

## IMPETIGO (Skin Infection)

### I. DEFINITION:

Impetigo is a common skin infection caused by bacteria.

The most common skin infection in children is caused by invasion of the epidermis by pathogenic *Staphylococcus aureus* or *Streptococcus pyogenes*, or a combination of these and is known as impetigo.

### II. CLINICAL FEATURES:

A. Impetigo occurs in two clinical forms:

1. Bullous (blistering) - Bullous impetigo is mainly an infection of infants and young children. Flaccid, transparent bullae develop most commonly on skin of the face, buttocks, trunk, perineum, and extremities. Neonatal bullous impetigo can begin in the diaper area. Rupture of a bulla occurs easily, leaving a narrow rim of scale at the edge of shallow, moist erosion. Surrounding erythema and regional adenopathy are generally absent.
2. Nonbullous (crusting) - Accounts for more than 70% of cases. Nonbullous impetigo tends to affect skin on the face or extremities that has been disrupted by bites, cuts, abrasions, other trauma, or diseases such as varicella.

B. Physical symptoms uncommon, unless lesions widespread.

1. Superficial vesicles, containing serous fluid become purulent and surrounded by erythema.
2. Multiple lesions are usually present and face and extremities are the most common sites of involvement.
3. Pustules rupture, dry centrally, and form honey-colored crusts.
4. Lesions vary in size from a few millimeters to several centimeters.

### III. MANAGEMENT PLAN:

A. Treatment: FOR ISOLATED LESIONS NOT ON THE HEAD ONLY

1. Soak and gently scrub lesions with warm water and antibacterial soap three times a day to soften and remove crusts. Use a clean wash cloth for each cleansing.
2. Apply antibiotic ointment, i.e., triple antibiotic ointment, tid for 7-10 days or until all lesions have cleared following the cleansing procedure. Re-evaluate if no response in 3-5 days.
3. Trim fingernails to prevent further spread.
4. Take precautions to prevent spread to other persons.
  - a. Teach good hand washing.
  - b. Exclusion from school or daycare is not necessary if lesions can be covered.

5. Bathe child once a day.

B. Referral

1. Single lesion: Refer if not improving in 3-5 days.
2. Refer to APRN or physician if a lesion is on face, nose, or mouth or if more than a single lesion is present. If multiple lesions are present which cannot be adequately covered, exclude from school or daycare until 48 hours after initiation of antibiotic treatment.

C. Follow-up

Have the patient return in 3-5 days to determine response to treatment. If no response to medication refer to physician.

REFERENCES:

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Control of Communicable Diseases Manual, 18<sup>th</sup> Ed., 2004. American Public Health Association. pp. 498-501, 507-514.

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