

**SKIN IRRITATION**

(Example - Dermatitis (rash. poison ivy, dry skin))

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Chronic  Constant  Recurrence

Where did it start: \_\_\_\_\_ Did it spread (where): \_\_\_\_\_

Exposure to allergens  Unknown  Poison ivy  Poison oak  Chemicals  Medication  Food

Pain:  Yes  No Pain scale: (0-10) \_\_\_\_\_

Current medication(s): \_\_\_\_\_

**Associated symptoms:**

Itching  Burning  Fever  Difficulty breathing  Tongue swelling  Throat closing

**Objective Data:** (VS if clinically indicated)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS: \_\_\_\_\_

<b>Appearance of lesions</b>	<input type="checkbox"/> Weeping	<input type="checkbox"/> Pustules	<input type="checkbox"/> White/patchy	<input type="checkbox"/> Redness	<input type="checkbox"/> Swelling
	<input type="checkbox"/> Dry	<input type="checkbox"/> Scales	<input type="checkbox"/> Scabs	<input type="checkbox"/> Vesicles	<input type="checkbox"/> Macules

**Drainage** (describe): \_\_\_\_\_

**Appearance:**  No distress  Mild distress  Moderate distress  Severe distress

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

Generalized rash  Temp > 101  Associated with antibiotic or other recent new medication

**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.*

Rash with apparent secondary infection  
 Condition not responding to intervention

**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.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation.
- Remove irritant by washing with soap and water.
- Cool moist compresses to affected area 3-4 times a day for 20 minutes.
- Chlorpheniramine (CTM) 4 mg p.o. three times daily for 8 days PRN
- OR**
- Diphenhydramine cream 2% three times a day for 4 days PRN to affected area for pruritis.
- Calamine lotion four times a day for 3 days PRN to affected area.
- Hydrocortisone 1 % cream twice a day for 10 days PRN to affected area.
- OR**
- A & D ointment twice a day for 10 days PRN for symptomatic relief.
- Topical emollient (i.e. Dermadaily) twice a day for 30 day PRN for symptomatic relief.
- Selenium Sulfide 1% to affected area three times a week PRN for 30 days.
- If kitchen worker, work excused until inmate is reevaluated and cleared by medical. (schedule inmate for follow-up)
- If possible medication allergy, document in medical record and educate patient.
- Education/Intervention: Instructed to wash well with soap and water, do not share linens, avoid scratching/touching-affected area, medication use, avoid contact of lotion/ointment around eyes, 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 \_\_\_\_\_ DOC # \_\_\_\_\_  
(Last, First)