Integumentary System

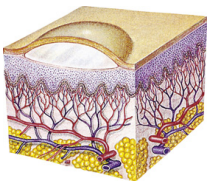
Quiz Study Guide

[Read Out loud Audio]

📄 PN Adult Medical Surgical Nursing Edition 11.0.pdf

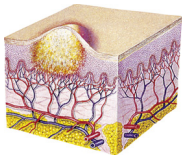
ch 65-67 \ p433-450 😭

1. **Describe the type of lesions for following skin disorders:**
   a. **Varicella**



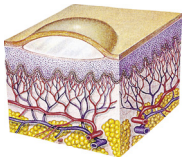
   a. Vesicle: Elevated, circumscribed, superficial, not into dermis; filled with serous fluid < 1cm in diameter.
      Varicella zoster virus (including disseminated zoster), responsible for chickenpox and shingles.
   b. Objective data include (1) evidence of skin excoriation (injury to the surface layer of skin caused by scratching or abrasion) related to scratching, (2) patches of vesicles on erythematous skin following a peripheral nerve pathway, and (3) demonstration of tenderness to touch in the involved area. Other objective signs may include frequent requests for analgesics.

   b. **Impetigo**



   a. Pustule: Elevated, superficial lesion; similar to a vesicle but filled with purulent fluid.
   b. The lesions start as macules (small, flat blemishes flush with the skin surface), develop into pustulant vesicles (small, circumscribed elevations of the skin that contain pus), and then rupture and form a dried exudate. The crust is honey-colored and easily removed.
   c. HIGHLY CONTAGIOUS!

   c. **Herpes zoster**



   a. Vesicle: Elevated, circumscribed, superficial, not into dermis; filled with serous fluid < 1cm in diameter.
   b. Herpes zoster, commonly known as shingles.

c. The vesicles rupture and form a crust, and the serous fluid in the vesicles may become purulent.

d. Herpes simplex 1 and 2

a. Herpes simplex virus (HSV) causes cold sores and genital herpes.
b. Vesicle: Elevated, circumscribed, superficial, not into dermis; filled with serous fluid < 1cm in diameter.
c. HSV-1
    i. HSV-1 is characterized by a vesicle (circumscribed elevation of skin filled with serous fluid; smaller than 0.5 cm) at the corner of the mouth, on the lips, or on the nose. It is commonly known as a cold sore.
    ii. The vesicle then appears, ulcerates, and encrusts.
d. HSV-2
    i. Type 2, genital herpes, produces various types of vesicles that rupture and encrust, causing ulcerations.
    ii. The cervix is the most common site in women, and the penis is the most common area in men.

e. Cellulitis

a. a potentially serious infection, involves the underlying tissues of the skin.
b. Objective data include edema, erythema, and areas that are warm to touch. Vesicles may be present. An elevated temperature accompanied by tachycardia and leukocytosis (elevated white blood cell count) often occurs.

f. Eczema

a. is a chronic inflammatory disorder of the integument.
b. Papular lesions
c. Vesicular lesions
d. Erythema
e. Objective data include vesicles and papules found on the scalp, forehead, cheeks, neck, and surfaces of the extremities. The involved area is erythematous and dry. Tiny cracks in the epithelium allow fluid to escape and further promote dryness.
f. The primary signs result from the scratching in response to pruritus. Scales accompanied by dryness in the involved area are a distinguishing characteristic of eczema.

g. Psoriasis

a. is a noninfectious skin disorder. It is a hereditary, chronic, proliferative disease involving the epidermis and can occur at any age.
b. Lesions can appear anywhere, they are commonly present on the elbows, knees, trunk, scalp, sacrum, and the lateral aspects of extremities.
c. Classifications: **Know these 3**
    i. **Psoriasis Vulgaris**- reddened, thickened skin with silvery white scales with bilateral distribution.
    ii. **Exfoliative psoriasis**- erythema and scaling from a severe inflammatory reaction.
    iii. **Palmoplantar pustulosis**-reddened hyperkeratotic areas due to an inflammatory disorder

h. Pityriasis rosea

a. is a skin rash that may affect people of any age but is noted most often in young adults. It is not known what causes the rash, but it is thought to be linked to a viral infection. It is not considered contagious.
b. Begins as a single lesion referred to as a herald patch.
c. Within 7 to 14 days after the initial eruption, smaller matching spots become widespread on both sides of the body.
d. The rash consists of pink, oval-shaped spots that are to inch across.
e. The rash appears mainly on the chest, abdomen, back, groin, and armpits (axillae).

i. **LINK FOR PRIMARY LESION DESCRIPTIONS Or SCROLL DOWN TO EXTRA**

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2. Discuss the pathophysiology, management, and nursing interventions for a client with herpes zoster.

a. Pathophysiology
    i. Pain
    ii. Following pain, eruption of vesicles
    iii. Rash generally occurs in the thoracic region but also may affect the lumbar, cervical, and cranial areas.

iv. Eruptions occur in a line along a nerve route.
v. Pain associated with herpes zoster is severe; most patients describe it as burning and knifelike.
vi. Extreme tenderness and pruritus occur in the affected area. The patient with herpes zoster needs frequent analgesic therapy during the acute episode.
vii. Last 7-28 days

b. Management:
i. Pain control
ii. Acyclovir
iii. Steroids
iv. Lotions

c. Nursing Interventions
i. Itch control measures
ii. Pain relief measures
iii. Medicated baths
iv. Warm compresses

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3. **Describe the best ways to assess skin discoloration among dark-skinned individuals.**
    a. Clients who have dark skin tones typically have lighter pigmentation on the palms, lips, nail beds, and soles of the feet. After inflammation resolves, skin pigmentation might turn darker.
    b. Dark skin is predisposed to certain skin conditions, including pseudofolliculitis, keloids, and Mongolian spots
    c. Color is a poor indicator in dark-skinned individuals

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4. **Discuss the pathophysiology, management, and nursing interventions for a client with cellulitis.**
    a. Pathophysiology:
        i. Potentially serious infection involving underlying subcutaneous tissues of the skin.

ii. Most common causes in adults are group A streptococci and Staphylococcus aureus
iii. Haemophilus influenzae type B is more common in children

b. Management:

i. Prompt treatment with antibiotics can prevent cellulitis from spreading rapidly and reaching the blood and organs.
ii. Commonly used antibiotics include penicillin, cephalexin, and erythromycin. A patient with mild cellulitis may take oral antibiotics.
iii. If the patient has rapidly spreading cellulitis, high fever, or other evidence of a serious infection, the health care provider will order IV antibiotics.

c. Nursing Intervention:

i. Administer antibiotics and pain medications
ii. Assess pain
iii. Change dressings
iv. Monitor nutrition and hydration status
v. Apply warm, moist dressing to decrease discomfort

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5. List the risk factors associated with cellulitis.

a. Diabetes mellitus
b. Venous insufficiency
c. Lymphedema
d. Malnutrition
e. Substance abuse
f. HIV

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6. Discuss the pathophysiology, management, and nursing interventions for a client with contact dermatitis.

a. Pathophysiology

i. Superficial infection of the skin is known as dermatitis.

ii. Caused by direct contact with agents in the environment to which a person is hypersensitive.
iii. It can be caused by numerous agents, such as drugs, plants, chemicals, metals, and food.

b. Management

i. Symptomatic treatment
ii. Benadryl
iii. Antihistamines

c. Nursing Interventions

i. The primary goal is to identify the offensive agent to protect the skin from further damage.
ii. Wet dressings using Burow's solution help promote the healing process.
iii. Pruritus is responsible for most of the discomfort.
iv. A cool environment with increased humidity decreases the pruritus.
v. Cold compresses may be applied to reduce circulation to the area (vasoconstriction).
vi. The patient should take daily baths with an application of oil to cleanse the skin.

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7. Discuss the following diagnostic procedures:

a. KOH test

a. Potassium Hydroxide (KOH) Test
   i. It confirms a fungal skin lesion.
   ii. A microscopic examination of the scales scraped off a lesion is mixed with KOH.
   iii. A specimen is positive for fungus if there is the presence of fungal hyphae (threadlike filaments).

b. Wood's light

a. Used to help diagnose fungal infections of the scalp.
b. The light causes hairs infected with a fungus such as tinea capitis to become brilliantly fluorescent.

c. The room is darkened, and ultraviolet light is used to produce specific colors to reveal a skin infection.
d. Determines between dermal and epidermal lesions and differentiates normal skin from hypo and hyperpigmented areas.
e. For clients who have dark skin tones, changes in skin color (changes in underlying red tones or presence of bluish-gray undertones) are best detected using bright lighting. For clients who have light skin tones, or who have areas of hypopigmentation, color changes are best detected using the Wood's light examination.

c. Culture and sensitivity test

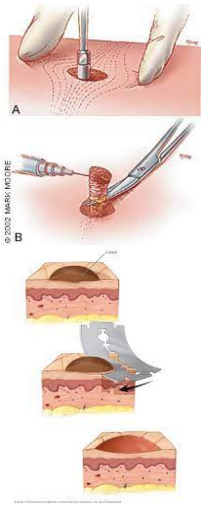
a. Culture: refers to isolation of the pathogen on culture media.
b. Sensitivity: refers to the effect that antimicrobial agents have on the micro-organism.
    i. If the microorganism is killed by the antimicrobial, the microbe is considered to be sensitive to that medication.
    ii. If tolerable levels of the medication are unable to kill the microbe, the microbe is considered to be resistant to that medication.
c. Cultures should be done prior to initiating antimicrobial therapy.
d. Results of culture and sensitivity tests usually are available preliminary within 24 to 48 hours, and final results in 72 hours.

d. Diascopy

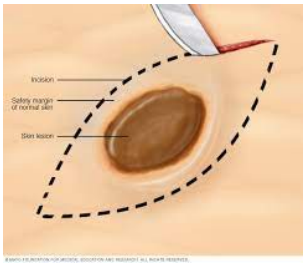
a. A glass slide or lens is pressed down over the skin area to be examined to test for blanchability.
b. It is painless and used to determine whether the lesion is vascular (inflammatory), or nonvascular (nevus) or hemorrhagic (petechiae or purpura).
c. Hemorrhagic and nonvascular lesions do not blanch, but inflammatory lesions do.

e. Biopsy

a. It is the removal of a sample of tissue by excision or needle aspiration for cytological (histological) examination.
b. It confirms or rules out malignancy.
c. Performed under local anesthesia and can be a punch (most common), shave, or excisional biopsy.



d. **Punch biopsy**: A small plug of tissue approximately
e. 2 to 6 mm is removed with a specific cutting instrument, with or without sutures to close the site. Most skin biopsies are obtained using the punch
f. **Shave biopsy:** Removal of only the part of the lesion that is raised above the surrounding tissue using a scalpel or razor blade with no suturing.
g. **Excisional biopsy:** A larger and deeper specimen is obtained, and suturing is required.
h.



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8. **Describe the following types of lesions:**
    a. **Kaposi's sarcoma**
        a. a disease in which cancer cells are found in the skin or mucous membranes that line the gastrointestinal (GI) tract, from mouth to anus, including the stomach and intestines.
    b. **Melanoma**
        a. the most serious type of skin cancer, develops in the cells (melanocytes) that produce melanin — the pigment that gives your skin its color.
    c. **Basal cell carcinoma**
        a. a type of skin cancer that most often develops on areas of skin exposed to the sun, such as the face.
    d. **Squamous cell carcinoma**
        a. is the second most common form of skin cancer, characterized by abnormal, accelerated growth of squamous cells.
    e. **Photochemotherapy and ultraviolet light (PUVA) treatments**
        a. Methoxsalen is given orally 2 hr before UV treatments.
        b. Given two to three times per week, avoiding consecutive days.

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9. **Explain the nursing interventions and fluid replacements during the:**
    a. **Emergent phase**
        a. Emergent phase (Resuscitative Phase)- begins with the injury and continues for 24 to 48 hours.
            i. Establish airway
            ii. Begin fluid resuscitation
            iii. Insert a Foley catheter
            iv. Insert an NG tube
            v. Treat pain
            vi. Monitor vital signs
            vii. Provide immunization prophylaxis as needed
            viii. Assist in débridement
    b. **Acute phase**
        a. **Acute phase-begins 36 to 48 hr after injury when the fluid shift resolves.**
            i. Maintain airway
            ii. Maintain fluid status
            iii. Treat pain
            iv. Monitor fluid output
            v. Monitor vital signs
            vi. Ends with closure of the wound
            vii. Assist in débridement
    c. **Rehabilitation phase**
        a. Rehabilitative phase-begins when most of the burn area has healed.
            i. Ends when the client achieves the highest level of functioning possible.
            ii. “Officially” begins when 20% or less of the TBSA remains burned
            iii. Promote independence and function
            iv. Promote mobility
            v. Prevent contractures
            vi. This phase can last for years

10. **Describe the following stages of pressure ulcer:**
    a. **Stage I**
        a. Skin is intact, Nonblanchable, Redness, pain.
    b. **Stage II**
        a. partial-thickness loss of dermis, The top two layers of skin are affected.
    c. **Stage III**
        a. Full-thickness Skin loss. The top two layers of skin and fatty tissue.
    d. **Stage IV**
        a. Full-thickness loss, exposed bone, tendon, cartilage, or muscle.
    e. **Unstageable**
        a. Involves full-thickness tissue loss with a wound base covered by slough

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11. **Discuss the pathophysiology, management, and nursing interventions for a client with impetigo contagiosa.**
    a. Pathophysiology
        i. Caused by S. aureus, streptococci, or a mixed bacterial invasion of the skin
        ii. Highly contagious inflammatory disorder
        iii. Particularly common in children
        iv. Start as macules
        v. Develop into pustulant vesicles
        vi. These rupture and form dried exudates
        vii. The crust is honey-colored and easily removed. Under the dried exudate is smooth, red skin
    b. Management
        i. Medical treatment emphasizes the use of antiseptic soaps to remove crusted exudate and cleansing agents to clean the involved area thoroughly before applying an antibiotic cream, ointment, or lotion.

ii. A primary goal is to prevent glomerulonephritis (inflammation of the glomerulus of the kidney), which may occur after streptococcal infections.

c. Nursing Intervention
    i. Interventions are aimed at disrupting the course of the disease and preventing the spread of infection.
    ii. Antibiotics are used to arrest the disease process. Systemic parenteral penicillin is one of the most commonly used antibiotics.
    iii. Cephalosporins or beta-lactam/beta-lactamase inhibitor combination are also used in a first line defense (Lewis and Steele, 2017).
    iv. Don gloves and wash the lesions with an antibacterial agent.
    v. The lesions usually are soaked with an antiseptic solution, and the dried exudate is removed with special instruments.
    vi. Topical antibiotics are applied several times a day using sterile technique.

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12. Discuss the pathophysiology, management, and nursing interventions for a client with acne vulgaris.

a. Pathophysiology
    i. Papulopustular skin eruption that involves the sebaceous glands
    ii. Occurs primarily in adolescents.
    iii. The exact cause is unknown.
    iv. Factors that may contribute to the condition include stress, hormone fluctuations, medications, diet, oil production, dead skin cells, clogged pores, and bacteria

b. Management
    i. Medical management can involve topical, systemic, or intralesional medications

c. Nursing Intervention
    i. In addition to psychological concerns, focus on preventive nursing interventions.

ii. The important areas are skin care, compliance, and emotional support.
iii. Although poor hygiene may not be a cause, cleanliness decreases infection rate and promotes healing.
iv. The patient should keep the hands and hair away from the face, wear clothes that do not restrict affected areas, wash the hair daily, and wash the skin two or three times a day with medicated soap.
v. Cosmetics must be water based. Improvement with the condition may take several weeks, making compliance difficult

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13. List the indications, actions, side effects/adverse reactions, and nursing considerations when administering the following medications:

a. Co-trimoxazole:

a. Indication: used to treat certain bacterial infections, such as pneumonia (a lung infection), bronchitis (infection of the tubes leading to the lungs), and infections of the urinary tract, ears, and intestines. It also is used to treat 'travelers' diarrhea.

b. **Mode of action:** It works by stopping the growth of bacteria.

c. **Side Effects:** itching. sore throat. fever or chills. severe diarrhea (watery or bloody stools) that may occur with or without fever and stomach cramps (may occur up to 2 months or more after your treatment)

b. Clotrimazole

a. **Indications:** Tinea pedis (athlete's foot), tinea cruris (jock itch), tinea corporis (ringworm), cutaneous candidiasis.

b. **Mode of Action:** Affects the integrity of the fungal cell wall.

c. **Side Effects:** Stinging, redness.

c. Psoralen (Methoxsalen)

a. **Indication:** Psoralens are used together with UV light to treat psoriasis, vitiligo, and skin nodules of cutaneous T-cell lymphoma.

b. **Mode of Action:** Psoralen is actively taken up by epidermal cells and intercalates into DNA. Upon exposure to ultraviolet (UV) light,

psoralen forms cross links between DNA causing cell injury and death.

c. **Adverse Effects:** nausea, headache, dizziness, fatigue, depression and erythematous and pruritic skin reactions to UV light.

d. Diphenhydramine

a. **Indication:** use in treating sneezing, runny nose, itchy/watery eyes, itching of nose or throat, insomnia, pruritis, urticaria, insect bites/stings, allergic rashes, and nausea

b. **Mode of Action:** acts as an inverse agonist at the H1 receptor, thereby reversing the effects of histamine on capillaries, reducing allergic reaction symptoms.

c. **Adverse Effects:** dry mouth, nose, and throat, drowsiness, dizziness, nausea, vomiting, loss of appetite, constipation, increased chest congestion, headache, muscle weakness, excitement (especially in children), nervousness.

e. Acyclovir

a. **Indication:** indicated to treat herpes zoster, genital herpes, and chickenpox.

b. **Mode of Action:** is converted to its triphosphate form, acyclovir triphosphate (ACV-TP), which competitively inhibits viral DNA polymerase, incorporates into and terminates the growing viral DNA chain, and inactivates the viral DNA polymerase.

c. **Adverse Effects:** The two most important serious adverse effects are (1) encephalopathic changes with abnormal electroencephalograms and lethargy, tremors, confusion, and seizures and (2) renal precipitation of the drug because of a rapid bolus of drug administered parenterally.

f. Gabapentin

a. **Indication:** is used to help control partial seizures (convulsions) in the treatment of epilepsy, nerve pain from shingles and restless leg syndrome.

b. **Mode of Action:** modulates the action of the GABA synthetic enzyme, glutamic acid decarboxylase (GAD) and the glutamate synthesizing enzyme, branched-chain amino acid transaminase.

c. **Adverse Effects:** may cause vision changes, clumsiness, unsteadiness, dizziness, drowsiness, sleepiness, or trouble with thinking.

g. Calcipotriene

a. **Indication:** is used to treat plaque psoriasis of the skin and scalp.

b. **Mode of Action:** binds to vitamin D receptors on epidermal cells and tissue cells. Activation of this ligand-receptor complex results in inhibition of cell proliferation and induction of cell differentiation in psoriatic skin.

c. **Adverse Effects:** Burning, itching, rash, irritation, redness, dry skin, or peeling at the application site may occur.

Extra.

1. Know the Primary Skin Lesions.

a. **Macule**- flat circumscribed area that is changed in color; <1cm in diameter.
   i. Examples: Freckles, flat moles (nevi), petechiae, measles, scarlet fever.

b. **Patch**- flat, nonpalpable, irregularly shaped macule; > 1cm in diameter.
   i. Examples: Vitiligo, port-wine stains, Mongolian spots.

c. **Papule**- Elevated, firm, circumscribed area; < 1cm in diameter.
   i. Examples:Warts (verrucae), elevated moles, lichen planus.

d. **Nodule**- Elevated, firm, circumscribed lesion, deeper in dermis than a papule; 1-2 cm in diameter.
   i. Examples: Lipomas, erythema nodosum.

e. **Plaque**-Elevated, firm, rough lesion with a flat-topped surface; >1cm in diameter.

    i. Example: Psoriasis, seborrheic keratosis.

f. **Wheal**- Elevated, irregularly shaped area of cutaneous edema; solid, transient, variable diameter.
    i. Example: Insect bites, urticaria, allergic reaction.

g. **Vesicle**- Elevated, circumscribed, superficial, not into dermis; filled with serous fluid < 1cm in diameter.
    i. Examples: varicella (chicken pox), herpes zoster (shingles).

h. **Bulla**- Vesicle > 1 cm in diameter.
    i. Examples: Blister, pemphigus vulgaris.

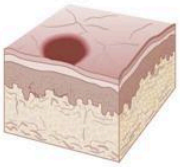
i. **Pustule**- Elevated, superficial lesion; similar to a vesicle but filled with purulent fluid.
    i. Examples: Impetigo, acne.

j. **Cyst**- Elevated, circumscribed; encapsulated lesions; in dermis or subcutaneous layer; filled with liquid or semisolid material.
    i. Examples: Sebaceous cyst, cystic acne.

        k. **Dermatology - Lesion Terminology VIDEO**

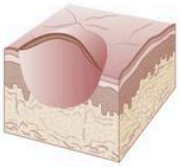
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PRIMARY LESIONS



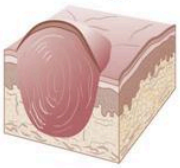
MACULE
Flat area of color change (no elevation or depression)

Example: Freckles



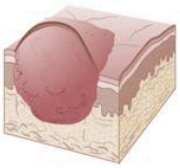
PAPULE
Solid elevation less than 0.5 cm in diameter

Example: Allergic eczema



NODULE
Solid elevation 0.5 to 1 cm in diameter. Extends deeper into dermis than papule

Example: Mole



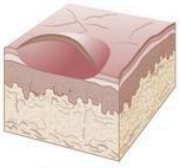
TUMOR
Solid mass—larger than 1 cm

Example: Squamous cell carcinoma



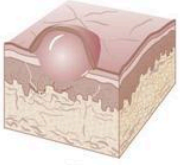
PLAQUE
Flat elevated surface found on skin or mucous membrane

Example: Thrush



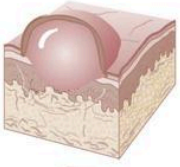
WHEAL
Type of plaque. Result is transient edema in dermis

Example: Intradermal skin test



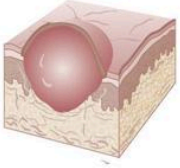
VESICLE
Small blister—fluid within or under epidermis

Example: Herpesvirus infection



BULLA
Large blister (greater than 0.5 cm)

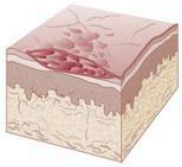
Example: Burn



PUSTULE
Vesicle filled with pus

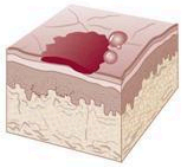
Example: Acne

SECONDARY LESIONS



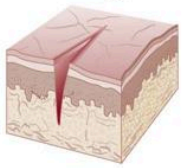
SCALES
Flakes of cornified skin layer

Example: Psoriasis



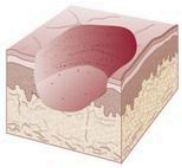
CRUST
Dried exudate on skin

Example: Impetigo



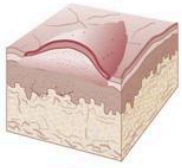
FISSURE
Cracks in skin

Example: Athlete's foot



ULCER
Area of destruction of entire epidermis

Example: Decubitus (pressure sore)



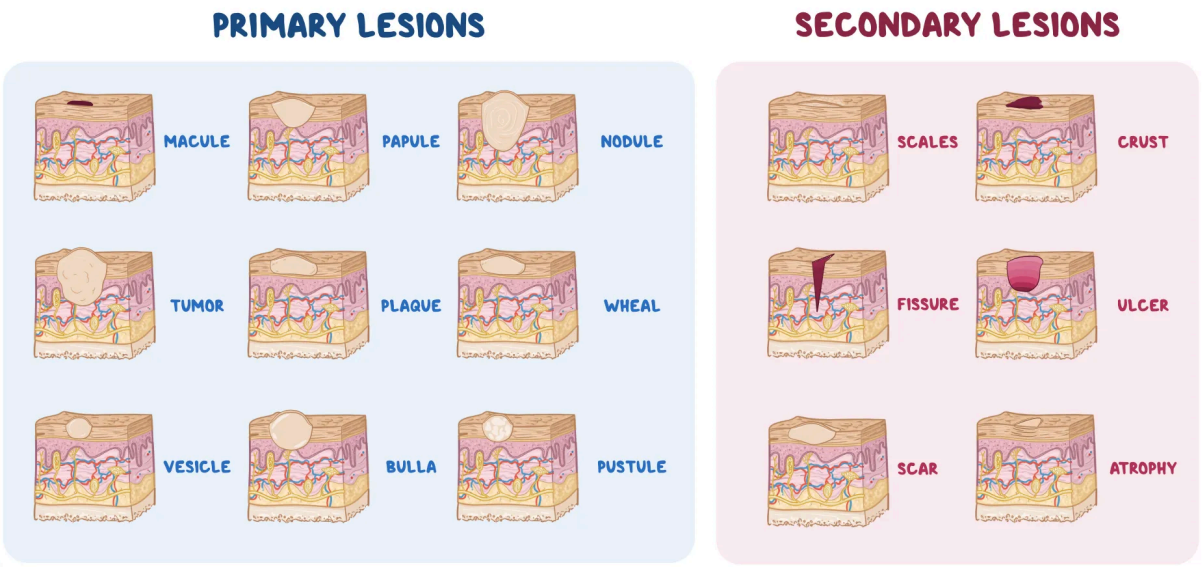
SCAR
Excess collagen production after injury

Example: Surgical healing



ATROPHY
Loss of some portion of the skin

Example: Paralysis

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2. **Medication for viral infections**
    a. Topical treatment with acyclovir, valacyclovir, or famciclovir decreases the number of active viruses on the surface of the skin and reduces the discomfort associated with a herpetic infection or lesion.
    b. Recurrent infections render the use of topical antiviral medications less effective.
    c. MEDICATIONS ENDING WITH OVIR for viral infections
3. **a nurse is caring for a client who has a suspected fungal skin lesion. Which of the following laboratory findings should the nurse expect**
    a. to review to confirm this diagnosis?
    b. a. Potassium hydroxide (KoH) B. Diascopy
    c. c. tzanck smear report
    d. D. Biopsy
4. **Photochemotherapy and ultraviolet light (PUVA therapy)**
    a. A psoralen photosensitizing medication (methoxsalen) is administered followed by long-wave ultraviolet A (UVA) to decrease proliferation of epidermal cells.
    b. Methoxsalen is given orally 2 hr before UV treatments.
    c. Treatments are given two to three times per week,
    d. avoiding consecutive days.
    e. NURSING ACTIONS

i. Monitor the client's response.
ii. Ensure that the client wears eye protection during treatment and for 24 hr following a treatment (indoors and outside).

f. ● CLIENT EDUCATION
i. Notify the provider of extreme redness, swelling, or discomfort.
ii. Long term effects include premature skin aging, cataracts, and skin cancer.
iii. Obtain regular eye examinations.
iv. Avoid direct sunlight for 8 to 12 hr following treatment.
v. Protect the skin with the use of sunscreen.

5. Salicylic Acid:

a. Treat acne
b. Side effect:
i. Dryness
ii. Irritation
iii. Ringing of the ears tinnitus

6. Benadryl Side effect

a. TAKE IT AT NIGHT
b. Antihistamines: topical, systemic (diphenhydramine, cetirizine, fexofenadine)
c. Relief of redness, pruritus, and edema
d. NURSING ACTIONS:
i. Monitor for urinary retention with
ii. the use of systemic medications.
e. CLIENT EDUCATION
i. Product can cause photosensitivity.
ii. Avoid operating machinery and driving while taking
iii. systemic antihistamine.
iv. Take systemic form at bedtime, as product can
v. cause drowsiness.

7. Eczema (Atopic Dermatitis)

a. Pathophysiology
i. Chronic inflammatory disorder of the integument.
ii. It usually is diagnosed in children, but exacerbations often continue into adulthood.

iii. Associated with allergies to chocolate, wheat, eggs, and orange juice.
iv. The allergen causes histamine to be released, and an antigen-antibody reaction occurs.

b. Management
   i. The primary goal is to break the inflammation cycle.
   ii. Hydration of the skin is the key to treatment.
   iii. The skin is dry because of tiny cracks that allow body fluids to escape.
   iv. The skin may be hydrated by soaking the affected area in warm water for 15 to 20 minutes and then applying an occlusive ointment to retain the water.
   v. Examples of occlusive preparations are petrolatum and corticosteroid ointments.
   vi. The skin should be patted dry after the bath and the occlusive preparation applied immediately to the damp skin.

c. Nursing Intervention
   i. Administer the therapeutic bath and occlusive preparations as directed.
   ii. Use wet dressings to maximize hydration of the skin.
   iii. Apply topical steroids to relieve discomfort.
   iv. Before the development of steroids, coal tar products were used to reduce the skin inflammation.
   v. Coal tar products do not decrease inflammation as quickly as steroids, but they last longer and have fewer side effects, making them more suitable to treat chronic eczema.

8. Basal Cell Carcinoma

a. Basal cell carcinoma is one type of skin cancer. Factors related to the development of skin cancer include frequent contact with certain chemicals, overexposure to the sun, and radiation treatment. Fair-skinned people are more likely to develop skin cancer, possibly because they have less melanin on the skin surface.
b. Basal cell carcinomas arise in the basal cell layer of the epidermis. They often are found on the face and upper trunk and may not be noticed by the patient. Metastasis is rare, but underlying tissue destruction can

progress to include vital structures. Basal cell carcinoma is usually scaly in appearance. It may be a pearly papule with a central crater and waxy, pearly border.

c. With early detection and complete removal, the outcome is favorable; however, this type of cancer recurs in 40% to 50% of patients treated,

9. Fungal infections

a. Keep skin folds clean and dry.
b. Turn and reposition frequently.

10. Chief Complaint

a. When skin lesions accompanying a skin disorder are found, document the exact location, length, width, general appearance, and type. A helpful mnemonic for assessing the chief complaint is to remember **PQRST**:
    i. **P** Provocative and Palliative factors (factors that cause the condition)
    ii. **Q** Quality and Quantity (characteristics and size) of the skin problem
    iii. **R** Region of the body
    iv. **S** Severity of the signs and symptoms
    v. **T** Time (length of time the patient has had the disorder)
b. An important objective in skin assessment is to identify possible malignancies. The three most common are melanoma, basal cell carcinoma, and squamous cell carcinoma. When assessing growths or changes in a mole, ask the following questions, using the mnemonic device **ABCDE**:
    i. **A** Is the mole Asymmetric?
    ii. **B** Are the Borders irregular?
    iii. **C** Is the Color uneven or irregular?
    iv. **D** Has the Diameter of the growth changed recently?
    v. **E** Has the surface area become Elevated or is it Evolving?
c. Promptly report a positive finding of any of these characteristics to a health care provider. After completing the assessment, document the findings. Proper assessment and identification serve as a baseline for evaluating nursing care and determining whether changes are needed.

11. Put on sunscreen 30 minutes before going out into the sun.

12. Can shingles give you chicken pox??

    a. Yes. You get chicken pox first, if you havent had chicken pox.

13. **Impetigo**:
    a. Highly contagious
    b. Honey colored crust!!!!
14. **Wood's light**
    a. For darker skinned tone, blueish grey and using bright lighting.
    b. For lighter skinned, hypopigmentation.
15. **Fungal meds end in**
    a. zole
16. **Herpes Zoster**
    a. Manifests on the thoracis area.
17. **Vitamin D analogs (calcipotriene, calcitriol) prevent cellular proliferation and regulate skin cell division.**
    a. Calcitrol makes electrolyte imblance
18. **Biologic agents for moderate to severe plaque psoriasis that suppress immune function (adalimumab, etanercept, ustekinumab, alefacept, and infliximab) and suppress the stimulation of the keratinocytes.**
    a. Not to be taken when pregnant.
19. **Benign and malignant**
    a. Benign = Good, Non cancerous tumor.
    b. Malignant = Cancerous!