

PRURITIC LESIONS
(example- Jock Itch (TINEA CRURIS))

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Recurrence Constant

Associated Symptoms:

Itching Burning Pain scale (0-10) _____

Current treatment/medications:

Over the counter Yes No Describe: _____
Prescription Yes No Describe: _____

Objective Data: (clinically indicated VS)

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

Location: Upper inner thigh Perineal area Unilateral Bilateral
 Breast Skin folds

Infection: None Inflamed Edema Drainage

Lesions: Raised Smooth margins Irregular margins Weeping
 Even distribution Patchy distribution Papules Peeling

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.*

- Worsening of condition or fails to respond after 2 weeks of treatment
- Allergy to Antifungal agent-documented
- Signs / symptoms of secondary infection
- Concern regarding underlying illness
- Fungal infection spreads to other parts of body

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.
- Tolnaftate cream to affected area after morning and evening showers for 30 days PRN.
OR
- Tolnaftate powder to affected area after morning and evening showers for 30 days PRN.
- Assign nursing protocol to Infectious Disease nurse if positive for Jock itch
- Education/Intervention: Instructed on hygiene, do not share linens, signs and symptoms of secondary infection, keep hands off infected areas and avoid scratching, 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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