

REGISTERED NURSE DIAGNOSIS, TREATMENT, AND REFERRAL TOOL FOR

## SUPERFICIAL BACTERIAL +/- FUNGAL (nail) INFECTION

Medical History
$\Box$ Immunocompromised from drug therapy or disease? $\rightarrow$ requisition for:
HbA1C
CBC
LFT ("ALT, GGT, AST" to be added on the lower R box of the form)
Creatinine and eGFR
Lipid Profile (if they were not done within 3 months)
Random albumin in urine
Creatinine
& referral to PCP + Continue
$\Box$ <b>Recurring episodes of skin infections? (within 6 months of last infection)</b> $\rightarrow$ requisition as above + CRP
minus urine albumin + Referral back to PCP for follow-up & Continue
$\Box$ <b>Previous episodes with similar symptoms diagnosed as impetigo or folliculitis?</b> $\rightarrow$ helps confirm patient
self-diagnosis
Review of Symptoms
Any red flags present?
Symptoms of bullous impetigo (blisters on diaper area, legs, or axillae) – Ask PCP to send referral to
Dermatologist
Multiple, widespread and painful lesions – send patient to ED
Fever or fatigue – start oral ABX treatment and send to ED
Area of inflammation around the lesion has expanded rapidly over past few hours – send to ED immediately
as this may be a sign of erysipelas
Are the symptoms consistent with diagnosis of <u>IMPETIGO</u> ?
Began as single, red sore which formed a blister
Yellowish exudate dried to form a crust
Face and/or hands affected
Sores not painful but may be itchy
Lymph nodes may be tender
Recent contact with someone with impetigo
$\Box$ Yes $\rightarrow$ Proceed to treatment $\Box$ No $\rightarrow$ consider other conditions / ask a PCP to come and assess for you
Are the symptoms consistent with diagnosis of <u>FOLLICULITIS</u> ?
Small, red papules or pustules at base of hair follicles, especially on neck, groin or armpits
Tender and sore to the touch
$\Box$ Yes $\rightarrow$ Proceed to treatment $\Box$ No $\rightarrow$ consider other condition + ask a PCP to come and assess for you
Has the patient tried any non-pharmacologic or pharmacologic treatment for this infection?
$\square$ No $\square$ Yes $\rightarrow$ What?Effect?

Yes → add Jublia to antibacterial treatment as stated below       No → continue to antibacterial treatment         Treatment recommended       Prescribe topical antibiotic         1.       Mupirocin 2% Cream or Ointment: Apply sparingly to affected areas 2-3 times a day for 5 days (impetigo) or 7 days (folliculitis) Rub in gently. Mitte: 15 or 30g         OR       Prescribe tocical antibiotic         2.       Fusidic Acid 2% Cream: Apply sparingly to affected areas 3 to 4 times a day for 7 to 10 days (both conditions) Rub in gently. Mitte: 15 or 30g         OR       OR         3.       Cefalexin 500mg: QID 10 days Clindamycin 300mg TID 10 days Or Clarithromycin 500mg BID 10 days         IF FUNGAL INFECTION IS PRESENT IN THE NAIL         4.       Jublia 10%: QD 30 days with 11 refills and book patient for follow-up with PCP         Follow-up over the phone in 3 days and:         Assess for significant improvement in all symptoms         Determine if side effects are occurring If fivorsening or not improving, refer to PCP If fivorsening or not improving, refer to PCP         If fivorsening or not improving, refer to PCP         If fivorsening or not improving, refer to PCP         Send a task to the PCP of the patient on the EMR	If the infection is affecting a nail, is a fungal infection also present?
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