



REGISTERED NURSE DIAGNOSIS, TREATMENT, AND REFERRAL TOOL FOR

SUPERFICIAL BACTERIAL +/- FUNGAL (nail) INFECTION

Medical History

Immunocompromised from drug therapy or disease? → 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

Recurring episodes of skin infections? (within 6 months of last infection) → requisition as above + CRP minus urine albumin + Referral back to PCP for follow-up & Continue

Previous episodes with similar symptoms diagnosed as impetigo or folliculitis? → 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 IMPETIGO?

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

Yes → Proceed to treatment No → consider other conditions / ask a PCP to come and assess for you

Are the symptoms consistent with diagnosis of FOLLICULITIS?

Small, red papules or pustules at base of hair follicles, especially on neck, groin or armpits

Tender and sore to the touch

Itchiness

Yes → Proceed to treatment No → 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?

No Yes → What? _____ Effect? _____

If the infection is affecting a nail, is a fungal infection also present?

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

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

3. **Cefalexin 500mg:**

QID 10 days

If allergic:

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 worsening or not improving, refer to PCP

If improving, encourage continued use until the end of therapy

Send a task to the PCP of the patient on the EMR