# IMPETIGO

## DEFINITION
Impetigo is a contagious skin infection caused by direct inoculation of Group A streptococcus or Staphylococcus aureus into superficial cutaneous abrasions or compromised skin. It is most commonly seen in children, usually located on the face (especially about the nose and mouth). Impetigo generally presents with discrete large (centimeter-size) erosions and blisters or fragile vesicles surrounded by an erythematous border. These vesicles become pustular, rupture and discharge a thin, amber-colored seropurulent fluid that dries and forms a thick orange-yellowish crust. The pustules may spread peripherally with central healing, evolving into annular, circinate or gyrate patterns. There is growing resistance to antibiotics used to treat impetigo.

## SUBJECTIVE
Must include at least one of the following:
1. Complaint of pimple-like lesion that breaks open and forms a thick yellow or orange colored crust.
2. Complaint of itching.
3. History of members of family or close contacts with similar lesions.

## OBJECTIVE
Must include at least one of the following:
1. Erythematous macular to vesicular eruption.
2. Ruptured vesicles or pustules that develop a honey colored or orange crust.
3. Numerous satellite lesions around the primary lesion.

## LABORATORY
May include: Culture of lesion for streptococcus or staphylococcus.

## ASSESSMENT
Impetigo.

## PLAN
2. Have patient remove crusts with compresses of saline or Burrow’s solution (1:40) at least 3 times a day.
3. Topical ointment is more effective for small localized lesions than oral therapies. Use Mupirocin (Bactroban ointment or fusidic acid); after cleansing apply to affected area 3 times a day for 5 days.
4. Larger lesions may require systemic antibiotics. Use one of the following:
   a. Erythromycin 500 mg one tab orally every 6 hours for 7-10 days.
   b. Azithromycin 500 mg orally day 1 and 250 mg orally days 2-5.
   c. Dicloxacillin 250-500 mg orally one tab every 6 hours for 10 days. (Penicillin is not as effective as other agents.)
5. If MRSA suspected, use one of the following:
   a. Bactrim DS 1 tablet twice daily for 7 days
   b. Doxycycline 100 mg 1 tablet twice daily for 7 days (*contraindicated in pregnancy*)

## PATIENT EDUCATION
1. Stress importance of following treatment regime.
2. Other close contacts with infection should be treated.
3. RTC if there is no improvement within 5 days or if any worsening occurs.
4. Stress importance of good hand washing, especially after coming in contact with lesions.

## REFER to MD/ER
1. Infections unresponsive to antibiotics.
2. Any signs of systemic infection or cellulitis.

## REFERENCES