Outline Activity

Directions: Using the template at the beginning of this section as a guide, create an outline for the following speech on your own paper and staple to this page. Identify all parts of the introduction, body, and conclusion.

Topic:	Impetigo
General Purpose:	To inform
Specific Purpose:	After hearing my speech, my audience will know more about Impetigo.
Thesis:	Impetigo is the most common bacterial skin infection amongst children.
Organizational Pattern:	Topical

Rebekkah was a six-year-old girl, who came to a clinic with her mother. Rebekkah's mother described how Rebekkah fell off her bike the week before and had many scrapes and cuts, including one on her chin. All the areas had healed well except for the one on her chin, which was still weeping and appeared to be getting larger. On examination, the area was red and inflamed and contained many small, fluid filled vesicles. On that very same spot it had formed a yellow-crusted area. She was diagnosed as having impetigo. According to the 2014 Journal of the Nursing Times impetigo occurs annually in around 2.8% of children up to four years old, and 1.6% of those aged 5-15 years old, making it the third most common skin disease in children (Lawton, 2014). I first read about impetigo in the Journal of Athletic Training, and the topic kept me interested so I continued to investigate more about this disease. Impetigo is the most common bacterial skin infection amongst children. I'll start with the description of impetigo, followed by the causes and prevention, and I'll end with treatment.

First, I want to inform you all what Impetigo is. From the Gale Encyclopedia of Alternative Medicine published in 2005, impetigo is a contagious bacterial infection characterized by crusting lesions that commonly occurs in children (Paradox 2005). It can be transmitted through direct and indirect contact. It appears as honey-colored, crusty sores that often appear on the face with rashes that consist of red spots or blisters. There are two forms of impetigo, which can occur at the same time: non-bullous and bullous impetigo. Non-bullous impetigo, also known as crusted impetigo, is the more common one. It presents as small fluid-filled blisters that eventually burst and leave small wet patches of red skin. Gradually, a yellowish crust covers the affected area which is commonly present in the mouth and nose but can affect other parts of the body. Typically, these blisters are two centimeters in diameter. Bullous Impetigo forms large fluid-filled blisters that are soft and lumpy and appear clear. These blisters stay on the skin much longer but when these rupture they leave raw skin and form thin, flat brown crust. Multiple blisters form, they are painful, and spread rapidly. In addition, patients may experience weakness, diarrhea, and swelling of lymph nodes. The face is less commonly affected; instead, they are more likely found in the armpit and neck folds. Now that you all have an idea what impetigo is, I want to discuss the causes of this bacterial infection and prevention.

Now, I want to discuss the causes and prevention of impetigo. Reported in February of 2014 by Osteopathic.org, which is the American Osteopathic Association that promotes public health and encourages scientific research, impetigo is caused by one of two bacteria: Staphylococcus aureus, the main bacteria, and Streptococcus pyogenes, also known as

group A streptococcus, which also causes strep throat. However, new research from Kidshealth.org, a popular organization for teens and adults for information about health, behavior, and child development found that MRSA is also become an important cause of impetigo (Gupta 2014). Again, this highly contagious bacteria usually affects children, especially preschool and school-aged children. It can quickly spread from body contact, touching the infected area, or if those blisters came in contact with clothing, diapers, bed sheets, or toys. It is more common in the summer time which increases the chances of spreading impetigo because of the heat, humidity, crowded conditions, and poor hygiene. In the Journal of Infectious Diseases in 2008, recommendations for preventing impetigo included maintenance of good hygiene practices such as regular handwashing, bathing, and tending to skin injuries such as cuts, scrapes, bites, and rashes (Lerner, 2008). To prevent passing along infection, infected sites should be covered and items such as linen and cutlery should not be shared. Lastly, I want to conclude by discussing treatment options for those unlucky ones who may obtain impetigo.

Treatment for those who may obtain impetigo is available. Although this infection is widespread, impetigo poses little threat and treatment is readily available. From the position statement of the National Athletic Trainer's Association in 2010, the lesions of impetigo will dictate the course of treatment for the infection (Zinder, 2010). It varies and depends on the severity and condition of the infection. Nevertheless, topical agents such as fusidic acid, gentamicin, and retapamulin have shown to be effective in treating impetigo. Research done by the US Army of the Department of Defense in Martin Army Community Hospital of 2003 shows once applied with treatment, improvement occurs within 7 to 14 days (Shim 2014). But for those who fail to respond to topical treatment should be treated with oral antibiotics like dicloxacillin, as advised by the Centers for Disease Control and Prevention (Shallcross).

In conclusion, impetigo is a non-threatening bacterial skin infection. Today, I've discussed with you all the in's and out's of impetigo, a highly contagious yet preventable bacterial infection which can be spread from direct or indirect contact; however, it is treatable within 7 to 14 days with topical antibiotics. Rebekkah was prescribed topical sodium fusidate ointment, to be applied three to four times a day. Rebekkah was advised to avoid scratching or touching the area. Due to the contagious nature of the infection, Rebekkah was advised to stay home from school. She had followed her doctor's advice, and at the follow-up appointment the areas of impetigo had cleared up well. There was no evidence of further spread of the infection.

Ingrid Gaerlan, "Impetigo," Ohlone College

_____ _____

Instructor/Tutor Signature Date/Time