

Acne – Level I

ACNE
Level I

(If subjective data sufficient, no exam is necessary.)

Skill Level: RN

Definition: A skin condition caused by increased activity of the sebaceous glands, usually beginning at puberty. Dead skin cells form plugs, becoming either closed comedones, "whiteheads", or open comedones, "blackheads". **ODOC does not treat superficial acne.**

MILD	
<p>Subjective:</p> <ul style="list-style-type: none">• My face is breaking out.• I have acne.• History of chronic acne flare-ups.	<p>Assessment:</p> <ul style="list-style-type: none">• Alteration in skin integrity: Acne.
<p>Objective:</p> <ul style="list-style-type: none">• Scattered pustular eruptions (whiteheads/ blackheads) on face, trunk, shoulders and/or back.• No infected cystic components	<p>Plan:</p> <p>Self-care items are available in the canteen or on the housing units. Self-care items for this protocol include:</p> <ul style="list-style-type: none">• Soap• Acne cream available on canteen. <i>Active ingredient benzoyl peroxide 10%</i> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Washing (not scrubbing) with soap and water TID often helps and may need to be reinforced.• Avoid using hairspray, greasy or oily cosmetics or hair products.• Provide patient teaching handout.• Education regarding lifestyle, diet, medications, and stress.• If infected cystic components refer to practitioner, otherwise use self-care only.

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Nursing Education:

1. Cystic acne is characterized by: indurated cysts/nodules under the skin of the face, neck, shoulders, chest or back
2. These cysts are usually tender to touch and may be red or purulent. They are usually 0.5cm-2.0cm in size.
3. Scarring is sometimes present. If scarring alone is present, antibiotic treatment does not help.
4. Medications such as steroids, testosterone, estrogen, and phenytoin can sometimes trigger an acne flare up.

APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

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2/24/2015

Medical Director

Date

Effective Date

3/2015

Revised February 2015