MENSTRUAL CRAMPS
(example – **Dysmenorrhea**)

Subjective Data: **Allergies:** _____

Chief complaint: _____

Onset:_____ ❑ New Onset ❑ Chronic ❑ Recurrence

History:

Last normal menstrual period : _____

Associated Symptoms:

Change in voiding: ❑ Yes ❑ No If "Yes" describe: _____

Lumbosacral back pain or mid-abdominal pain: ❑ Yes ❑ No If "Yes" describe:_____

Excessive bleeding or discharge: ❑ Yes ❑ No If "Yes" describe:_____

Radiation of pain: ❑ Yes ❑ No If "Yes" describe: _____ Pain scale: (0-10)

❑ Nausea	❑ Vomiting	❑ Headache	❑ Chills	❑ Tiredness	❑ Nervousness

Objective Data: (clinically indicated VS)

BP _____Pulse _____ Resp. _____ Temp. _____ Wt._____O_2 sats._____ FSBS: _____

Respiration:	❑ Even	❑ Uneven	❑ Labored	❑ Unlabored ❑ Shallow
Heart sounds:	❑ Regular	❑ Irregular	❑ Alert	
Abdomen:	❑ Soft	❑ Slightly firm	❑ Rigid	
Posture:	❑ Able to stand erect	❑ Unable to stand erect	❑ Able to bend legs while lying	❑ Unable to bend legs while lying
Appearance:	❑ No distress	❑ Mild distress	❑ Moderate distress	❑ Severe distress

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.*

❑ No relief from analgesics ❑ Pain not related to menstrual cramps ❑ Excessive bleeding or clots
❑ Cramps associated with severe pain ❑ Temp > 101

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.
❑ Warm, moist heat to abdomen
❑ 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 to increase exercise (exercise increases neuro-physiologic basis for relief), avoid restrictive clothing, 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) DOC #