

SKIN CONDITIONS - ALWAYS ASK ABOUT DISCHARGE AND BROKEN SKIN

- Check spreading of rash, location, length, history and recurrence
- ASK ABOUT lifestyle changes and recent activity
- Fingertip method for 2 adult palms - tip of finger to first crease (depends on size of person, size of rash, its location), 0.5-0.25 fingertip units if it is a child

CONDITION	CAUSE	SYMPTOMS	TREATMENT	NON-PHARMA	REFER/RED FLAGS
ATOPIC/ CONTACT DERMATITIS <i>Lifestyle, activities, recurrence</i>	Atopic: hay fever, asthma and allergy → genetic but environment plays role Contact: contact irritant or allergen (mostly occupational) Allergens: Detergents, soaps, jewellery (nickel), dyes, latex	<ul style="list-style-type: none"> - Redness - Dry - Itchy <p>Commonly in skin folds</p>	2+ Hydrocortisone (DERMAID 1%) 1-2 daily for 1 week - fingertip unit ADR: stinging, short-term irritation + relieves inflammation and redness Antihistamine - Claratyne +12: Take 1 tablet daily 2-12: 5mL daily 1-2: 2.5mL daily ADR: drowsiness, nausea, fatigue, dry mouth, CI elderly + runny nose, itchy eyes, sneezing	<ul style="list-style-type: none"> - Cease allergen contact - Wash with warm water and pat skin dry - pH balanced washes → <u>QV gentle wash</u> - Apply emollient ointment/cream after skin heals (<u>Cetaphil</u>) - Cut nails to avoid scratching 	REFERRAL <ul style="list-style-type: none"> - Children under 2 years old - Symptoms persisting for > 2 weeks <p>Re-refer if no improvement after 1 week course post treatment</p>
SEBORR HOEIC DERMATITIS - Adult	Oil (sebum) builds up on the scalp, causing inflammation and irritation.	<ul style="list-style-type: none"> - Red/inflamed - Dry, itchy scalp <p><i>Dandruff has no inflammation</i></p>	+2 EgoPsoryl TA Gel (Coal Tar): Apply n after showering for 3 days +12 Nizoral (Ketoconazole): Use twice a week for 4 weeks as shampoo, leave on the top of head for a few mins. + reduces inflammation, redness, scaling ADR: irritation, itchiness	<ul style="list-style-type: none"> - Use shampoo on a more frequent basis - Massage with fragrance free moisturizer - Use a scalp comb to gently remove flakes - No scratching → cut nails 	REFERRAL <ul style="list-style-type: none"> - Newborn - Weeping/infection/ Inflammation - Rash spreading to other areas <p>RE-REFER Unresponsive to OTC after 4 weeks</p>
SEBORR HOEIC DERMATITIS - Cradle Cap - 3-12 weeks old		Yellow crusts and scales on scalp or facial area, inflamed. NOT ITCHY	Apply bath oil/vaseline pre bathing Cetaphil Baby Shampoo - gently wash scalp daily with washcloth, brush with baby brush before rinsing. + gentle, loosens scales ADR: irritation, itchiness		

BACTERIAL - ACNE <i>Differential: Is it around a hair follicle?</i>	Increased sebum production → bacteria proliferates and inflammation occurs Trigger: hormones, new products, stress, bacteria	<ul style="list-style-type: none"> - Comedo - Pustules - Papules Around face or sebaceous glands	12+ BENZAC 2.5%, 5% Gel Wash with warm water and pat dry. Apply a thin layer across the whole area, rub gently into skin, repeat 1-2d for 6 weeks. <i>Benzoyl Peroxide</i> ADR: skin peeling, dryness, sting + kills bacteria causing acne	<ul style="list-style-type: none"> - Use oil free moisturisers - Benzac Oil Control - Minimise picking lesions as this may create scarring - Oral hydration/diet 	Referral <ul style="list-style-type: none"> - Moderate-severe acne - Treatment failure - Emotional/social impacts Rerefer: 6 weeks no improve
FUNGAL INFECTION	<u>1. Jockitch</u> (cruris): red itchy on inner thigh/groin → overweight men <u>2. Ringworm</u> (corporis) : itchy red ring , clear in the middle, may be overlapping <u>3. Athletes foot</u> (pedis) itchy, flaky, white patches on feet/ toes	<ul style="list-style-type: none"> - Tight shoes - Sweat - Moist/damp environments No defined edge → spreading or white patches Assess inflammation: swelling, red, itch	Fungus AND inflammation: <ul style="list-style-type: none"> - Hydrozole 2+ (clotrimazole/ hydrocortisone): Apply aa bd for 5-7 days - Continue with Canesten (clotrimazole only) 2-3 d for 7 days after to prevent recurrence + reduces inflammation, kills fungus ADR: stinging, short-term irritation NO inflammation is present → Canesten sparingly 2-3 times daily for 2-4 weeks.	<ul style="list-style-type: none"> - Shower after exercise - Wash clothes regularly - Loose fit clothes - Change towels - Continue treatment after lesions clear to prevent potential growth 	REFERRAL <ul style="list-style-type: none"> - Infection recurring Immunocompromised Monitor for signs of infection (yellow discharge or broken skin) Re-refer After 4 weeks of treatment, should refer to GP
NAPPY RASH	Urine and occlusion → overhydration and skin maceration BABY using nappy ELDERLY using incontinence pads	Red inflamed skin Severe cases → pustules and papules form	Local rash → contained nappy area <u>Dermaid 1% (hydrocortisone)</u> : SAFE TO USE IN UNDER 2 Apply d for 1 week, - fingertip unit + reduces inflammation and itch Spreading rash → indicates fungal <u>Hydrozole</u> (clotrimazole/ hydrocortisone): Apply bd for 5-7 days + reduces inflammation, kills fungus Continue with Canesten (clotrimazole only) 2-3 d for 7 days after to prevent recurrence ADR: stinging, short-term irritation	<ul style="list-style-type: none"> - Zinc oxide base (sudocrem) for skin barrier maintenance - ALWAYS WASH HANDS - Change nappy often - Avoid using perfumed products - Avoid excessive rubbing 	REFERRAL <ul style="list-style-type: none"> - Signs of infection (yellow discharge) - Broken skin - Recurrent issue RE-REFER: no improvement after 2-3 days
IMPETIGO <i>School Sores</i>	Bacteria enters past the skin barrier <ul style="list-style-type: none"> - Most common in children 	<ul style="list-style-type: none"> - Isolated yellow crusts - Painful - Itchy, Red - Face, hands 	No OTC, analgesic for pain <i>Impetigo gradual onset, scalded skin syndrome has rapid onset where skin sloughs off with slight rubbing</i>	Maintain proper hygiene, don't share towels and equipment Contagious, avoid contact with others until resolved	ALWAYS refer to GP for antibiotic cream or oral antibiotic if more severe

VIRAL INFECTIONS Consider prodromal phase (1-3 days before rash) “Have you been sick recently” Always ask about fever and nausea	SHINGLES - varicella zoster virus <ul style="list-style-type: none"> - Rash with clear fluid blisters - Unilateral pain (not itchy) Older patients, history of chickenpox Begins as pain, burning, tingling - one side REFER STRAIGHT AWAY	NO TREATMENT - ANALGESICS Keep rash clean /dry, loose clothing Cool compress for 5-10 mins tid Do not pierce or squeeze blisters WARTS: raised coloured texture (black dots) fingers, hands and feet Soak in warm water for 5 mins first 4+ <u>Cryotherapy</u> : press dispenser for 3-5 secs to wet the sponge. Apply the sponge without pressing for 40 secs on alt days 3 times a wk. 2 wks to fall off. ADR: red and swollen blister 4+ <u>Wart Off (Lac/Sal Acid)</u> : Apply small amount 1-2 d until resolved MMR: flat brown/red spots spreading from head down - REFER ASAP			
	CHICKENPOX: small ITCHY blisters that spread from torso → scab over		Folliculitis Surface hair follicle infected 1-5mm	Boils Deeper hair follicle infected 5-10mm	Carbuncle Interconnected cluster of boils >1cm
	HAND FOOT AND MOUTH DISEASE Enterovirus - starts as fever or sore throat <ul style="list-style-type: none"> - Small spots or blisters on hands, feet and mouth → painful, not itchy Present in children /high transmission areas REFER if symptoms worsen		Bites Clean with saline, refer for antibiotics 8hrs	Clenched fist wound	Diabetic foot infection