OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
BITES (Insect and Spider)

MSRM 140117.01.2.2
(R-2/20)

Subjective Data: **Allergies:** _____

Chief complaint: _____

Type of Bite:

- ❑ Human Refer to "Alteration/Physical Assault Nursing Protocol" MSRM 140117.74
- ❑ Insect Where: _____ Date: _____
- ❑ Animal Where: _____ Status of animal: ❑ Dead ❑ Captured Date:_____

Type of pain:

❑ Throbbing ❑ Constant ❑ Intermittent ❑ Achy ❑ Sharp ❑ Dull Pain scale: (0-10) _____

Associated symptoms:

❑ Nausea ❑ Vomiting ❑ Numbness ❑ Fever

Objective Data: (clinically indicated VS)

BP_____ Pulse_____ ___ Resp. _____Temp. _____Wt._____ O2 Sat: _____ FSBS: _____

❑ Broken skin ❑ Drainage ❑ Stinger is present ❑ Increased respiratory rate ❑ Decreased mental status
❑ Streaking ❑ Redness ❑ Active bleeding ❑ Periorbital edema ❑ Shortness of breath
❑ Edema ❑ Decreased BP ❑ Increased pulse ❑ Severe wheezing

Respiration	Lung Sounds	Skin	LOC	Swelling	Appearance
❑ Even	❑ Clear	❑ Warm	❑ Awake	❑ Tongue	❑ No distress
❑ Uneven	❑ Rhonchi	❑ Pink	❑ Alert	❑ Throat	❑ Mild distress
❑ Labored	❑ Wheezes	❑ Cool	❑ Oriented X__	❑ Facial	❑ Moderate distress
❑ Unlabored	❑ Diminished	❑ Pale	❑ Confused	❑ Extremities	❑ Severe distress
❑ Shallow	❑ Rales	❑ Cyanotic	❑ Lethargic	❑ Generalized	
❑ Deep		❑ Mottled	❑ Comatose		
❑ Use of accessory muscles		❑ Diaphoretic			

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

- ❑ Any respiratory distress
- ❑ Major edema/erythema/signs of infection
- ❑ Shortness of breath
- ❑ Abnormal vital signs

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.*

- ❑ Body fluid exchange

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.
- ❑ See anaphylactic reaction protocol.
- ❑ If stinger still in place, gently scrape the stinger and venom sac away from the wound with a scalpel or sharp sterile object.
- ❑ Ice pack to bite/sting area, elevate area involved.
- ❑ Hydrocortisone 1 % two times a day for 10 days PRN to affected area if significant reaction.
- ❑ Diphenhydramine cream 2% three times a day for 4 days PRN to affected area for pruritus.
- ❑ Education/Intervention: Instructed on signs and symptoms of infection, wound care, 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:** _____

Name (Last, First) DOC #