

## **Lesson 56: Minor Skin Conditions (Dermatitis, Scabies, Pediculosis, Fungal Infection, Psoriasis, Eczema, First Degree Burn, Stage I Decubitus Ulcer)**

(\*Note some of the following information was previously addressed in Lesson #17)

### I. Common Skin Disorders:

#### A. ***Dermatitis***

1. Cause: allergic reaction to food, medications, insect stings, inhalants, plants.
2. Symptoms: rash that causes itching.
3. Treatment: medication for symptoms.

#### B. ***Scabies***

1. Cause: mites that burrow under the skin. Contamination occurs from infested bedding, clothing, undergarments or close body contact (i.e., contact with an infested person).
2. Symptoms: itching that worsens at night, tiny thread-like blisters which generally appear between fingers, on wrists, inside elbows, on inner thighs, groin or buttocks. Lesions may also occur under arms or around the waist.
3. Treatment: topical medications – cream or lotion
  - a. Elimite (permethrin) cream – is applied to resident's entire body except face. Follow manufacturer's instructions/physician's orders which typically include that cream is left on for 8 to 14 hours and should be removed by showering resident. Treatment may need to be repeated in 7 days.
  - b. Resident's roommate, if applicable, should be assessed for presence of scabies.
  - c. Family/friends who have had recent contact with the resident should be notified.
  - d. A QMA must wear a gown and gloves when applying the Elimite cream.
  - e. The facility's infection control policy for treatment of the resident's laundry should be followed.

#### C. ***Pediculosis*** (lice)

1. Cause: lice which infest different body areas. Usually spread by direct body contact by using contaminated personal articles, such as hats, combs or bedding.
2. Symptoms: itching of scalp or body, presence of oval particles like dandruff clinging to the hair.
3. Treatment: medicated shampoo, ointment or lotion containing a pediculicide. Follow manufacturer's instructions/physician's orders which typically include working the shampoo into a lather for 4-5 minutes, rinsing thoroughly and towel dry. The treatment may be ordered to be repeated in 7 days as a preventative measure and/or due to signs of live lice. Clothes, sheets and other personal articles must be laundered to prevent reinfestation.
  - a. Lice infestations are usually treated with Kwell (lindane) shampoo.  
\*Side effects of lindane include contact dermatitis.
  - b. When treating residents in a facility, all persons in contact with the resident should be checked for lice.
  - c. If the infestation is in the resident's hair, meticulous combing of the hair should be performed daily to remove the nits from the hair shaft.
    - i. The hair should be combed from the scalp toward the end of the hair in an upward motion with a nit comb. The most common place for lice to deposit eggs is on the underside of the hair shaft nearest the scalp and behind the ears.
    - ii. The distance of the nits from the hair shafts determines the duration of the infestation.
  - d. A QMA should wear a gown, gloves and a hair covering when treating a resident with pediculosis infestation.
  - e. Linens should be bagged separately and sent immediately to the laundry area for laundering.
  - f. Commercially prepared sprays may be used to spray furniture and other items that cannot be laundered.

D. ***Fungal Infection***

1. Cause: fungus found in warm, damp places; can also be an adverse effect of multiple antibiotic treatments.
2. Symptoms: scaling and blistering, burning and itching.
3. Treatment: antifungal powder, ointment or spray applied topically.

E. ***Psoriasis***

1. Cause: can be genetic and possibly caused by a traumatic injury, influenced by environmental factors such as stress or exposure to chemicals. Psoriasis may be accompanied by arthritic symptoms.
2. Symptoms: skin has red patches covered with silver scales that have a tendency to shed. Common locations for psoriasis are elbows, hands and feet. Skin surfaces may have pinpoint bleeding.
3. Treatment: topical steroid medications or ointments to soften and remove the scales; oral medications may be ordered if symptoms are severe.

F. ***Eczema***

1. Cause: allergic reaction influenced by extremes in humidity or temperature, sweating or psychological stress.
2. Symptoms: itching, crusting of broken vesicles on the skin.
3. Treatment: remove cause of irritation; topical medication to control the itching.

G. ***First Degree Burns***

1. Cause: accidental injury such as a coffee spill or extended exposure to the sun.
2. Symptoms:
  - a. First Degree burn: skin area is red
  - b. Second Degree burn: skin is blistered
  - c. Third Degree burn: skin may appear charred or pearly white
3. First-degree burns are the most benign and the most common. However, because first-degree burns irritate nerve endings (especially fingertips), they can cause a great deal of pain. Healing is very quick in that only the outermost layer of skin is affected.
4. You can identify a first-degree burn by the resulting red skin. There will be no blisters on a first-degree burn, nor will the skin be broken. There may be some swelling on and around the burned area. This kind of burn affects only the outermost layers of the skin.
5. Treatment: Gentle cleansing and topical medication to prevent infection. Treatment of a burn greater than first degree is not within the QMA's scope of practice. Notify the nurse of any potential burn injuries.

First aid treatment for the first-degree burn includes to simply cool the burn under cold, running water for several minutes to stop the burn from worsening. The QMA must notify the nurse who, in turn, will notify the physician. The physician may order acetaminophen for the pain and may order an aloe vera ointment or burn cream. Silver sulfadiazine (Silvadene), a topical anti-infective, is sometimes ordered as a preventative measure. If ordered, the affected area should be cleansed with soap and water before each re-application.

H. ***Decubitus ulcer*** (Pressure Sore)

1. Cause: continuous pressure on body areas which leads to decreased blood circulation to tissues.
2. Ulcers are "staged" according to severity:
  - a. Stage I: a persistent area of skin redness (without a break in the skin) that is nonblanchable.
3. Treatment: the best treatment is prevention. The QMA should help ensure that residents are turned, clean and dry per physician's orders or facility policy. The treatment of a decubitus ulcer greater than a Stage I is not within the QMA scope of practice.  
Prevention:
  - a. Turn bedridden residents at least every 2 hours, according to facility policy or resident

- plan of care.
  - b. Ensure incontinent residents have routine perineal care provided to keep them clean and dry.
  - c. Encourage the resident to eat all food and drink all fluids at meals to enhance nutrition.
- 4. Stage I – In observing and treating a stage I decubitus ulcer, the QMA must document and describe the length and width of the affected area only. No measurable depth exists in that the epidermis is intact, although underlying tissue may be damaged. The length and width of any wound is measured as the distance from wound edge to wound edge and is usually measured in centimeters. To ensure consistent measurements, establish landmarks for wound measurements. For example, the caregiver can observe the wound as if it were the face of a clock. The top of the wound is considered 12 o'clock and is toward the resident's head. Six o'clock is toward the resident's feet. By consistently observing and documenting the area in this manner, documentation accurately reflects the healing process.
- 5. The observation of a stage I pressure ulcer may be difficult in residents with darker skin.
- 6. Hydrocolloid films may be ordered as a treatment to a stage I ulcer in an effort to prevent further skin breakdown associated with urine and fecal contamination. Application and removal of a transparent film is as follows:

Transparent films vary in thickness and size. They are waterproof and impermeable to bacteria and contaminants. These dressings maintain a moist environment, promoting granulation of tissue.

- a. Application
  - i. Label the dressing with the date, time and your initials.
  - ii. Remove the dressing's backing paper and expose the adhesive surface.
  - iii. Place the dressing gently over the wound, allowing the film to also cover approximately one inch of undamaged skin around the wound.
- b. Removal
  - i. Lift a corner of the dressing and begin stretching it horizontally along the skin's surface, breaking the adhesive bond.
  - ii. Continue stretching from the edges toward the center. When two sides of the dressing are partially removed, grasp both sides and pull gently until the entire dressing can be removed.
- 7. A spray such as Granulex may be ordered to stimulate the capillary beds and help prevent a stage I ulcer from deteriorating to deeper stages. When applying such a spray, the following steps should be followed:
  - a. Gently cleanse the affected area.
  - b. Spray the medication lightly into a gloved hand and gently apply it to the area at the frequency ordered by the physician, which is often three times a day.
- 8. The physician may choose to order a cream or ointment as treatment for the stage I area. If so, this should be applied as with any topical treatment (refer to Lesson 43 addressing application of lotion, ointment, liniment or cream).
- 9. Should an area of the skin appear to be opening or have an appearance that would indicate a complication (such as skin darkening or the area becoming mushy in the center), notify the licensed nurse and request the nurse to immediately assess the area for appropriateness of the current treatment and potential physician notification.

## II Common Skin Medications

### A. Local Antiinfective/antifungal

- 1. Action: destroys bacteria or fungus
- 2. Use: treat Athlete's foot, or other fungal infection
- 3. Examples:
  - a. tolnaftate (Aftate, Tinactin) - antifungal
  - b. clotrimazole (Lotrimin) - antifungal

- c. miconazole nitrate (Monistat) – vaginal antifungal
  - d. bacitracin (Bacitracin) – antiinfective
  - e. mupirocin (Bactroban) - antiinfective
4. Adverse Effects:
- a. itching
  - b. rash
5. Nursing Considerations:
- a. wear gloves when applying.
  - b. area should be cleansed and dried thoroughly before application of ointment.
  - c. ensure resident wears clean socks daily if being treated for tinea pedis.

B. Scabicides and Pediculicides

- 1. Action: destroys parasites
- 2. Use: kill scabies, mites, lice and other parasites
- 3. Examples:
  - a. lindane (Kwell)
  - b. permethrin (Elimite cream)
- 4. Adverse Effects: skin irritation
- 5. Nursing Considerations:
  - a. may apply to skin or hair.
  - b. may require repeat applications in 7 to 10 days.
  - c. follow physician's orders and refer to manufacturer's instructions/ recommendations.

C. Anti-inflammatory steroids

- 1. Action: reduces inflammation
- 2. Use: treat dermatitis, psoriasis and eczema
- 3. Examples:
  - a. betamethasone valerate (Valisone)
  - b. flurandrenolide (Cordran)
  - c. triamcinolone acetonide (Aristocort, Kenalog)
  - d. hydrocortisone cream (multiple combinations: Cortaid, Lanacort, Westcort).
- 4. Adverse Effects: burning, itching and dry skin
- 5. Nursing Considerations:
  - a. use gloves when applying.
  - b. gently wash area and pat dry before applying cream.
  - c. apply sparingly.
  - d. withdrawal symptoms occur if stopped abruptly.
  - e. avoid applying near eyes, mucous membranes or in ear canal.
  - f. continue application of the ointment for a few days after lesions clear to prevent recurrence.

D. Antipruritics and local anesthetics:

- 1. Action: relieve localized itching and pain by inhibiting conduction of nerve impulses from sensory nerves.
- 2. Use: treat hemorrhoids, sunburn and poison ivy
- 3. Examples:
  - a. lidocaine (Solarcaine, Americaine)
  - b. dibucaine (Nupercainal)
  - c. calamine (Caladryl lotion)
- 4. Adverse Effect: sensitization to medication, itching, redness, edema
- 5. Nursing Considerations:
  - a. monitor for inflammation and infection.

E. Protectants

- 1. Action: cover and protect the skin
- 2. Use: reduce irritation from urine and stool; provide sunburn protection
- 3. Examples:
  - a. petrolatum (Vaseline)

- b. talc
- c. Vitamin A and D ointment (Desitin)
- d. Para-aminobenzoic acid (PreSun, RV paba lipstick)
- 4. Adverse Effects: possible skin irritation
- 5. Nursing Considerations:
  - a. skin should be clean and dry prior to application of ointment.
  - b. monitor for inflammation and infection.

III. Additional Information for the Care of the Skin

- A. Apply topical medication with care to prevent further tissue damage.
- B. Do not apply more topical medication than is necessary. Apply sparingly.
- C. Topical steroids may be as potent as oral steroids and may affect the entire body.
- D. Store topical medication correctly: Replace the cap after use, store in original container and refrigerate if directions indicate.

<b>NOTES:</b>