper-no shave" if indicated
- Instructed to keep hands away from face/area, do not squeeze lesions as this may cause infection, wash affected area with soap and water at least 2 times daily, 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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