

## 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
<b>ATOPIC/ CONTACT DERMATITIS</b>  <i>Lifestyle, activities, recurrence</i>	<b>Atopic:</b> hay fever, asthma and allergy → genetic but environment plays role  <b>Contact:</b> contact irritant or allergen (mostly occupational) <b>Allergens:</b> Detergents, soaps, jewellery (nickel), dyes, latex	- Redness - Dry - Itchy  Commonly in skin folds	<b>2+ Hydrocortisone (DERMAID 1%)</b> 1-2 daily for 1 week - fingertip unit <b>ADR:</b> stinging, short-term irritation + relieves inflammation and redness  <b>Antihistamine - Claratyne</b> +12: Take 1 tablet daily 2-12: 5mL daily 1-2: 2.5mL daily <b>ADR:</b> drowsiness, nausea, fatigue, dry mouth, CI elderly + runny nose, itchy eyes, sneezing	- 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	<b>REFERRAL</b> - Children under 2 years old - Symptoms persisting for > 2 weeks  <b>Re-refer</b> if no improvement after 1 week course post treatment
<b>SEBORR HOEIC DERMATITIS - Adult</b>	Oil (sebum) builds up on the scalp, causing inflammation and irritation.	- Red/inflamed - Dry, itchy scalp  <i>Dandruff has no inflammation</i>	<b>+2 EgoPsoryl TA Gel (Coal Tar):</b> Apply n after showering for 3 days <b>+12 Nizoral (Ketoconazole):</b> Use twice a week for 4 weeks as shampoo, leave on the top of head for a few mins. + reduces inflammation, redness, scaling <b>ADR:</b> irritation, itchiness	- Use shampoo on a more frequent basis - Massage with fragrance free moisturizer - Use a scalp comb to gently remove flakes - No scratching → cut nails	<b>REFERRAL</b> - Newborn - Weeping/infection/ Inflammation - Rash spreading to other areas  <b>RE-REFER</b> Unresponsive to OTC after 4 weeks
<b>SEBORR HOEIC DERMATITIS -</b>  <i>Cradle Cap - 3-12 weeks old</i>		Yellow crusts and scales on scalp or facial area, inflamed.  NOT ITCHY	Apply bath oil/vaseline pre bathing <b>Cetaphil Baby Shampoo</b> - gently wash scalp daily with washcloth, brush with baby brush before rinsing. + gentle, loosens scales <b>ADR:</b> irritation, itchiness		

<b>BACTERIAL - ACNE</b> <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"> <li>- Comedo</li> <li>- Pustules</li> <li>- Papules</li> </ul> <p>Around face or sebaceous glands</p>	<b>12+ BENZAC 2.5%, 5% Gel</b> 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> <b>ADR: skin peeling, dryness, sting + kills bacteria causing acne</b>	<ul style="list-style-type: none"> <li>- Use oil free moisturisers - Benzac Oil Control</li> <li>- Minimise picking lesions as this may create scarring</li> <li>- Oral hydration/diet</li> </ul>	<b>Referral</b> <ul style="list-style-type: none"> <li>- Moderate-severe acne</li> <li>- Treatment failure</li> <li>- Emotional/social impacts</li> </ul> <b>Rerefer:</b> 6 weeks no improve
<b>FUNGAL INFECTION</b>	<u>1. Jokich</u> (cruris): <b>red itchy</b> on inner thigh/groin → overweight men <u>2. Ringworm</u> (corporis) : <b>itchy red ring</b> , clear in the middle, may be overlapping <u>3. Athletes foot</u> (pedis) <b>itchy, flaky, white patches</b> on feet/ toes	<ul style="list-style-type: none"> <li>- Tight shoes</li> <li>- Sweat</li> <li>- Moist/damp environments</li> </ul> <p>No defined edge → spreading or white patches</p> <p>Assess inflammation: swelling, red, itch</p>	Fungus AND inflammation: <ul style="list-style-type: none"> <li>- <b>Hydrozole 2+ (clotrimazole/ hydrocortisone)</b>: Apply aa bd for 5-7 days</li> <li>- Continue with <u>Canesten</u> (clotrimazole only) 2-3 d for 7 days after to prevent recurrence</li> </ul> <b>+ reduces inflammation, kills fungus</b> <b>ADR: stinging, short-term irritation</b>  NO inflammation is present → Canesten sparingly 2-3 times daily for 2-4 weeks.	<ul style="list-style-type: none"> <li>- Shower after exercise</li> <li>- Wash clothes regularly</li> <li>- Loose fit clothes</li> <li>- Change towels</li> <li>- Continue treatment after lesions clear to prevent potential growth</li> </ul>	<b>REFERRAL</b> <ul style="list-style-type: none"> <li>- Infection recurring</li> <li>- Immunocompromised</li> </ul> <p>Monitor for signs of infection (yellow discharge or broken skin)</p> <p><b>Re-refer</b> After 4 weeks of treatment, should refer to GP</p>
<b>NAPPY RASH</b>	Urine and occlusion → overhydration and skin maceration BABY using nappy ELDERLY using incontinence pads	Red inflamed skin Severe cases → pustules and papules form	<b>Local rash → contained nappy area</b> <u>Dermaid 1% (hydrocortisone)</u> : SAFE TO USE IN UNDER 2 Apply d for 1 week, - fingertip unit <b>+ reduces inflammation and itch</b> <b>Spreading rash → indicates fungal</b> <u>Hydrozole</u> (clotrimazole/ hydrocortisone): Apply bd for 5-7 days <b>+ reduces inflammation, kills fungus</b> Continue with <u>Canesten</u> (clotrimazole only) 2-3 d for 7 days after to prevent recurrence <b>ADR: stinging, short-term irritation</b>	<ul style="list-style-type: none"> <li>- Zinc oxide base (sudocrem) for skin barrier maintenance</li> <li>- ALWAYS WASH HANDS</li> <li>- Change nappy often</li> <li>- Avoid using perfumed products</li> <li>- Avoid excessive rubbing</li> </ul>	<b>REFERRAL</b> <ul style="list-style-type: none"> <li>- Signs of infection (yellow discharge)</li> <li>- Broken skin</li> <li>- Recurrent issue</li> </ul> <p><b>RE-REFER:</b> no improvement after 2-3 days</p>
<b>IMPETIGO</b> <i>School Sores</i>	<b>Bacteria</b> enters past the skin barrier <ul style="list-style-type: none"> <li>- Most common in children</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Isolated yellow crusts</b></li> <li>- Painful</li> <li>- Itchy, Red</li> <li>- Face, hands</li> </ul>	<b>No OTC, analgesic for pain</b> <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	<b>ALWAYS refer</b> to GP for antibiotic cream or oral antibiotic if more severe

<b>VIRAL INFECTIONS</b> Consider prodromal phase (1-3 days before rash)  “Have you been sick recently”  Always ask about fever and nausea	<b>SHINGLES</b> - varicella zoster virus <ul style="list-style-type: none"> <li>- Rash with clear fluid blisters</li> <li>- <b>Unilateral</b> pain (not itchy)</li> </ul> Older patients, history of chickenpox Begins as pain, burning, tingling - one side <b>REFER STRAIGHT AWAY</b>	<b>NO TREATMENT - ANALGESICS</b> Keep rash clean /dry, loose clothing Cool compress for 5-10 mins tid Do not pierce or squeeze blisters	<b>Folliculitis</b> Surface hair follicle infected 1-5mm	<b>Boils</b> Deeper hair follicle infected 5-10mm	<b>Carbuncle</b> Interconnected cluster of boils >1cm
	<b>CHICKENPOX:</b> small ITCHY blisters that spread from torso → scab over	<b>WARTS:</b> raised coloured texture (black dots) fingers, hands and feet Soak in warm water for 5 mins first <b>4+ Cryotherapy:</b> 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. <b>ADR:</b> red and swollen blister <b>4+ Wart Off (Lac/Sal Acid):</b> Apply small amount 1-2 d until resolved <b>MMR:</b> flat brown/red spots spreading from head down - <b>REFER ASAP</b>			
	<b>HAND FOOT AND MOUTH DISEASE</b> Enterovirus - starts as fever or sore throat <ul style="list-style-type: none"> <li>- Small spots or blisters on hands, feet and mouth → painful, not itchy</li> </ul> Present in children /high transmission areas <b>REFER if symptoms worsen</b>		<b>Bites</b> Clean with saline, refer for antibiotics 8hrs	<b>Clenched fist wound</b>	<b>Diabetic foot infection</b>