 **Impetigo Standing Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Impetigo |
| **Rationale** | To ensure prompt and appropriate treatment of impetigo to help prevent spread. |
| **Scope (condition and patient group)** | Adults and children who are diagnosed as having impetigo. |
| **Red Flags** | Systemic infection and painful lesions |
| **Assessment** | 1. Bullous and non-bullous are the two types of impetigo. Non-bullous (most common) lesions begin as a vesicle that ruptures and the contents dry to form a gold-coloured plaque. These lesions are often 2 cm in diameter and most frequently affect the face (especially around the mouth and nose) and limbs.  2. Systemic signs are usually not present however with extensive impetigo, fever and regional lymphadenopathy may occur.  3. Impetigo is usually diagnosed clinically and treatment decisions are rarely based on the results of skin swabs.  4. Swabs may be required for recurrent infections, treatment failure with oral antibiotics or where there is a community outbreak and the cause needs to be identified. For recurrent impetigo nasal swabs can identify staphylococcal nasal carriage requiring specific management. |
| **Indication** | **Topical antiseptic cream for treatment of minor skin lesions** |
| **Medicine** | **Hydrogen peroxide** 1% (crystaderm) |
| **Dosage instructions** | Apply to lesions 2-3 x daily for 7 days. |
| **Route of administration** | Topical |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Hypersensitivity to hydrogen peroxide |
| **Precautions** | * Avoid in eyes and healthy skin * Bleaches fabric |
|  |  |
| **Indication** | **Antibiotics for extensive lesions, topical treatment failure or where systemic symptoms are present** |
| **Medicine** | **Flucloxacillin** |
| **Dosage instructions** | Adult: 500mg FOUR times daily for 7 days  Child: 12.5mg/kg FOUR times daily for 7 days |
| **Route of administration** | Oral |
| **Quantity to be given** | 7 days |
| **Contraindications** | Allergy to penicillin; history of hepatic dysfunction associated with flucloxacillin |
| **Precautions** | * History of allergies * Hepatic impairment |
|  |  |
| **Indication** | **Antibiotics for extensive lesions, topical treatment failure or where systemic symptoms are present and patient is allergic to penicillin** |
| **Medicine** | **Erythromycin eythylsuccinate** |
| **Dosage instructions** | Adult: 800mg TWICE daily for 7 days  Child: 20mg/kg TWICE daily for 7 days |
| **Route of administration** | Oral |
| **Quantity to be given** | 7 days |
| **Contraindications** | It is not suitable for infants < 1 month of age due to the risk of hypertrophic pyloric stenosis  Concomitant colchicine in patients with renal or hepatic impairment |
| **Precautions** | * Warfarin—monitor INR 3 days after starting antibiotics * Multiple drug to drug interactions- check |
|  |  |
| **Additional information** | If parents or patients want to remove crusts they may do so by soaking a clean cloth in a mixture of ½ cup of white vinegar in 1 litre of tepid water and apply cloth to area for 10 minutes before gently wiping away crusts.  Advise of the following due to the highly contagious nature of impetigo   * Wash hands after contact with lesions * Avoid close contact with others * Use separate towels and face cloths * Children should stay away from school or day care until lesions have crusted over or antibiotics have been given >24 hours |
| **Follow-up** | Patients or parents should be advised to return for re-assessment if:   * the lesions are not healing following the course of antibiotic treatment (healing lesions will be dry) * the lesions continue to spread or become painful * development of systemic symptoms, such as fever. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_