

Encounter Form: Inflammatory Skin Conditions/Rashes

Institution: _____

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain): _____

Area of pain: _____

Quality of pain: _____

What makes it better? _____

Location of lesions: _____

Symptoms: Dyspnea Difficulty swallowing

Pruritis Burning Tenderness Fever

Malaise Chills

Cracking between fissures of hands/feet/digits

Is the condition worse at a particular time? _____

Previous episodes?: _____

What treatment was rendered: _____

Frequent exposure to potential irritants: detergents

dyes rubber plants weeds/bushes

sun

History of minor trauma to skin: Bite-insect

Bite-animal Bite-human abrasion

other _____

Past medical history: Asthma Hay fever

Allergic rhinitis Urticaria Arthritis

Other: _____

Family history of: Atopic dermatitis Psoriasis

Other: (describe) _____

Allergies (food/medication): _____

Current medications: _____

OBJECTIVE:

Vital signs: B/P: _____ Pulse _____ Resp. _____ Temp _____

Ventilatory effort: Congestion SOB

Swelling: Lips Tongue Uvula No swelling

Breath Sounds: Clear bilaterally Wheezes

Crackles Diminished Absent

Describe: _____

Skin lesions: (Location: size; distribution; pattern):

Describe: _____

Inspect affected area (s) for: redness vesicles

pustules drainage swelling

excoriations from scratching weeping

crusting fissuring pigmentation changes

Lymph nodes: Swelling Tender Non-palpable

Location: _____

ASSESSMENT:

Impaired skin integrity evidenced by/related to: _____

Risk of infection as evidenced by / related to: _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

History of skin trauma; lymphadenopathy, oozing skin lesions covered with a thin, light brown or honey-colored crust, or pruritic blisters filled with yellow or honey-colored fluid

STAT Urgent Routine

Orders received by phone from POC.

Physician notified (name / time) _____

Physician responded (time) _____

ECZEMA

Remove offending agent (describe): _____

Hydrocortisone Topical Cream 1% : apply to affected area no more than 3-4 times/day while symptoms persist

If no improvement after 7 days, instruct the patient to return to the RN clinic for follow-up.

URTICARIA (HIVES): If the patient presents with urticara accompanied by dyspnea, wheezing or shortness of breath see **Allergic Reaction Protocol** for treatment

Discontinue use of non-prescription analgesic and canteen purchased medication

Physician contacted to discuss discontinuation of any other medications.

If no improvement after 3 days, schedule for follow-up with physician within 24 hours

TINEA PEDIS

Topical Cream 1% cream: apply to affected area BID x 4 wks

Number of tubes issued: _____

If condition worsens discontinue medication and notify physician.

If no improvement after 3 weeks, instruct the patient to return to the RN clinic for follow-up

Signature / Title

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POISON OAK

- Take a cool shower, with soap to remove toxin.
Make sure to wash all clothing that came in contact with the plant.
Calamine lotion, apply to affected areas 2x/day while symptoms persist.
Hydrocortisone Topical Cream 1%: apply to affected area while symptoms persist no more than 3-4 times/day while symptoms persist.
Pt instructed to return to clinic if no improvement after 3 days

Person/time contacted: _____
Time/Mode of transfer: _____
ERV contacted (time) _____
ERV arrived (time) _____

Additional Comments: _____

DRY FLAKY SKIN:

- Recommend mild soap.
For all other skin conditions/rashes, refer patient to a physician on a STAT, urgent or routine basis as appropriate

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
Patient education consistent with the assessment of the condition.
Document the education provided and the patient's level of understanding on the nursing protocol encounter form.
Refer patient to other resources as needed, for additional information, specialized instruction, or support. Document all referrals on the nursing protocol encounter form.
Advise the patient to resubmit a Health Care Request form (CDC 7362) if symptoms persist

Patient instructed in:

- Use of Medication: _____
Skin Care: _____
Keep feet clean and dry, report secondary infection: _____
Resubmit a Health Care Service Request Form (CDC 7362) if condition persists or deteriorates: _____

List name(s) of RN Protocols used: _____

Signature / Title

DISPOSITION:

Time released _____

Condition on release: _____

- Returned to housing unit
Housing reassignment to: _____
Referred for follow-up
Physician clinic RN clinic
Referred to higher level of care: (specify)

1. Disability Code: 2. Accommodation: 3. Effective Communication:
4. Comments: