



FOLLICULITIS

DEFINITION	Inflammation of hair follicles, often due to microbes(most often a staph infection), physical or chemical irritation. May be superficial or deep.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No systemic symptoms.2. Mild discomfort to pain.3. Tenderness.4. Localized swelling.5. Pruritic lesions.6. Red bumps (razor-rash at bikini line).7. Recent bathing in inadequately disinfected warm water, such as a hot tub, whirl pool, or swimming pool.8. Predisposing risk factors:<ol style="list-style-type: none">a. Friction, perspiration, occlusion, or shaving.b. Hyperhidrosis (excessive perspiration).c. Preexisting dermatitis or acne.d. Diabetes mellitus.e. Obesity.f. Immunologic disorders (such as HIV/AIDS, hepatitis, cancer, systemic chemotherapy, & immune-suppressing medications).g. Trauma to skin from abrasions or surgery
OBJECTIVE	May include: <ol style="list-style-type: none">1. Grid-like pattern of multiple red papules and/or pustules surrounded by erythema and pierced by a hair, not always seen.2. Afebrile.
LABORATORY	May include: <ol style="list-style-type: none">1. Vaginitis/cervicitis testing as indicated.2. Wet prep KOH skin prep to distinguish bacterial from fungal folliculitis (look for budding yeast or hyphae).
ASSESSMENT	Folliculitis
PLAN	<ol style="list-style-type: none">1. Wash infected area with antibacterial soap and water.2. Apply moist heat to pustules to encourage draining.3. Refrain from scratching or shaving area to avoid spread of infection.4. Avoid use of oily skin lotions.5. Topical antibiotic ointments/solutions may include:<ol style="list-style-type: none">a. OTC antibiotic topical ointments (eg. Bacitracin), apply to affected area tid, OR

	<ul style="list-style-type: none"> b. Erythromycin, topical solution (Erycette 2%), apply to affected area bid, OR c. Clindamycin, topical solution (Cleocin T), apply to affected area bid, OR d. Mupirocin (Bactroban) ointment (2%), apply to affected area tid. <p>6. Medication therapy options for acute infection of skin and soft tissue of mild to moderate severity may include:</p> <ul style="list-style-type: none"> a. Dicloxacillin (Dycill, Dynapen, Pathocil) 250 mg PO QID x 10 days, OR b. Erythromycin 250 mg PO QID x 10 days, OR c. Ciprofloxacin 500 mg PO bid x 10 days with precaution taken for clients < 17 years old, OR d. Ofloxacin 400 mg bid x 10 days, OR e. Keflex 500 mg PO bid x 7-14 days, OR f. Doxycycline 100 mg. PO bid 7-14 days. g. SMZ/TMP 80/400 mg bid for 7 days. <p>7. Topical medications for folliculitis by fungus should be active against dermatophytes. The creams are applied to the affected area twice daily for two to four weeks, including a margin of several centimeters of normal skin. Continue for one or two weeks after the last visible rash has cleared. Topical medications may include:</p> <ul style="list-style-type: none"> a. Clotrimazole 1% cream b. Miconazole 2% cream c. Ketoconazole 2% cream d. Econazole 1% cream e. Tioconazole 6.5% cream
CLIENT EDUCATION	<ul style="list-style-type: none"> 1. Review symptoms, complications, and danger signs. 2. Review safer sex education, if appropriate. 3. Advise of pertinent client information regarding antibiotic use. 4. Advise client resistant or severe cases may warrant testing for diabetes mellitus or immunodeficiency, if applicable. 5. Recommend that client RTC for annual exam and prn for problems. 6. Avoid sharing towels or washcloths: launder in hot soapy water after use. 7. Wash clothes that are in contact with affected area after each wearing.
CONSULT/ REFER TO PHYSICIAN	<ul style="list-style-type: none"> 1. Any client with severe acute skin or soft tissue infection.

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References:

- 1. www.emedicine.medscape.com/article1070456-overview
- 2.- www.mayoclinic.com/health/folliculitis