DERMATITIS, CHRONIC Level I

DERMATITIS, CHRONIC
(Atopic, Eczematous, Psoriasis, Seborrheic)
Level I

Skill Level: RN

Definition: Inflammatory process involving the epithelium - a chronic recurrent condition usually characterized by pruritus.

Subjective:
- Itchy rash, often with irritation.
- Has had this before (or always).
- May already have a diagnosis of psoriasis, seborrhea, eczema, atopic (allergic) dermatitis.
- Patient denies infection.
- Describes body area involved.

Assessment:
- Altered skin integrity/chronic dermatitis.

Objective:
- Rough, raised, dry, scaly rash with possible excoriations, plaques, lichenification and fissuring. Describe distribution.
- Often on erythematous base with sharp borders.
- Non-tender.
- Minor facial involvement may be present.
- No pustules or evidence of bacterial infection.
- Not severe or diffuse.
- Not painful or warm to touch.
- Explore with the patient the history of what makes it better or worse, past treatments, both prescription and over the counter. (Document)

Plan:
Patient educations and self-care items for this protocol include:
- Dandruff shampoo
- Hydrocortisone cream applied directly to affected area BID x one month.

If scalp or skin involvement is severe, or diffuse, refer to practitioner for evaluation and treatment plan.

At nursing discretion may use any of the below:
- Many rashes are minor and do not require treatment. Inform the patient.
- If the patient has a prior diagnosis of this condition by practitioner, schedule a chart review with the medical practitioner for possible ongoing treatment plan.
- If painful rash, consider zoster or another diagnosis and consult provider.
- If signs of infection such as warmth or redness, consider Bacterial Skin Infection protocol.
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Nursing Education:

Don’t presume. Consider the following alternative diagnoses:
- Contact Dermatitis
- Scabies
- Bacterial Skin Infection
- Herpes Zoster (Shingles)

APPROVED:

_________________________________________  ____________
Medical Services Manager  Date

_________________________________________  ____________
Chief Medical Officer  Date

____________________________  2/24/2015  ____________
Medical Director  Date

Effective Date: 3/2015
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