PHARMACIST ASSESSMENT – DIAPER DERMATITIS

Patient Information		
Name:	HSN:	
Address:	DOB:	☐ male ☐ female
Telephone:		

Medical History:

☐ Family history of eczema, allergies or psoriasis → refer
☐ Patient is immunocompromised → refer
☐ Previous or current oral thrush or diarrhea → increases likelihood of candidiasis
☐ Previously diagnosed with diaper dermatitis (candida or irritant) → helps confirm patient's symptoms

Drug History:

☐ Recent antibiotic use → increases likelihood of candidiasis

Review of Symptoms

Any of the following red flags present?

☐ The rash present on other areas of the body as well as the diaper area?
☐ Acute onset with pus, vesicles or ulceration
☐ Moderate or severe symptoms
☐ Systemic signs or symptoms
☐ Chronic diaper dermatitis (eg. no rash free period)
☐ Secondary infection possible, or suspected urinary tract infection
☐ Significant disruption of sleep and behaviour
☐ Duration longer than 14 days
☐ Infant had contact with other people with a similar rash

☐ Yes → Refer

Are the symptoms typical of irritant contact dermatitis

☐ Shiny, dusky red rash on buttocks / pubic areas
☐ Little, no involvement in creases / folds

☐ Yes → Proceed to treatment ☐ No → Continue

Are the symptoms typical of candidal diaper dermatitis?

☐ Beefy red plaques
☐ Satellite papules
☐ Superficial pustules at margins of inflamed areas
☐ Appeared first in creases / folds; then spread to buttocks / pubic areas
☐ Crying during diaper changes, when urinating / defecating
☐ Rash present for > 3 days

☐ Yes → Proceed to treatment ☐ No → Refer

Has the patient tried any non-pharmacologic or pharmacologic treatment for the current problem?

☐ No ☐ Yes → What? Effect?

Treatment

General measures for diaper rash:

☐ Change diaper practices (frequent changes, expose diaper area to air when possible, switch brands of disposable diapers)

☐ Apply barrier creams or ointments at each diaper change

Candidal Infection:

If rash present for more than 3 days and symptoms typical of candidal infection:

☐ Add antifungal cream (OTC or Rx)

Inflammation prominent symptom:

Irritant contact dermatitis or candidal infection:

☐ Add very low potency corticosteroid cream (e.g. hydrocortisone 0.5 (OTC)– 1% (Rx if under 2))

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx: (Name. strength)

Quantity (provide 7-14 days of treatment; no refills):

Dosage directions:

pseudoDIN: 00951091

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

☐ Non-pharmacologic treatment (often sufficient to resolve irritant contact diaper rash)

☐ If no benefit or symptoms worsen, refer

☐ Continue general measures after rash resolves

Follow-up scheduled in 7 days:

☐ In pharmacy ☐ Telephone

☐ If symptoms are not resolving, refer

☐ If symptoms are resolved, advise about prevention strategies

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email	Date:
Primary Care Provider:	**Fax Number:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with **diaper dermatitis.**

After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics		
Name:	HSN:	
Address:	DOB:	□ male □ female
Telephone:		

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on and discuss these items:

☐ If symptoms are not resolving, refer to MD
☐ If symptoms are resolved, advise about prevention strategies

Prescribing Pharmacist	
Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:
Primary care provider notified	
Name:	Fax: