

Advanced Registered Nurse Practitioner Care

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Impetigo: An Update On A Common Contagious Skin Condition

by Margaret Fitzgerald

Impetigo is a contagious skin infection that usually consists of discrete purulent lesions. While most common among children in tropical or subtropical regions, prevalence does increase in northern climates during the summer months. Its peak incidence is among children aged two-to-five years, although older children and adults can also be afflicted. There is no sex or racial predilection for the condition. Impetigo skin lesions are nearly always caused by group A B-hemolytic streptococci and/or *S. aureus*. Impetigo usually occurs on exposed areas of the body, however, the infection most frequently affects the face and extremities. The lesions remain well localized but are frequently multiple and may be either bullous or nonbullous. Bullous impetigo is usually caused by strains of *S. aureus* that produce a toxin causing cleavage in the superficial skin layer, with the causative pathogens usually present in the nose before the outbreak of the cutaneous disease.

The bullous lesions usually appear initially as superficial vesicles that rapidly enlarge to form a bullae or blister that is often filled with a dark or purulent liquid. The lesion then ruptures and a thin, lacquer-like crust typically forms quickly (see <http://www.nlm.nih.gov/medlineplus/ency/agepages/1317.htm> for image of bullous impetigo).

The lesions of nonbullous impetigo usually begin as papules that rapidly evolve into vesicles surrounded by an area of erythema. The pustules increase in size, breaking down in the next four-to-six days, forming characteristic thick crusts (See <http://www.nlm.nih.gov/medlineplus/ency/imagepages/2431.htm> for image of impetigo). About 70% of patients with impetigo have nonbullous lesion. In either form, the lesions heal slowly and leave depigmented areas.

In the past, nonbullous lesions were usually caused by streptococci. Now, most cases are caused by staphylococci alone or in combination with streptococci. Streptococci isolated from lesions are primarily group A organisms, but occasionally, other serogroups (such as C and G) are responsible.

Prospective studies of streptococcal impetigo have demonstrated that the responsible microorganisms initially colonize on unbroken skin. As a result, personal hygiene has an influence on disease incidence in that colonization with a given streptococcal strain precedes the development of impetigo lesions by a mean duration of 10 days. Inoculation of surface organisms into the skin by abrasions, minor trauma, or insect bites then ensues.

Streptococcal strains can be transferred from the skin and/or impetigo lesions to the upper respiratory tract.

On rare occasions, an impetigo lesion can become deeply ulcerated—a condition known as ecthyma (see <http://www.nlm.nih.gov/medlineplus/ency/imagepages/17161.htm> for image of ecthyma). Although regional lymphadenitis occurs, systemic symptoms are usually absent.

When impetigo results in a limited number of lesions, topical therapy is indicated with mupirocin as the preferred agent. According to comments made in the Sanford Guide, mupirocin use is associated with higher cure rates when compared to oral erythromycin and both are noted to be superior to penicillin. Bacitracin and neomycin are considerably less effective topical treatments and should not be used.

Patients who have numerous lesions or who are not responding to topical agents should receive oral antimicrobials that are effective against both *S. aureus* and *S. pyogenes*. In the past, penicillin was a common choice that was clinically effective as most cases were caused by streptococcus species. Erythromycin had also been used effectively in the presence of allergic reactions to beta-lactams. Since *S. aureus* currently accounts for most cases of bullous impetigo, as well as for a substantial portion of nonbullous infections, an antimicrobial with a gram-positive spectrum of activity and stability in the presence of beta-lactamase, such as dicloxacillin or a first-generation cephalosporin, is now the current first-line choice. However, impetigo caused by methicillin-resistant *S. aureus* (MRSA), is increasing in frequency. Erythromycin-resistant strains of *S. aureus* and *S. pyogenes*, are increasing in prevalence. The advent of infection by these resistant pathogens requires that other options also be considered, particularly if there is treatment failure with a first-line antimicrobial. These options include high-dose trimethoprim-sulfamethoxazole (TMP-SMX), clindamycin, daptomycin, and vancomycin.

Even in these times of resistant pathogens, most episodes of impetigo resolve without complication or need for a second-line agent. However, cutaneous infections with nephritogenic strains of group A streptococci are the major antecedent of post-streptococcal glomerulonephritis in many areas of the world. No conclusive data indicate that treatment of streptococcal pyoderma prevents nephritis. At the same time, treatment of impetigo is important to minimize risk of infectious transmission. Children with impetigo should be kept out of school or day care for 24 hours after initiation of antibiotic therapy and family members should be checked for lesions.

Support Needed To Maintain Open Access To Psychiatric Medications In Washington State

Treating a patient with a serious mental illness can be challenging even under the best circumstances. Having access to all the needed tools – medications, therapy, support – is critical to helping patients achieve success in their recovery. On April 19, the Washington State Health Care Authority Pharmacy and Therapeutics Committee will review the atypical antipsychotics class of medications which could result in limited availability to this class of medications.

For patients covered by Washington State funded healthcare programs including Medicaid and Labor & Industries, the state preferred drug list (PDL) limits medications providers can prescribe without special permission. Medications with the lowest price in a therapeutic class are the most likely to make the list.

Patient responses to atypical antipsychotics can be very individual. The impacts to patient stability, state hospitalization costs and public safety are too great to ignore. Limiting access to atypical antipsychotics could be dangerous for mental health patients and ultimately cost the state more in other treatments. Psychiatric medications are among the most difficult to manage and involve some of the greatest consequences due to an inability to make an effective match between patient and drug.

Unfortunately some other drugs, mental health medications are typically not interchangeable. Factors such as age, gender, ethnicity and illness severity can impact a patient's response to atypical antipsychotic medications. Please make your concerns known by attending the April 19, 2006 meeting at the SeaTac Marriott (3201 S 176th Seattle) between 9 a.m. and 4:00 p.m. Public comment is welcome at the meeting. You can contact the Committee and/or your local legislator with your concerns by writing to: Dr. Daniel Lessler, Chair – Pharmacy & Therapeutics Committee and / or Duane Thurman, Director of Prescription Drug programs. Ask the state to keep open access to these life saving medications. In either case request that the current policy of open access to psychotropic medications be continued.

Washington State Health Care Authority
PO Box 91132
Seattle, WA 98111

For more information go to: <http://www.rx.wa.gov>

Children's Advertisement Features "Highly Regarded Nurse Practitioner"

by Marty Couret

While perusing the newspaper last week my eyes were drawn to an advertisement for Children's Hospital in

Seattle. In the bottom corner of the ad., there is a picture of two providers smiling like someone told a joke. The caption reads, "Dr. Richard Ellenbogen is a renowned brain surgeon and Nadine Nielsen is a highly regarded nurse practitioner. The skill and compassion of people like these are why Child Magazine and US News and World Report rate Children's on of the top pediatric hospitals in the nation." Kudos to Children's for recognizing the care that NPs provide.

Classified Ads

Nurse Practitioner/Physician Assistant - Certified

Full-time opening for a nurse practitioner or physician assistant to work at multiple urgent care centers with a primary home base 70% of the time in Covington, WA. Primary responsibility is to provide quality healthcare to patients of all ages. Flexibility in work location required. Experience in urgent care and family practice is preferred. Candidates must be, or qualified for licensure & certification in Washington State a PA or NP. Competitive salary, flexible shift work and comprehensive benefit package. Please email your CV to providerservices@multicare.org or fax your CV to 866.264.2818. Please refer to opportunity #393. Website: www.multicare.org. "MultiCare Health System is a drug free workplace"

Adult Psychiatric ARNP – Burien, WA

Seeking adult psychiatric ARNP with an interest in geriatrics to join a collaborative practice. This opportunity includes both an inpatient and outpatient practice. Competitive salary and benefits. Located just 20 minutes from downtown Seattle. Please email CV to gmumma@HighlineMedical.org or fax to 206.242.4625.

MultiCare MultiCare Health System – Tacoma, WA Clinical Nurse Specialists

Full-time opportunities for CNS positions are currently available. The CNS is responsible for providing consultation, education, research and administration for the management of patients and staff in his/her area of clinical practice. We are currently accepting applications for the Emergency Department, the Neonatal ICU and Orthopedics. Requirements for this position include a current Washington State RN license, MSN and five years of relevant clinical experience. Visit us and apply online at www.multicarejobs.org or contact Sandi Squires at sandi.squires@multicare.org, 253.403.1176 and Pat Terenzi at pat.terenzi@multicare.org, 253.403.4862. EOE.

Internal Medicine Practice – Kingston, WA

Internal Medicine Practice in Kingston, WA has immediate opening for full-time ARNP with at least 2 years experience providing care to adult and elderly. Position includes the clinic setting as well as Skilled Nursing Facilities. WA licensure required. Send CV to Kingston Medical, PO Box 1114, Kingston, WA 98346 or contact Donald Sharman MD at 360.731.1800.

**MultiCare Health System – Tacoma, WA
Clinical Nurse Specialists**

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Pediatric Emergency Department ARNP

Children's Hospital and Regional Medical Center in Seattle is seeking 2 Nurse Practitioners – either new ARNPs with strong clinical pediatric RN backgrounds or very experienced PNP's – to establish a new ARNP role in the Emergency Department. Provide direct clinical.

8-Year ARNP Private Practice For Sale

Established Primary Care practice in the East Valley of Spokane, WA is for sale. If you are an entrepreneur with the desire to provide "Health care like it used to be" this is a great opportunity for you. My patients are working on changing their lifestyles to enhance their health and prevent disease. Body, mind and spirit are respected and cared for here. All insurance companies are gladly paying me to take good care of their subscribers. Life is good here, the pace is slower, the people in the community know you are "The Nurse Practitioner", and being a part of their lives is meaningful to them and you. I am ready to spend a year transitioning with a new provider here at Greenacres Health Care Center. Is this the opportunity you have been waiting for? If so, call me in the evening at 509.255.5210 or e-mail at chrisamuth@aol.com.

NP/CNMA/PA-Cs

You may be eligible for a sign-on bonus!

Ever wonder why Planned Parenthood Western WA runs so many ads for NPs???

- We are the LARGEST employer of NPs in Washington State
- Our practice is built on NPs
- In the last 5 years, we have added 7 new clinics & expanded service in all 24
- We have promoted our most exp'd NPs to help train those we've just hired

Come be part of an organization that respects the role of NPs in providing the highest quality care to patients in Western Washington! We are currently hiring for:

- per diem Saturdays
- PT Longview (.2)
- PT & FT Federal Way (.4 & 1 FTE)
- PT & FT Floats to work in the Federal Way to Centralia corridor (5 clinic max).

Candidates must have a WA State ARNP/FNP/WHNP/CNM w/presc authority, current cert & CPR card. Prior women's h/exp a +. Bilingual Spanish skills a +. To apply, submit your

cover ltr/resume to Email jobs@ppww.org; Fax 206.328.6818; or Mail to PPWW/HR, 2001 E Madison, Seattle, WA, 98122. PPWW offers a solid benefit pkg. www.ppww.org. EOE

Adult ARNP

Seeking Adult ARNP for busy out-patient practice opportunity in Burien, WA. Work with patient's musculoskeletal ailments, some general Internal Medicine and participate in exciting clinical research programs. Intellectually stimulating environment. For more information, send cover letter and CV to gumma@HighlineMedical.org or Fax to 206.242.4625.

**Pain Consultants of Washington, PLLC is looking for
Nurse Practitioner**

We are a sole practitioner practice specializing in Interventional Pain Management, located on the Eastside. Our physician is board certified in Anesthesiology and pain Management. He has practiced in the area for over ten years, has a stellar reputation and is highly skilled in his profession. He is extremely pleasant and easy to work with. Qualifications and Requirements: This is an exciting opportunity for the right candidate. The area of Interventional Pain Management is extremely underserved. This is an opportunity to enter a specialty that is growing immensely and to develop valuable skills. The candidate will receive the necessary training to perform some of the duties below. The right candidate must be a self-starter, has good bedside manner and a compassionate person with excellent people skills. The candidate must also be teachable, a team player with experience working directly with patients and able to handle challenging patients. Description of responsibilities and duties: The individual selected will be responsible for, but not limited to, the following: Initial office visits, including history and physical exams; Follow-up visits; Trigger point Injections; Pump Refills (Intrathecal drug delivery system); Pump Reprogramming; Stimulator Programming; Prescription Refills; Patient Education; "On Call" coverage while doctor is out of town; Some Practice marketing; Some administrative and supervisory duties. Please email your CV to Bnelson@painconsultantswa.com.

Want to Own Your Own Clinic?

Interested in owning a unique clinic that is the wave of the future? We are looking for the right ARNP, someone who is energetic, mission minded and has > 2yrs experience that would be interested in purchasing/taking over The Mobile Medical Clinic in Spokane. Traci Pelchat ARNP/Owner is moving to New York for husband's career. The clinic is growing rapidly and is the only Mobile Family practice (sees patients in their homes) in eastern WA. Currently there is, 1 MD, 2 part time NPs, 1 MA and 3 office staff. There are approximately 550 patients currently getting services. It is a true blessing for the underserved. If you have a passion for serving underprivileged people and want to run a unique type of Family practice call (509) 216.6804 or 468.2543 or email at tmpelchat@hotmail.com

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-

available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$550 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

Healthy Humor

Q. What does HMO stand for?

A. This is actually a variation of the phrase, "Hey, Moe!" Its roots go back to a concept pioneered by Doctor Moe Howard, who discovered that a patient could be made to forget about the pain in his foot if he was poked hard enough in the eyes. Modern practice replaces the finger poke with hi-tech equivalents such as voice mail and referral slips, but the result remains the same.



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