**Care Step Pathway - Skin Toxicities**

### Nursing Assessment

#### Look:
- Does the patient appear uncomfortable?
- Does the patient appear uveal?
- Is there obvious rash?
- Are symptoms interfering with ADLs? With sleep?
- Have symptoms worsened?
- What interventions has the patient tried (if any): effective and ineffective?
- Question patient and family regarding history of skin problems in the past (e.g., sun damage, dermatitis [with prior immuno Rx], wounds, underlying skin disorders [e.g., psoriasis, eczema])
- Any exposure to new chemicals, soaps, or allergens (animals, travel?)

#### Listen:
- Rash and/or pruritus?
- Other cutaneous symptoms: (e.g., photosensitivity, skin thickening, red/painful subcutaneous tissues)?
- Are symptoms interfering with ADLs? With sleep?

#### Recognize:
- Is there a personal or family history of dermatitis, pre-existing skin issues (psoriasis, skin cancer, wounds)?
- Is there evidence of scratching, such as abrasions?
- Is skin intact?
- Are there significant changes?
- Oral involvement?
- Perform comprehensive skin examination and determine grade of toxicity
- What impact have the symptoms had on QOL?
- Relevant social history (occupational, environmental, leisure-type activities)

### Grading Toxicity

**RASH (maculopapular rash, acniform rash, or dermatitis)**

Definition: A disorder characterized by the presence of macules (flat) and papules (elevated). Maculopapular rash frequently affects the upper trunk, spreading centrifugally and associated with pruritus, whereas acniform rash typically appears on the face, scalp, upper chest, and back.

#### Grade 1 (Mild)
- Macules/papules covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness)
- Intense or widespread; intermitten; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrument ADLs

#### Grade 2 (Moderate)
- Macules/papules covering 10-30% BSA with or without symptoms (e.g., pruritus, burning, tightness); limiting instrument ADLs
- Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated

#### Grade 3 (Severe)
- Macules/papules covering >30% BSA with or without symptoms; skin sloughing covering <10% BSA
- Papules/pustules covering any % BSA, with or without symptoms and associated with superinfection requiring IV antibiotics; skin sloughing covering 10-30% BSA

#### Grade 4 (Potentially Life-Threatening)
- Papules/pustules covering any % BSA, with or without symptoms and associated with superinfection requiring IV antibiotics; skin sloughing covering >30% BSA

#### Grade 5 (Death)

**PRURITUS**

Definition: A disorder characterized by an intense itching sensation.

#### Grade 1 (Mild)
- Mild or localized; topical intervention indicated

#### Grade 2 (Moderate)
- Intense or widespread; intermitten; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrument ADLs

#### Grade 3 (Severe)
- Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated

#### Grade 4 (Potentially Life-Threatening)
- Papules/pustules covering any % BSA, with or without symptoms and associated with superinfection requiring IV antibiotics; skin sloughing covering >30% BSA

#### Grade 5 (Death)

### Management

**Overall Strategy:**
- Introduce concept of treatment interruption and possible dose reduction when educating patients prior to initiation of therapy
- Refer for baseline skin examination before beginning therapy and closely monitor at-risk patients (every 2-3 months during therapy and up to 6 months after)
- Assess for other etiology of rash: ask patient about new medications, herbal supplements, alternative/complementary therapies
- Encourage patients to report any skin changes promptly

**Intervention (At-risk patients)**

**Gentle skin care**:
- Avoid soap. Instead, use non-soap cleansers (mild, fragrance- & dye-free soap on the axillae, genitalia, and feet)
- Avoid hot baths
- Avoid tight clothing/shoes
- Keep fingernails short (to avoid scratching)
- Daily applications of nonsteroidal moisturizers or emollients containing humectants (urea, glycerin)
- Apply moisturizers and emollients in the direction of hair growth to minimize development of folliculitis

**Advise sun protective measures:**
- Use of UV-protective clothing, sunglasses, sunscreen against UVA rays or broad spectrum (UV-A/UVB), avoidance of direct and indirect sunlight
- Assess patient and family understanding of prevention strategies and rationale
- Identify barriers to adherence

**Patient Counseling:**
- Emollients twice daily
- Antihistamines and analgesics, if applicable
- Straw UV protection w/ SPF 30 sunscreen/eye protection
- Gentle exfoliation for follicular rash
- Treatment w/ low-potency topical steroids to be started/possible treatment interruption for persistent or worsening adverse events

**Patient Counseling:**
- Antihistamines and analgesics as needed
- Topical steroids and/or antipruritics (topical/oral) to be started
- Persistent or Intolerable
- Grade 2: targeted therapy to be held until Grade 0/1
- Start oral steroid, taper no longer than 7 days
- Rash: consider topical antibiotic
- Refer to dermatologist

**Patient Counseling:**
- Anticipatory guidance regarding hospitalization for systemic steroids and/or hydration

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**Patient Counseling:**
- Anticipatory guidance regarding treatment discontinuation or possible hospitalization for steroids and/or hydration
- Referral to dermatologist

**RED FLAGS:**
- Extensive rash (>50% BSA), or rapidly progressive
- Skin sloughing
- Oral involvement
- Concern for superinfection

ADL = activities of daily living; BSA = body surface area; QOL = quality of life

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