

## Care and Treatment Plan: Impetigo – Adult and Pediatric

### Definition<sup>1,2</sup>

Impetigo is a highly contagious and superficial bacterial infection of the skin, which primarily affects children in warm and humid climate conditions, including summer. Impetigo of the **epidermis** can be classified as either non-bullous or bullous:

**Non-bullous impetigo** is most common and begins with the formation of vesicles that subsequently rupture and dry to form the classic presentation of honey-coloured crusts, most frequently located on the face and extremities.

**Bullous impetigo** is less common and is the result of multiple vesicles coalescing, or larger individual vesicles developing, that remain fluctuant on the surface of the skin, and can result in ulceration under the accumulating fluid. Bullous impetigo may occur in buccal membranes, whereas non-bullous impetigo will not.

**Note:** Ulcerative vesicles or pustules that involve deeper layers of tissue **including the dermis** can form causing larger and deeper wounds that may be purulent or dry (non-bullous or bullous), and can cause further complications and scarring. This condition is called **Ecthyma**, the treatment of which is not within the RN(C) scope of practice and requires a consultation or referral with a physician or nurse practitioner.

Registered Nurses with **Remote Nursing** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat adults and children **2 years and older** with impetigo.

**Note:** In BC, the term pediatrics is often defined as an individual under the age of 19.<sup>3</sup> For the purposes of certified practice DSTs, pediatrics refers to individuals under the age of 19 unless otherwise specified.

**Note:** A consultation refers to the RN(C) collaborating with members of the care team, such as a physician, nurse practitioner, or pharmacist, to support decision-making processes related to the diagnosis, treatment, and management of the diseases, disorders, and conditions that the RN(C) are authorized to diagnose, treat, and manage. A referral is when an RN(C) refers a patient to a medical care provider for further treatment, care, or management. This occurs when patients are presenting with symptoms outside of what is provided in this document, including symptoms that require urgent referral.

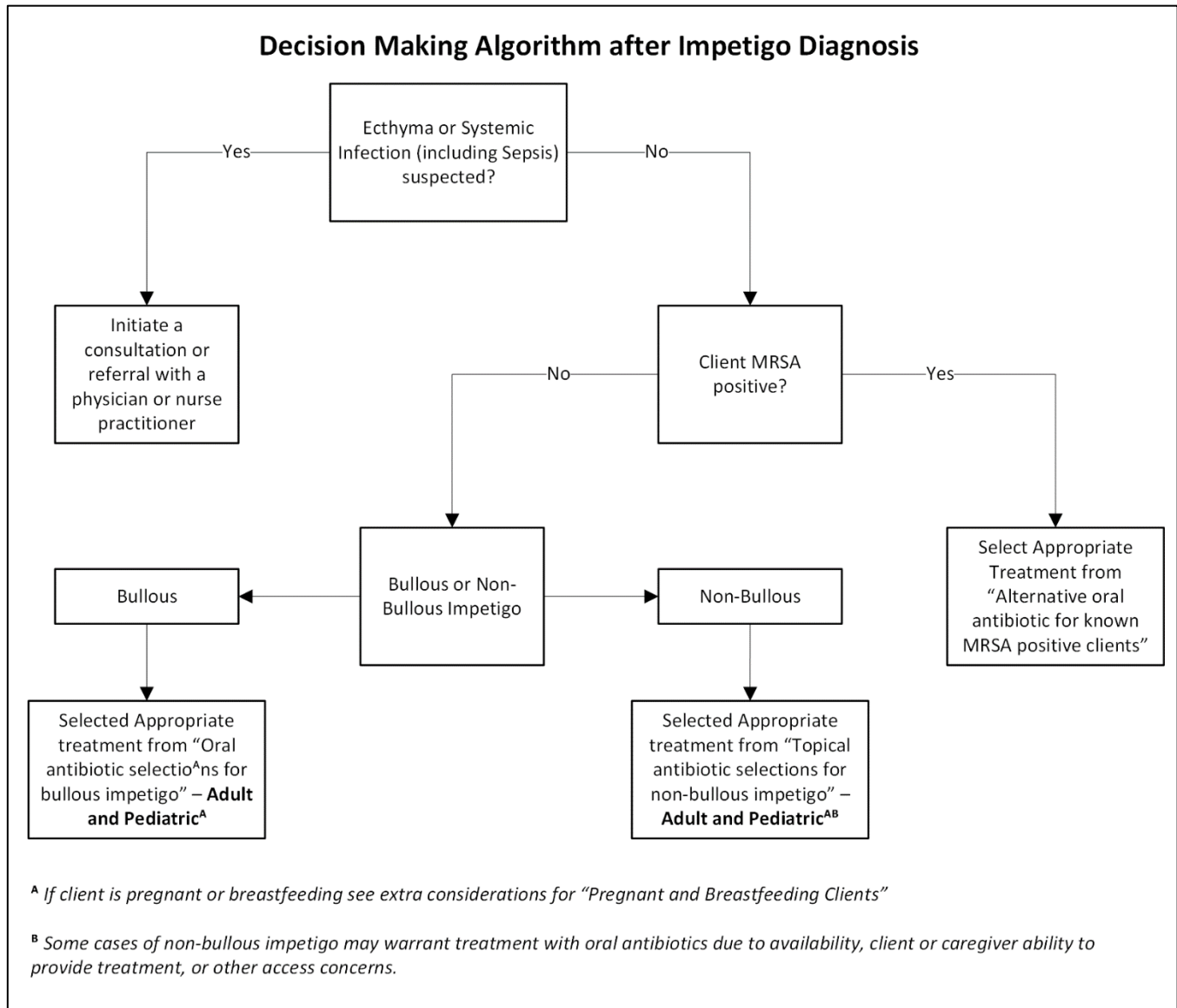
### Management and Intervention

#### Goals of Treatment<sup>1,2</sup>

- Resolve infection
- Prevent auto-inoculation
- Prevent spread to other household members or contacts

#### Non-Pharmacologic Interventions<sup>1,2</sup>

- Remove dried crusts with soap and water daily, and before antibiotic application
  - Warm water (or saline) compresses may be required to soften and remove accumulated or significant crusts
- Keeping skin clean and dry, including frequent hand washing, to prevent autoinoculation or spread



## Pharmacologic Interventions: Adults<sup>1,2,4</sup>

### Topical antibiotic selections for non-bullous impetigo:

Topical antibiotics are sufficient for treatment of **non-bullous impetigo** when the condition is limited in severity, and in the absence of known MRSA involvement.

- Fusidic acid 2% cream topically to affected lesions three times daily, until resolved (maximum 7 days), **OR**
- Mupirocin 2% cream topically to affected lesions three times daily, until resolved (maximum 7 days)

### Oral antibiotic selections for bullous impetigo:<sup>π</sup>

Oral antibiotics are indicated for clients with ongoing **bullous impetigo**, or in cases where topical application is not possible (availability, disability, etc.).

### Preferred oral antibiotic selections for bullous impetigo:

- Cephalexin 500mg orally four times daily, until condition resolved or up to a maximum of 7 days

### Alternative oral antibiotics regimen if cephalexin unavailable:

- Cloxacillin 500mg orally four times daily, until condition resolved or up to a maximum of 7 days

**Alternative oral antibiotic selections for clients with penicillin and/or cephalosporins ( $\beta$ -lactam) allergy:**

- Clindamycin 300mg orally four times daily, until condition resolved or up to a maximum of 7 days

**Alternative oral antibiotic selection for known MRSA positive clients:**

- Clindamycin 300mg orally four times daily, for 7 days, **OR**
- Doxycycline 100mg orally twice daily, for 7 days

**Pregnant or Breastfeeding Clients<sup>5,6</sup>**

- Fusidic Acid, Cloxacillin, and Cephalexin may be used as listed above
- Doxycycline is contraindicated for **pregnant** clients
- Doxycycline may be used for **breastfeeding** clients
- Clindamycin is contraindicated in the first trimester of **pregnancy**

When administering, dispensing or prescribing a medication to an individual who is pregnant or breastfeeding, RN(C)s are encouraged to consult with interdisciplinary team members such as a pharmacist, physician or nurse practitioner as risks and benefits of medication use may vary depending on patient-specific considerations. The considerations noted here are restricted to medications that are directly contraindicated.

**Pharmacologic Interventions: Pediatrics<sup>1,2,4</sup>**

**Note:** Weight-based pediatric doses should not exceed recommended adult doses unless otherwise specified by daily maximum dosing parameters.

**Topical antibiotic selections for non-bullous impetigo:**

Topical antibiotics are sufficient for treatment of **non-bullous impetigo** when the condition is limited in severity, and in the absence of known MRSA involvement.

- Fusidic acid 2% cream topically to affected lesions three times daily, until resolved (maximum 7 days), **OR**
- Mupirocin 2% cream topically to affected lesions three times daily, until resolved (maximum 7 days)

**Oral antibiotic selections for bullous impetigo:**

Oral antibiotics are indicated for clients with ongoing **bullous impetigo**, or in cases where topical application is not possible (availability, disability, etc).

**Preferred oral antibiotic selection:**

- Cephalexin 10mg/kg/**dose** orally four times daily, until condition resolved or up to a maximum of 7 days (max 1000mg/**dose**)

**Alternative oral antibiotics regimen if cephalexin unavailable:**

Cloxacillin 10mg/kg/**dose** orally four times daily, until condition resolved or up to a maximum of 7 days (max 2000mg/**dose**)

**Alternative oral antibiotic selections for clients with penicillin and cephalosporin ( $\beta$ -lactam) allergy:**

- Clindamycin 5mg/kg/**dose** orally four times daily, until condition resolved or up to a maximum of 7 days (max 450mg/**dose**)

**Alternative oral antibiotic selection for known MRSA positive clients or positive MRSA swab result:**

- Clindamycin 5mg/kg/**dose** orally our times daily, for 7 days (max 450mg/**dose**)

In case of allergies to the above antibiotics, recurrent infection, or unavailability of the previously listed antibiotics, consult with or refer to a physician or nurse practitioner.

### Potential Complications<sup>1,2</sup>

- Cellulitis surrounding areas of infection
- Sepsis

### Staphylococcal complications:

- Scalded skin syndrome

### Streptococcal complications:

- Post-streptococcal glomerulonephritis (higher risk for severe cases of impetigo)
- Acute rheumatic fever

### Client Education and Discharge Information<sup>1,2,7</sup>

- Advise on condition, treatment and expected course of disease process
- Counsel client or caregiver about appropriate use of medications (dose, frequency, importance of completing entire course, etc).
- Educate regarding strategies to reduce the risk of transmission, including proper hand washing by all household members, use of separate linens/towels, and consistent cleaning of clothes and anything that comes in contact with affected areas
- Educate client or caregiver to cover lesions if open or draining reduce contamination and spread
- Remain home from school/work until 24 hours after antibiotic initiation

### Monitoring and Follow-up<sup>1,2,7</sup>

- If diagnostic swab results show resistance to the initiated anti-microbial selection, clients are to be alerted immediately and changed to a selection that demonstrates susceptibility
- Return to clinic for re-assessment if client develops fever or other symptoms of systemic infection, new onset of pain to the affected areas, or continuing spread or worsening of lesions
- Follow up in clinic 48-72 hours after initiation of treatment if no improvement in condition

### Consultation and/or Referral<sup>1,2,7</sup>

- RN(C)s should consider consultation or referral when they are unable to meet the BCCNM Registered Nurse (Certified Practice): Acting within Autonomous Scope of Practice standard
- If any diagnostic test results are returned showing evidence of an alternative diagnosis other than minor bites and scratches, a consultation or referral with a physician or nurse practitioner is required
- Consult or refer to a physician or nurse practitioner if ecthyma, systemic infection, sepsis, including **fever**, or other worsening condition is suspected
- Consult or refer to a physician or nurse practitioner if no improvement in condition after 48-72 hours of treatment

### Documentation

According to agency policy and BCCNM standards.

## References

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4. Bugs & Drugs. Impetigo. Alberta Health Services. 2025. Accessed November 8, 2025. <https://www.bugsanddrugs.org/618552C9-FFFC-4A00-833B-89C66EA37F30>
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