

Impetigo Assessment Tool

Rule IN condition - Uncomplicated Non-Bullous Impetigo



What you're looking for: **NON-BULLOUS IMPETIGO**

Initial presentation: red sores that quickly burst with yellow fluid to form thick "honey-coloured" crusts

Common areas of lesion distributions: face (usually around nose and mouth), limbs

Other differentiating factors:

- Erosions & redness around lesions (may not be as noticeable on black or brown skin)
- Sores may be itchy and tender, but NOT painful
- Systemic infection is rare, though local lymphadenopathy may still occur



Helin Loik-Tomson/Getty Images



Grook Da Oger/Wikimedia Commons

For comparison:

BULLOUS IMPETIGO - requires referral

Initial presentation: small (0.5-2cm) blisters (bullae) filled with clear yellow fluid that rapidly spread & rupture in 3-5 days, forming thin, paper-like yellow or brown crust

Common areas of lesion distributions: trunk, limbs, diaper area, armpits

Other differentiating factors:

- Usually no surrounding redness around lesions
- Blisters can be painful & surrounding area may be itchy
- Systemic infection, lymphadenopathy and pyrexia more likely (though still uncommon)



Littlekidsdoc/Wikimedia Commons

Rule OUT Red Flag Symptoms & Conditions



Refer if you spot these red flags:

- More than 3 small patches or 1 or more large patches of affected skin
- Widespread redness
- Rapid spreading of inflammation
- Systemic symptoms (e.g., fever, chills, malaise, fatigue)
- Immunocompromised patient
- Recurrent (2 or more episodes in the past 6 months)
- Valvular heart disease
- Bullous impetigo
- High risk for MRSA colonization (e.g., multiple recurrences of MRSA, ongoing transmission of MRSA among family and other close contacts)

Consider Treatment Options

Topical Therapy:

Fusidic acid 2% OR Mupirocin 2%

BID-TID for 5-7 days or until all lesions are healed

Keep in Mind:

- Both mupirocin & fusidic acid are first-line & equally efficacious (both are Schedule I)
- Creams may be preferred over ointments for wet or oozing lesions, which are often seen in impetigo
- See "Preventing Transmission" and "Caring for the Lesions" below for non-pharmacological strategies

Follow-Up in 48 Hours

If **symptoms have improved**, advise patient to complete course of antibiotics (no longer than 7-10 days).

If **symptoms show no improvement within 48 hours, worsening, or systemic symptoms develop**, **REFER!**

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Patient Counselling Points



Using the Medication

- Wash hands well before and after applying the medication
- Apply topical therapies with a cotton swab
- Normal skin appearance can take 2-3 weeks
- Red marks persisting after the lesions heal may take several months to resolve
- Discard antimicrobial cream/ointment when therapy is complete and lesions are healed - do not save for future use or share with others



Preventing Transmission

- Avoid close contact with others
- Keep any scratches or cuts clean and covered with bandages
- Do not touch, pick, or scratch the sores - touching the sores can spread the infection
- Wash hands often with alcohol-based cleansers or soap and warm water
- Keep fingernails short
- Wash and change clothes, towels and bedding daily for the first 2 days of antibiotic treatment
- After 2 days of antibiotic treatment, impetigo will no longer be contagious



Caring for the Lesions

- Apply a warm water or saline compress for 10-15 minutes, 3-4 times daily (use a clean compress for each application)
- Wash the sores gently with clean water
- Cover the draining sores lightly with gauze and medical tape

Provincial Coverage of Impetigo Assessment and Treatment

Coverage for Pharmacist's Assessment of Impetigo

Minor ailments assessments for impetigo are covered by the provincial government in **8 provinces** across Canada:

- Ontario
- Alberta
- Saskatchewan
- British Columbia
- New Brunswick
- Nova Scotia*
- Prince Edward Island
- Yukon Territory

Note: Pharmacists in NL can assess & prescribe for impetigo, but this service is not covered by the provincial government.

*Covered through Community Pharmacy Primary Care Clinics

Coverage for Treatment of Impetigo

AB, BC, MB, NB, NS, ON, PEI, QC, SK cover fusidic acid as part of the provincial drug plan.

AB, NB, NL, NS, ON, PEI, QC, SK cover mupirocin ointment as part of the provincial drug plan. **ON** is the only province that covers mupirocin cream.

NIHB covers fusidic acid cream/ointment and mupirocin ointment.

Consult the applicable product monographs at <https://health-products.canada.ca/dpd-bdpp/> for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use.



Please scan the QR code or visit <https://bit.ly/3NAfLfy> for references.