Skin Infections

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Assessment: the not to be missed

- Systemically unwell
- <3 months of age
- Immunocompromised,
- Swelling and redness around a joint,
- Swelling or redness around eyes,
- Extensive erythema/cellulitis
- Fever
- Eczema herpeticum

GAIHN, 2013
Eczema herpeticum- An emergency
# Treatment of skin infections

<table>
<thead>
<tr>
<th>Abx rarely required</th>
<th>Topical abx may be considered</th>
<th>Oral abx (not topical):</th>
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</thead>
<tbody>
<tr>
<td>Furuncles</td>
<td>Impetigo- &lt;5cm²</td>
<td>Infected wounds including</td>
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<tr>
<td>Carbuncles- multiheaded lesions</td>
<td>Infected eczema- small localised patches</td>
<td>Bites</td>
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<td>-usually I+D enough</td>
<td></td>
<td>Cellulitis</td>
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<td></td>
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<td>Widespread impetigo/infected eczema</td>
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BPAC, 2014
Fusidic Acid and Mupirocin

Topical if area of infection less than 5cm²

Can swab for culture and sensitivity so if orals needed more information

Bactroban (mupirocin)- only if fusidic acid resistance

How to use fusidic acid:

◦ Remove crusted areas on lesions with warm water and soft clean cloth
◦ Apply foban to lesions three times per day for seven days
◦ Less often if covered lesion

Leversha & Anson, 2012
MRSA resistance to Fusidic Acid:
Oral treatment

- Indicate in more extensive skin infections
- Flucloxacillin if can tolerate tablets
  - 500mg QID
- Cephalexin if need liquid
  - Usually 20mg/kg/dose BD
- Cotrimoxazole if MRSA
- Erythromycin if penicillin allergy

Leversha & Anson, 2012
Preventing skin infections in eczema:

*Prevention is better than cure, so educate patients about the importance of good hygiene and keeping their skin healthy*

BPAC, 2014
Preventing skin infections in eczema:

Dry skin need emollients
Avoid soaps
Pump bottles for creams to prevent contamination
Fingernail management
One face cloth/towel per person
Hand hygiene and Linen hygiene
All skin injuries should be cleaned and covered
Don’t share baths or untreated swimming pools if open skin
Avoid scratching!
Decolonisation

Bleach baths or antiseptic washes should also be used: aids in reducing bacterial load.

- Immerse in bath for 10-15 minutes then rinse with fresh water.
- Bleach bath handout
- Less irritating or drying than chlorhexidine or triclosan oils

Indications for nasal swabbing → recurrent impetigo, cellulitis or furuncles/boils.

Swab → fusidic acid if sens, otherwise mupirocin, only after active infection has resolved.
Available from Healthpoint pathways and Starship website
Conclusions

In the year 2007 the direct cost of hospitalization due to skin infections in New Zealand children was estimated at NZ$15million (O’Sullivan, Baker & Zhang, 2011)

Skin infection rates are increasing

Maori, Pacific and those with low SES (O’Sullivan, Baker & Zhang, 2011)

Prevention as important in eczema management as treatment

Importance of appropriate treatment
References:


References:
