

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

### Definition

A highly contagious, superficial bacterial infection of the skin, which primarily affects children during the summer. Beginning with vesicles, it progresses to honey crusted lesions and is commonly seen on the face, arms, legs, and buttocks.

Registered Nurses with **Remote Nursing** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat adults and children **6 months of age and older** with impetigo.

### Management and Intervention

#### Goals of Treatment

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

#### Non-Pharmacologic Interventions

- Apply warm saline compresses to soften and soak away crusts QID for 15 minutes and PRN

#### Pharmacologic Interventions: Adults

- Apply topical antibiotic preparation after each soaking:
  - Mupirocin ointment to affected lesions TID for 5 days
- If non-responsive:
  - Fusidic acid ointment or cream TID or QID for 7 days
- Topical agents are sufficient when there are only a small number of non-bullous lesions.
- Oral antibiotics may be necessary if there are multiple lesions making topical treatment impractical, the client is febrile and has systemic symptoms including lymphadenopathy, or if bullous impetigo is present:
  - Cloxacillin 250-500mg PO QID for 7 days, or  
Cephalexin 250-500mg PO QID for 7 days
- For clients with allergy to penicillin:
  - Erythromycin 250-500mg/day divided QID PO for 7 days

#### If known MRSA positive or MRSA positive swab result:

- Trimethoprim 160mg/sulfamethoxazole 800mg (DS) 1 tab PO BID for 10 days

OR

- Doxycycline 100mg PO BID for 5-10 days

#### Pharmacologic Interventions: Paediatrics

*All drugs must be calculated by weight. Do not use more than an adult dose.*

- Apply topical antibiotic preparation after each soaking:
  - Mupirocin ointment to affected lesions TID for 7 days
- If non-responsive:
  - Fusidic acid ointment or cream TID or QID for 7 days

Topical agents are sufficient when there are only a small number of non-bullous lesions.

Oral antibiotics may be necessary if there are multiple lesions making topical treatment impractical, the client is febrile and has systemic symptoms including lymphadenopathy, or if bullous impetigo is present:

- Cephalexin 30-40mg/kg PO per day divided QID for 7 days, maximum 2 grams daily, or
- Cloxacillin 40-50mg/kg PO per day divided QID for 7 days (tastes unpleasant so use cephalexin first)

#### **For clients with allergy to penicillin:**

- Erythromycin 40mg/kg PO per day divided QID for 7 days

#### **If known MRSA positive or MRSA positive swab:**

- Trimethoprim/sulfamethoxazole 8-12 mg/kg per day PO BID for 7 days (dosing is based on trimethoprim)

#### **Pregnant or Breastfeeding Women (dosing as above)**

- Mupirocin, cloxacillin, cephalexin, and erythromycin may be used as listed above
- Avoid fusidic acid ointment
- DO NOT USE trimethoprim 160mg/sulphamethoxazole 800mg and/or doxycycline

#### **Potential Complications**

- Localised or widespread cellulitis
- Post-streptococcal glomerulonephritis (uncommon in adults)
- Sepsis
- Acute rheumatic fever

#### **Client Education and Discharge Information**

- Counsel client about appropriate use of medications (dose, frequency, compliance).
- Recommend proper hygiene (i.e., daily washing).
- Counsel client about prevention of future episodes.
- Suggest strategies to prevent spread to other household members (e.g., proper hand washing by all household members, use of separate towels).
- Remain home from work / school for 24 hours after treatment started.

#### ***Additional Paediatric considerations***

- Advise on condition, timeline of treatment, and expected course of disease process.
- Counsel parent or caregiver about appropriate use of medications (dose, frequency, compliance).
- Remain home from school/day care for 24 hours after treatment started.
- Cut fingernails to prevent scratching.

#### **Monitoring and Follow-up**

- Follow-up in 2-3 days to assess response to treatment.
- Instruct client to return for reassessment if fever develops or infection spreads despite therapy.

#### **Consultation and/or Referral**

- Consult with a physician or nurse practitioner if no response to treatment.

#### **Documentation**

As per agency policy.

## References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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