

CONTUSIONS

Subjective Data:

Allergies: _____

Chief complaint: _____

Location: _____ Size: _____

Pain Scale: (0-10) _____

Objective Data: (clinically indicated VS)

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

Inmate on anticoagulants (warfarin, aspirin, heparin etc.) Yes No

Contusion	<input type="checkbox"/> Deformity	<input type="checkbox"/> Discoloration	<input type="checkbox"/> Swelling
Pulse (distal)	<input type="checkbox"/> Able to palpate	<input type="checkbox"/> Unable to palpate	
Neurological	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Movement	<input type="checkbox"/> No limitation in movement	<input type="checkbox"/> Limitation in movement (describe) _____	
Appearance:	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress <input type="checkbox"/> Severe distress

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

- Deformity is present
- Impaired neurological/vascular status
- Mechanism of injury suggesting hidden trauma

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.*

- Marked swelling is present
- 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.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Apply ice to the affected area to reduce swelling 24 to 48 hours. Apply ice 15 minutes at a time. Use cloth between ice and skin.
- After ice therapy, apply a wash cloth soaked in warm water to the area several times a day to promote healing.
- Medical lay-in/Restrictions
- 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
- Education/Intervention: Instructed signs and symptoms to warrant further treatment (loss of sensation, increase swelling, decrease ROM, medication use, and 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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