

CONTACT DERMATITIS PROTOCOL

Contact dermatitis is a broad term used to describe various abnormal reactions of the skin to the external environment. Contact dermatitis is of two types – allergic and irritant. Allergic contact dermatitis represents an immunologic response of the skin to an external allergen. Irritant refers to a reaction to a chemical substance seen in certain susceptible individuals at lower concentration than would be expected in “normal” people. Either condition can be induced by or aggravated by photic exposure.

I. **DIAGNOSIS:** Appropriate evaluation and diagnostic measures include the following:

- a. Extensive and comprehensive history and complete examination of the skin is necessary to diagnose the nature and cause of the patient’s condition.
- b. Skin biopsy may be necessary if the diagnosis is unclear or if there is a question of an underlying (coincident) skin disease.
- c. Bacterial and fungal cultures and limited blood evaluation may also be required.
- d. Patch testing is frequently necessary to identify the offending agent.
- e. On rare occasions, intradermal scratch tests to the suspected allergens may be necessary, particularly in dealing with an urticarial form of dermatitis.

II. **THERAPY:**

- a. Removal of the patient from contact with the suspected allergen is necessary. The acute process generally persists for a period of two to four weeks.
- b. Local therapy to include wet dressings, steroids, and/or emollient creams, tars, etc., are usually required.
- c. Systemic therapy may be required as well (antibiotics, antifungals, steroids, etc.). A chronic disorder may require use of tar, tar baths or phototherapy.
- d. If the process persists, referral for dermatologic specialist’s care should be made after one month of therapeutic treatment.

III. **PROGNOSIS:**

- a. Assuming that the patient is removed from the offending agent, the acute contact reaction usually resolves with appropriate treatment over a two to four week period, depending upon the severity and location of the condition. A chronic dermatitis may require treatment over a three to six month interval, particularly if an underlying skin disease is contributing to the problem. On rare occasions, the condition is persistent and not responsive to the usual treatments.

IV. **DISPENSATION:**

- a. With contact allergen – If the patient is found to be allergic to a specific allergen at work, he-she cannot return to work requiring further contact with that allergen. However, the previous difficulty does not preclude work in a similar field or other part of the facility where the specific allergen is not present.

b. With contact irritant – The patient may be able to return to his-her present job with exposure to a more dilute concentration of the offending substance or with a more protected situation (gloves, creams, hardening, etc.)

PROTOCOL HISTORY:

Passed: 3/21/1995

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