Diagnosis/symptom: **IMPETIGO**

When to initiate referral:

- Diagnosis is in question
- Lack of response to treatment after 1 week
- Child with moderate to severe AD (Atopic Dermatitis) and recurrent skin infections

1. A bacterial culture **must** be obtained prior to initiation of therapy for suspected bacterial infection.
2. If problem is recurrent, please consider whether bacterial infection is the 1° problem or is 2° to another underlying skin problem (e.g., fungal infection of the scalp, cutaneous herpes, or underlying molluscum)

For children with recurrent staph infections of the skin, bleach baths may be helpful. Please see attached instructions.
Home Treatment Instructions for Children/Families with “Staph” Skin Infections

What is Staph?
Staphylococcus aureus is a very common type of bacteria in our environment that is contagious between people. Skin infections with Staph cause the frequent appearance of small pus bumps on the skin, larger pus bumps (abscesses), or skin breakdown. While usually not life-threatening, infections caused by Staph often lead to worsening of pre-existing skin disease (for example, atopic dermatitis, also known as eczema). Larger abscesses can lead to scarring and/or hospitalization if surgical drainage is needed.

What is MRSA?
Certain types of Staph, also known as Methicillin-resistant Staph. aureus or MRSA, have become resistant to many of our commonly used antibiotics. MRSA infections are on the rise, and can sometimes cause more aggressive and serious infections. The diagnosis of MRSA skin infection is made by performing a culture of the skin using a cotton-tipped swab. Results are usually received within a few days.

Why have I been given these instructions?
The instructions below are recommendations to help reduce your child/family’s susceptibility to Staph skin infections. People can “carry” Staph everywhere on their skin, including under the nails, underarms, genitals and in the nostrils. Your doctor will decide whether your child also needs antibiotics by mouth, which depends on the severity of his/her infection.

A) Bleach Baths

Note: this is a very dilute solution of bleach that is safe for the skin, even in young children. Risks include dryness and irritation to the eyes, though this should be minimal when the instructions below are followed. There will be a slight odor of bleach to the bath.

1. Any regular-strength liquid “household” bleach can be used (Clorox or generic store brands are fine).
2. Measure the volume of your tub’s average water level. This is a “one time” task that can be done with a gallon milk carton or calibrated bucket. For reference, an averaged-sized tub about half full is approximately 20 gallons.
3. Use 1 teaspoon of bleach per gallon of bath water, or ¼ cup (half-tub) or ½ cup for 20 gallons (full tub).
4. Cleanse the skin gently with a washcloth. The scalp and face should also be cleaned carefully. Direct contact with the eyes may cause very mild, temporary irritation and should be avoided.
5. Limit the bath to 10 minutes, then rinse with regular tap water (a gentle soap and shampoo at this time are fine) and apply moisturizer. We recommend cream moisturizers (for example, CeraVe® cream, Cetaphil® cream, Eucerin® cream) or ointments such as Vaseline® petrolatum if your child is especially dry.
(continued)

6. Repeat the bath twice weekly at regularly-spaced intervals (for example, Sunday and Wednesday). Continue for as long as your doctor instructs.

B) Intranasal Mupirocin (Bactroban):

1. With a cotton Q-tip, apply a thin layer of Bactroban around the inside rim of each nostril. You do not need to go deep into the nostril.

2. Apply twice a day for 5 consecutive days per month.

3. Repeat monthly for 3-6 months.

C) Other Important Recommendations

1. Hand-to-hand spread is the most common way germs, including Staph/MRSA, are spread. When you or one of your family members has a skin infection, **frequent hand-washing** with an antibacterial soap is one of the most important things you can do to prevent spread between your family members or with others. Hand washing should be performed immediately after contact with an infected person, before touching others. When applying moisturizers or medications to the skin, be sure to wash your hands after application, before reaching back into a jar or tub for more.

2. Any actively infected areas of the skin should be treated twice daily with mupirocin ointment and covered with a bandage and/or clothing when possible.

3. When you or one of your family members has a skin infection, it is a good idea to wash all items that come in contact with that person (for example, clothing, towels, bedding) in hot water with detergent before re-use.

---

*Educational recommendations are made from the best evidence, expert opinions and consideration for the patients and families cared for by the service. This is NOT intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. The physician must consider each patient’s circumstance to make the ultimate judgment regarding best care.*