

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
BITES (Insect and Spider)

MSRM 140117.01.5
(R-6/11)

Subjective Data:

Chief complaint: _____ **Allergies:** _____

Type of Bite:

<input type="checkbox"/> Human	Where: _____	Why: _____	Date: _____
<input type="checkbox"/> Insect	Where: _____	Date: _____	
<input type="checkbox"/> Animal	Where: _____	Status of animal: <input type="checkbox"/> Dead <input type="checkbox"/> Captured	Date: _____

Type of pain:

Throbbing Constant Intermittent Achy Sharp Dull Pain scale: (0-10) _____

Associated symptoms:

Nausea Vomiting Numbness Fever

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

<input type="checkbox"/> Broken skin	<input type="checkbox"/> Drainage	<input type="checkbox"/> Stinger is present	<input type="checkbox"/> Increased respiratory rate	<input type="checkbox"/> Decreased mental status
<input type="checkbox"/> Streaking	<input type="checkbox"/> Redness	<input type="checkbox"/> Active bleeding	<input type="checkbox"/> Periorbital edema	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Edema	<input type="checkbox"/> Decreased BP	<input type="checkbox"/> Increased pulse	<input type="checkbox"/> Severe wheezing	

Respiration	Lung Sounds	Skin	LOC	Swelling	Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Warm	<input type="checkbox"/> Awake	<input type="checkbox"/> Tongue	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Throat	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X____	<input type="checkbox"/> Facial	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Extremities	<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Generalized	
<input type="checkbox"/> Deep		<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose		
<input type="checkbox"/> Use of accessory muscles		<input type="checkbox"/> Diaphoretic			

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Any respiratory distress Major edema / erythema / signs of infection Shortness of breath Abnormal vital signs

Notify Medical Provider If:

Last tetanus Diphtheria injection more than 5 years
 Body fluid exchange

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

Alteration in skin / respiratory integrity related to bite (human, insect, animal)

Plan:

Nursing Intervention Routine:

- See anaphylactic reaction protocol
- If stinger still in place, gently scrape the stinger and venom sac away from the wound with a scalpel or sharp sterile object
- Ice pack to bite/sting area, elevate area involved
- Hydrocortisone 1 % to area if significant reaction – issue one tube
- Diphenhydramine cream 2% to affected area three times a day for 4 days for pruritus,

Progress Note: _____

Patient Education:

Instructed on signs and symptoms of infection, wound care, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Name
(Last, First)

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