OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
BLISTERS

Subjective Data: **Allergies:** ______________________

Chief complaint: ____

Location: ________________________________Size: ____________Duration:

Associated Symptoms:

❑ Itching	❑ Burning	❑ Diabetic	❑ Pain	Pain scale (0-10) ____________________

Objective Data: (clinically indicated VS)

BP__________Pulse________Resp. _________Temp. _________Wt._________ O2 Sats _________ FSBS _________

❑ Bleeding	❑ Intact	❑ Broken	❑ Drainage	❑ Redness	❑ Swelling

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.*

- ❑ Signs of infection present
- ❑ Possible herpes, shingles
- ❑ Condition not responding to nursing intervention
- ❑ Patient has poorly controlled diabetes

Health Care Provider: ___________________ **Time Notified:** _______ **Orders Received for Treatment:** ❑ Yes ❑ No

If the inmate does not meet any of the criteria in this section the nursing protocol does not have to be assigned to the health care provider. Follow Nursing Intervention Routine.

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.
- ❑ Apply "Polysporin" ointment two times a day for 10 days PRN to open blisters and non-adhering dressing to area for protection.
- ❑ Mole-skin to affected area.
- ❑ Cover with non-adhering dressing if draining.
- ❑ Provide patient with supply of non-adhering dressing.
- ❑ 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.
- ❑ Medical Lay–in/restrictions.
- ❑ Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry and not to perforate blister(s), medication use, and follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: ____

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Health Care Provider Signature/Credentials: ____________________________ **Date:** _________ **Time:** _______

RN/LPN Signature/credentials: ______________________________________ **Date:** __________**Time:** _______

Name
(Last, First) DOC #