

DERMATITIS, CHRONIC Level I

**DERMATITIS, CHRONIC**  
(Atopic, Eczematous, Psoriasis, Seborrheic)

Level I

**Skill Level:** RN

**Definition:** Inflammatory process involving the epithelium - a chronic recurrent condition usually characterized by pruritus.

<p><b>Subjective:</b></p> <ul style="list-style-type: none"><li>• Itchy rash, often with irritation.</li><li>• Has had this before (or always).</li><li>• May already have a diagnosis of psoriasis, seborrhea, eczema, atopic (allergic) dermatitis.</li><li>• Patient denies infection.</li><li>• Describes body area involved.</li></ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"><li>• Altered skin integrity/chronic dermatitis.</li></ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Rough, raised, dry, scaly rash with possible excoriations, plaques, lichenification and fissuring. Describe distribution.</li><li>• Often on erythematous base with sharp borders.</li><li>• Non-tender.</li><li>• Minor facial involvement may be present.</li><li>• No pustules or evidence of bacterial infection.</li><li>• Not severe or diffuse.</li><li>• Not painful or warm to touch.</li><li>• Explore with the patient the history of what makes it better or worse, past treatments, both prescription and over the counter. (Document)</li></ul>	<p><b>Plan:</b></p> <p><b>Patient educations and self-care items for this protocol include:</b></p> <ul style="list-style-type: none"><li>• Dandruff shampoo</li><li>• Hydrocortisone cream applied directly to affected area BID x one month.</li></ul> <p><b>If scalp or skin involvement is severe, or diffuse, refer to practitioner for evaluation and treatment plan.</b></p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"><li>• Many rashes are minor and do not require treatment. Inform the patient.</li><li>• If the patient has a prior diagnosis of this condition by practitioner, schedule a chart review with the medical practitioner for possible ongoing treatment plan.</li><li>• If painful rash, consider zoster or another diagnosis and consult provider.</li><li>• If signs of infection such as warmth or redness, consider Bacterial Skin Infection protocol.</li></ul>

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Nursing Education:

Don't presume. Consider the following alternative diagnoses:

- Contact Dermatitis
- Scabies
- Bacterial Skin Infection
- Herpes Zoster (Shingles)

**APPROVED:**

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Medical Services Manager

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Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

*Steve Shelton M.D.*

*2/24/2015*

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Medical Director

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Date

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Revised: February 2015