

SUNBURN

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Anatomical location: _____ Approx. Length of exposure: _____

Associated Symptoms:

Chills Fever Dizziness Visual disturbances Pain scale (0-10) _____

Objective Data: (clinically indicated VS)

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

Skin turgor	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
Mucous membrane	<input type="checkbox"/> Normal	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched
Character of burn	<input type="checkbox"/> Redness	<input type="checkbox"/> Edema	<input type="checkbox"/> Blister	<input type="checkbox"/> Peeling

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

- Fever, chills, dizziness, visual disturbances
- Blisters, evidence of 2nd degree burns
- Abnormal vital signs
- Signs and symptoms of dehydration-poor turgor; dry parched mucous
- Severe pain

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.
- Cleanse gently with mild antiseptic soap. Take care not to break the blister.
- Cool compresses as needed.
- "Polysporin" two times a day for 10 days PRN to open blisters and apply non-adhering dressing to 2nd degree burn
- 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
- Silvadene or Medihoney to affected area or (this will require an order from the health care provider)
- Sunscreen SPF 30 as directed
- Provide inmate with supply of non-adhering dressing.
- Education/Intervention: Instructed signs and symptoms of infection, increase fluid intake, keep wound clean and dry and not to perforate blisters, increase fluid intake, medication use, 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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