BITES – ANIMAL, HUMAN OR INSECT

ALLERGIES:

Date: **Time:**

SUBJECTIVE

CC:	
Symptom onset/location/duration/timing:	
Character/10-scale, if pain:	
Type of animal or insect:	
Human bite:	☐ No ☐ Yes
If animal bite, rabies status:	☐ Vaccinated ☐ Unknown (animal caught) ☐ Unknown (animal not caught)

Significant past medical history: ☐ Diabetes ☐ Allergies to insect bites

LMP: UPT results: Date:

OBJECTIVE

T:	P:	R:	BP:	SaO2:	FSBS:

General appearance:

Broken skin: ☐ No ☐ Yes _____

Wound assessment: ☐ Edema ☐ Redness ☐ Streaking ☐ Active Bleeding ☐ Drainage ☐ Bruising ☐ Numbness ☐ Tingling ☐ Itching ☐ Hives

Description of hives: _____

Location: _____

Size: _____ Depth: _____

Other associated symptoms: ☐ SOB ☐ Respiratory distress ☐ Signs of shock (hypotension, tachycardia) ☐ Local pain

Other pertinent findings:

ASSESSMENT

1. Animal bite 2. Human bite 3. Insect bite

Name:	DOB:
ID:	Location:
Race: B W H A other	Sex: M F T

NAME: **DOB:**

PLAN	
☐ If animal is available verify rabies vaccination status ☐ Report animal bite to Animal Control of the County ☐ Wound cleansed ☐ Topical ointment ☐ Dressing and Bandage ☐ Band-Aid	☐ Other_____
Notify Provider if: 1. Tetnaus toxis greater than 10 years 2. Rabies status unknown 3. Respiratory distress/SOB/ signs of shock	
EDCUCATION	
1. Education on wound care 2. The patient demonstrated an understanding of the nature of the medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ Yes ☐ No (If NO then schedule patient for appropriate follow-up visits) 3. Instructions to return if condition worsens.	
Staff Signature/Title	**Date/Time**

After being seen today, I will receive the above medications and prescriptions. I understand my responsibility for care.
_____*Inmate Signature*

PROGRESS NOTES

Date/ Time	