

**Fort Jackson Certified Athletic Trainer – Forward Program**  
**Blister Care SOP**  
**BN AID Stations in Garrison and out at the FOB**

**Intent:**

Description of sick call procedures pertaining to athletic trainer standard of care when treating and documenting a blister.

**Definitions**

1) Wound

a. Any open skin area

2) Necrotic tissue

a. Gray/black dead tissue

3) Granulation tissue

a. Beefy, bumpy and red. May bleed easily

4) White or yellow slough

a. Non-viable tissue that the body should be able to absorb itself

5) Echar

a. Hard black tissue

6) Maceration

a. Tissue that is water logged. There is too much moisture.

7) Serous

a. Clear, thin, watery

8) Sanguineous

a. Bloody discharge

9) Purulent

a. Thick or thin, opaque tan to yellow

10) Tunneling

a. Actual open tunnel (able to insert a q-tip into tunnel)

11) Undermining

a. A lip overhang of tissue extending over the wound bed

12) Ulcer

a. An area of tissue erosion, for example, of the skin. Due to the erosion, an ulcer is concave. It is always depressed below the level of the surrounding tissue.

**Procedure:**

1) TRIAGE (performed by the TMC medic or the BN athletic trainer)

A. Separate SIT's with blister into two groups

I. Soldiers to be seen by the TMC medic:

A. Soldiers presenting with obviously infected blisters, blisters bigger than quarter size and any SIT's who have been seen by the TMC or the medic for a blister and need continuing care.

B. Soldiers who are unable to be seen by the BN AT during sick call hours due to workload.

II. Soldiers to be seen by the BN AT:

A. When evaluating for a musculoskeletal injury and there is also a blister present follow the following steps:

a. If the medic is available and the blister meets the criteria for documentation and/or referral ask the medic to look at the

- blister first.*
- b. If the medic is not available use the blister documentation/referral guidelines to determine appropriate care*
- c. If the blister does not meet the criteria and/or documentation/referral guidelines, treat the blister appropriately and record treatment on data collection*
- B. Follow-ups for blister care if seen previously by the BN AT*
- C. Initial Blister Care if medic is **unavailable***
- D. Any blister that meets the following criteria must be documented:*
  - 1. Signs and Symptoms of Infection or potential infection (red streaks, large area of erythema or tender lymph nodes)*
  - 2. Blister is larger than 24mm(quarter sized)*
  - 3. Tissue appears necrotic*
  - 4. Soldier reports increasing pain/tenderness*
  - 5. Blister requires draining*
  - 6. Blister is ulcer like in appearance*
  - 7. AT has been treating blister with no signs of positive progress*
  - 8. Soldier reports blister has been present for 3+ days and has had no reported treatment for the blister prior to seeing the athletic trainer*

**Documentation Guidelines:**

- 1) Location on the body – be specific*
- 2) MOI*
  - A. Friction*
  - B. De-roofed blister resulting in a wound*
- 3) Appearance*
  - A. Tissue characteristics*
    - I. roofed vs. deroofed*
    - II. necrotic*
    - III. granulation*
    - IV. white or yellow slough*
    - V. echar*
      - a. Needs referral to TMC for sharp debridement*
    - VI. maceration*
  - B. Fluid leaking from area*
    - I. Serous - clear, thin, watery*
    - II. Sanguineous -- bloody discharge*
    - III. Purulent - thick or thin, opaque tan to yellow*
  - C. Blister edges/Shape*
    - I. Attachment – Attached or unattached edges*
    - II. Rolled Under (Epibole)*
    - III. Macerated*
    - IV. Callused*
    - V. Tunneling*
    - VI. Undermining*
    - VII. Showing signs of healing/improvement*
- 4) Infection*
  - A. Redness around blister site*

- B. Warmth in the area
- C. Pus present
- D. Fever, nausea, fatigue, loss of appetite
- E. Red streaking from the blister site
- F. Change in wound drainage
- G. Swelling
- H. Change in tissue quality
- I. No measurable wound contraction/healing w/in 1-2 weeks
- J. Odor

- I. Fruity
- II. Foul/Sour
- III. Musty
- IV. Sweet

5) Size

- A. Quarter sized or larger
- B. Ulcer like or superficial
- C. Measurement requirements - measure in millimeters
  - I. Length = head to toe direction
  - II. Width = hip to hip direction
  - III. Estimated depth = deepest part of visible wound bed
  - IV. Height if roof is intact
  - V. Total estimated diameter
    - a. smaller than dime size = less than 18mm
    - b. Dime sized = 18mm
    - c. Nickel sized = 21mm
    - d. Quarter sized = 24mm
    - e. Half dollar sized = 31mm
    - f. Larger than half dollar sized = greater than 31mm

- 6) Previously seen by TMC or Medic
- A. If the medic is unavailable

- 7) Prior treatment with AT
- A. Positive progress
  - B. No change
  - C. Negative progress

8) Duration

- A. SIT report of when blister first noticed
- B. Number of days SIT has been receiving care from AT

9) Care given (detailed)

- A. Medical treatment
- B. Self care instructions given

**MEDCOM Documentation**

All evaluations, re-evaluations and treatments must be entered in the AHLTA system within 24 hours of the encounter.

Handwritten AHLTA forms are only to be used in the following situations:

- Network is inoperable
- Can not obtain computer access within the 24 hour period. The BN AT is expected to attempt to obtain computer access at various locations (BN aid station, hospital, PT, other BN AT sites, etc) prior to using the form.

*-BN ATs must contact a supervisor prior to using the handwritten AHLTA form to replace computer generated AHLTA documentation.*



Nickel	21.21mm	2.1cm	.83 in
Dime	17.91mm	1.8cm	.71 in
Quarter	24.26mm	2.4cm	.94 in
Half Dollar	30.61mm	3.1cm	1.2 in