

The nursing care interventions needed for atopic dermatitis nursing essay

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Atopic dermatitis is a very common skin condition that affects both children and adults. Research shows that atopic dermatitis is an inherited condition. Children with parents suffering from this condition are more likely to develop atopic dermatitis (Correa & Nebus, 2012). Atopic dermatitis can also be as a result of environmental factors such as contact allergens, stress, food, skin flora, and humidity. Atopic Dermatitis is an inflammatory reaction of the skin as a result of barrier dysfunction. Defects in the skin barrier lead to increased susceptibility to atopic allergens such as pollen and dust mites. Atopic dermatitis is a chronic disease with periods of remissions and exacerbations, it is not contagious. The manifestations vary with age, but all have the same common symptoms, red inflammation pruritus and scaly skin. The area which is involved varies. The most common areas affected by Atopic Dermatitis are the face, neck, legs and hands (WebMD, 2010). When assessing the person with Atopic Dermatitis it is important that a holistic approach is taken. This is done by skin assessment, symptom assessment, assessment of diet and allergies, social assessment and the psychological assessment (MedlinePlus, 2011). The nurse must first obtain the history about the patient's skin condition. This could be obtained from the patients themselves or caregivers. In the patient's history the nurse must obtain information on patient's bathing routine, skin care products that he/she uses, ask the patient when he/she most experiences signs of Dermatitis, and what signs he/she experiences such as itching, rashes, changes in pigmentation or colour of the skin as these may all help in the diagnosis of the condition. The nurse must also obtain information about any medical condition the patient might have such as asthma and hay fever. Information about any medication

the patient takes as the patient may have developed an allergic reaction to a medication. A history of diet and food eaten must also be obtained (MayoClinic, 2011). When assessing for atopic dermatitis, the areas which are affected need to be diagnosed. This information can be obtained by asking the patient or caregiver about where he/she most experiences signs of Dermatitis such as the hands and the duration and the time duration of these flare-ups. Assess for any signs of infection such as red and oozing blisters on the skin. When assessing the skin it is important that a good examination is done by looking and touching as there may be hidden symptoms. When assessing the skin, colour, moisture, temperature, texture, mobility turgor, and skin lesions need to be noted. It is suggested that the nurse does not wear gloves when examining the skin, unless there is a suspicion for an infection. " Wearing gloves can make the patient feel stigmatised and unapproachable" (Jackson, 2011). Symptom assessment is very important as it is a good indicator of what the patient's are experiencing and the treatment that needs to be given. Itching is the most common and frustrating symptom patients experience with atopic dermatitis. Itching can be particularly troublesome at night and may cause sleep deprivation (Piliang, 2000). Sever itching leads to scratching that cause bleeding and open wounds leading to the entry of pathogens which can develop into an infection. The nurse needs to assess the diet of the patient as the symptoms experienced may be due to an allergy to food. The nurse asks the patient about nay history of allergies and if the child suffers from other allergies, such as hay fever, asthma or urticaria and, if so, the nurse must assess the treatment given for these conditions. Since atopic dermatitis

is an inherited condition, the nurse must gather family history about any allergic conditions which may be relevant to the diagnosis (Correa & Nebus, 2012). The nurse must assess the patient's social background and activities, this helps in diagnosing the psychological affect that atopic dermatitis has on the patient. Withdrawal from society and depression may be two ways how the patient copes with his condition. Since atopic dermatitis is visible patients tend to suffer psychosocial implications due to their body image and scared that they could be stigmatized. " Patients with real and perceived imperfections in important body image areas, such as the face, scalp, hands, and genital area, are prone to distress" (Barankin & DeKoven, 2002). It is important that the nurse encourages verbal communication about concerns that the patient may be experiencing. The nurse can help by explaining ways to minimize the symptoms which the patient can use to help cope with his/her condition. In the end it is important that the nurse assess the level of education the family and the patient have about atopic dermatitis. That the information given is being understood as atopic dermatitis requires constant treatment, it is important that an assessment is done on how the caregiver is going to be handle the treatment, if it's going to be the patient him/herself or a family member or a friend. Inform the patient that if he/she has any queries about the condition information could easily be given by their private GP, dermatologists, and pharmacist if information on the medication given is needed. Follow-up appointments may help to ease the tension of the patient. Education is an essential part in treating atopic dermatitis, although there is no simple cure for atopic eczema, treatments to ease the symptoms can be done. The nurse must encourage the patient to self-care and explain to the

patient how this could be done in simple ways. One of the main symptoms of Atopic Dermatitis is itching; due to this the patient often feels the urge to scratch. The nurse must educate the patient to avoid scratching, as scratching can make the symptoms of Atopic Dermatitis worse by increasing the risk for bacterial infections (Weston & Howe, 2012). Information is given about ways to reduce the risk of scratching such as cutting the nails short to reduce the risk of damage to the skin. When educating the patient, first the physician must diagnose the factors that are triggering atopic dermatitis to flare up. After these are established education on ways to avoid contact with these factors needs to be given to the patient. Avoiding these factors can help to minimize the symptoms. The patient can start by avoiding soaps and detergents due to fragile skin, this can help minimize risk of infections and flare-ups. The nurse needs to advice on the use of emollient treatments instead of soap, reducing soaps and using emollients often reduces the risk of experiencing a flare-up (Correa & Nebus, 2012). This is because most normal soaps irritate the skin. Synthetic fibers can often increase the risk of inflammation, wearing natural materials such as cotton can often help. After consulting with the physician, dietary changes could be done. Some foods, such as milk, eggs and nuts, have been shown to trigger atopic dermatitis symptoms (Jackson, 2011). Emollients are often prescribed to treat atopic dermatitis; these are prescribed to help keep the skin moistened to prevent it from becoming irritated. Different types of emollients may be prescribed depending on the type and how severe the dermatitis is. For very dry skin ointments are often prescribed and for skin that is less dry creams and lotions are often prescribed. Use of emollients should be advised by the

physician, as some emollients may become unaffected after they have been used up for a long time. The nurse needs to educate the patient about how to apply emollients, as emollients should not be rubbed into the skin, as rubbing can irritate the skin. If emollients are applied after washing the skin needs to be truly dried. During a flare-up emollients need to be used frequently as this is the time when the skin needs the most moisture (Correa & Nebus, 2012). Advice should be given to the patient on possible side-effects that can be caused by emollients as a rash. Due to the sensitivity of the skin caused by atopic dermatitis the skin may develop an allergic reaction to certain ingredient that the emollient contains (Correa & Nebus, 2012). It is important to advice the patient to contact their general practitioner if any side-effects occur. Topical corticosteroids may be prescribed to help ease the symptoms if the skin is red and inflamed due to an atopic dermatitis flare. This is often done as corticosteroids work by quickly reducing inflammation. The patients may have concerns about using medications that contains steroids, inform the patient that when used correctly and under prescription, steroids are a very good treatment used to treat atopic dermatitis (H. Aubert-Wastiaux, 2011). If corticosteroids need to be used on a regular basis due to continuous flare-ups, it is important that the nurse advices the patient to visit their GP regularly to make sure that the treatment is working effectively. During a flare-up antihistamines may be prescribed as these are a type of treatment that works by reducing a substance in the blood know as histamine. Histamine is often released when the skin comes into close contact with an allergen. Histamine can cause symptoms such as itching, watery eyes and sneezing. The nurse needs to

give clear information about the use of antihistamines as these can have various side-effects. One main side-effects can include a feeling of drowsiness (R. Sidbury & Hanifin, 2000). Advice needs to be given to the patient to take these medications before going to bed, if drowsiness continues for the next day, the patient needs to be advised to avoid activities which can be of danger to him/her and others such as driving. Advice should be given to the patient on what to expect, if atopic dermatitis becomes infected, antibiotics are usually prescribed. Oral anti-biotics may be prescribed if a large amount of skin is affected. If only a small amount of skin is infected a topical anti-biotic is prescribed that is applied directly to the infected skin. The patient should be advised to stop using topical anti-biotic after two weeks (R. Sidbury & Hanifin, 2000). Once the infection is cleared emollients and corticosteroids need to be applied as advised. Areas that are more prone to develop an infection antiseptic treatment is prescribed to remove bacteria. In severe atopic dermatitis a referral to a dermatologist is needed. Some of the treatments a dermatologist may be able to offer may include phototherapy, where the dermatitis is exposed to ultraviolet (UV) light, bandaging where treatments such as medicated dressings or wet wraps are applied to the infected skin and topical calcineurin inhibitors a type of medicine that helps to reduce inflammation.