

SYMPTOM MANAGEMENT GUIDELINES: ACNEIFORM RASH

[NCI GRADE AND MANAGEMENT](#) | [RESOURCES](#) | [CONTRIBUTING FACTORS](#) | [APPENDIX](#)

Definition	
<ul style="list-style-type: none"> Rash (acneiform rash on face, scalp or chest): erythema, edema, papulopustular eruptions followed by crusting and dryness of the skin. 	
PHYSICAL ASSESSMENT	SYMPTOM ASSESSMENT
<p>Vital Signs</p> <ul style="list-style-type: none"> Frequency – as clinically indicated <p>Skin Assessment</p> <ul style="list-style-type: none"> Ensure adequate light source and gloves if handling non-intact skin Assess all aspect face, torso, arms, scalp, areas of cutaneous pressure/friction and intertriginous areas <ul style="list-style-type: none"> – Color Degree of erythema – patchy or uniformly deeply red and any signs of pallor in areas of intense erythema. Hyper-pigmentation in non-white patients – Thickening Hyperkeratosis of soles of feet and palmar surfaces – Moisture Any accumulation of fluid under skin – Integrity Any presence and size of flaking, peeling, rash, ulcers and /or blisters – Desquamation Any associated bleeding – Swelling Degree of swelling – Sensory changes Tingling, numbness, pain, pruritus or burning 	<p>Normal</p> <ul style="list-style-type: none"> Refer to pretreatment nursing or oncology assessment <p>Onset</p> <ul style="list-style-type: none"> When did changes start? How are changes progressing? When was your last treatment? <p>Provoking / Palliating</p> <ul style="list-style-type: none"> What makes the symptoms better? Worse? <p>Quality</p> <ul style="list-style-type: none"> What symptoms do you have? When did symptoms begin? Can you describe the nature of the symptom? <p>Region / Radiation</p> <ul style="list-style-type: none"> Where are the changes happening? Face, torso, arms, scalp? <p>Severity / Other Symptoms</p> <ul style="list-style-type: none"> How bothersome is this to you? (0-10 scale, with 0 not at all – 10 being worst imaginable) Have you been experiencing any other symptoms: Pruritus? Edema? Fever? - possible infection Discharge from pustules? – possible infection Persistent bleeding? – possible thrombocytopenia <p>Treatment</p> <ul style="list-style-type: none"> Strategies used to avoid irritants, heat, and mechanical irritation? Using any creams or ointments? If so, what type? Effective? Using any pain medications? If so, what type (topical, systemic)? Effective? Any other medications or treatments? (e.g. Vitamin B₆) <p>Understanding / Impact on You</p> <ul style="list-style-type: none"> Are these symptoms affecting your daily life? <p>Value</p> <ul style="list-style-type: none"> What is your comfort goal or acceptable level for this symptom (0 – 10 scale)?

ACNEIFORM RASH GRADING SCALE

Adapted NCI CTCAE (Version 4.03)

NORMAL	<u>GRADE 1</u> <u>(Mild)</u>	<u>GRADE 2</u> <u>(Moderate)</u>	<u>GRADE 3</u> <u>(Severe)</u>	<u>GRADE 4</u> <u>(Life - threatening)</u>
Normal skin	Papules and/or pustules covering <10% BSA, which may or may not be associated with symptoms of pruritus or tenderness	Papules and/or pustules covering 10 - 30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental ADL	Papules and/or pustules covering >30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; limiting self care ADL; associated with local superinfection with oral antibiotics indicated	Papules and/or pustules covering any% BSA, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with IV antibiotics indicated; life-threatening

Grade I

Grade II

Grade III

Grade IV



***Step-Up Approach to Symptom Management:
Interventions Should Be Based On Current Grade Level and Include Lower Level Grade Interventions As Appropriate**

NORMAL- GRADE 2

NON – URGENT:

Prevention, support, teaching & follow-up care as required

Patient Care and Assessment

- Screen for skin changes at first visit; re-assess at each visit and at peak times for onset (at every 2 week appointment with Medical Oncology)
- Timing of onset, appearance, distribution and skin changes varies with each type of treatment.

Patient Self-assessment:

- Assess skin daily. Notify oncologist at next scheduled visit or earlier if symptoms worsen
- Assess for early signs of acneiform rash including:
 - Redness, papulopustules
 - Tenderness of affected areas (often first sign)
 - Dry, furrowed skin that becomes reddened or darker (in non-Caucasian patients)

Skin Care and Hygiene

Skin Care and Hygiene:

- In collaboration with physician or nurse practitioner, use of Topical Agents: Refer to Drug Specific Protocol.
- Wash and clean skin with lukewarm water; gently pat dry.
- Wash sweat from skin
- Avoid hot water (e.g. while bathing, cleaning dishes)
- Apply moisturizing creams or lotions (avoid alcohol and/or perfume based creams, other recommendations). Apply on intact skin-liberally, gently, and often.
- Avoid sun exposure during treatment- use sun block (see protocol specific handout for sun safety resources).

Prevent Constriction of Skin:

- Tight-fitting clothes or harsh fabrics in contact with torso, head and neck e.g., belts and

	<ul style="list-style-type: none"> jewelry. Tight bandages, dressings or adhesive tape to skin <p>Avoid Abrasive Conditions and Mechanical Stress:</p> <ul style="list-style-type: none"> Avoid popping acne pustules, do not use abrasive chemicals (i.e. Benzoyl peroxide or alcohols) to rash-affected areas. Avoid topical anti-acne or anti-rosacea agents. <p>Regulate Temperature:</p> <ul style="list-style-type: none"> Avoid situations that raise body temperature (e.g. steam, saunas, hot baths, heating pads, vigorous exercise)
Dietary Management	<ul style="list-style-type: none"> Promote adequate hydration/nutrition during treatment to help prevent skin dryness/desquamation Recommend daily fluid intake of 8- 12 cups (unless contraindicated) to help keep skin intact Promote a well-balanced and healthy diet (refer to Canada Food Guide)
Pharmacological Management	<ul style="list-style-type: none"> For medical management of acneiform rash, refer to drug specific protocol and collaborate with Physician or Nurse Practitioner Avoid using topical anesthetics or diphenhydramine containing creams during treatment as these may exacerbate skin toxicity Avoid use of over-the-counter acne medications and alcohol containing topical products
Patient Education and Follow-up	<ul style="list-style-type: none"> Reinforce when to seek immediate medical attention: <ul style="list-style-type: none"> Temperature greater than or equal to 38° C and/or presence of redness, discharge or odor from any open areas – possible infection Unable to perform ADL – reflects deteriorating patient status and severity of acneiform rash Uncontrolled or increasing pain/discomfort to rash areas Instruct patient/family to call back if symptoms worsen or do not improve If indicated, arrange for nurse initiated telephone follow – up or physician follow-up for further assessment

GRADE 3



URGENT: Requires medical attention within 24 hours	
Patient Care and Assessment	<ul style="list-style-type: none"> Collaborate with physician or nurse practitioner; temporary drug delay or further assessment Arrange for further evaluation and assessment in an ambulatory setting Arrange for specific skin care and dressings as necessary If superinfection concern, see practitioner within 24 hours.
Management of Skin Complications	<p>Pain:</p> <ul style="list-style-type: none"> Anticipate need for pain management; systemic or topical analgesics and/or topical steroids <p>Local infection:</p> <ul style="list-style-type: none"> Review recent lab tests, culture any suspect areas, assess temperature Review prescribed medications with patient and consider antibiotic treatment and/or topical steroids <p>Minor bleeding with trauma (stops after 2 minutes):</p> <ul style="list-style-type: none"> Review CBC and assess WBC, platelets and hemoglobin Apply pressure to control bleeding For prolonged bleeding, collaborate with physician or nurse practitioner for intervention <p>Alteration in skin integrity:</p> <ul style="list-style-type: none"> May need to apply dressing to prevent infection to altered area, consider hydrocolloid dressings
Patient Education and Follow-Up	<ul style="list-style-type: none"> Review correct technique and timing of application of prescribed skin care products Instruct patient/family to call back if symptoms worsen or do not improve. Arrange for further assessment if indicated

GRADE 4
Presence of the following:
Temperature greater than or equal to 38°C, uncontrolled pain



EMERGENCY:

Requires IMMEDIATE medical attention

Patient Care and Assessment	<ul style="list-style-type: none"> • Notify physician or nurse practitioner immediately of assessment, facilitate care arrangements as necessary with local emergency department of hospital and anticipate dose delay. • See <i>Chemotherapy Protocols in Resources & Referrals Section below</i> for direction • Treatment is usually ordered to restart on an incremental dose basis when symptoms resolve • Nursing Support: <ul style="list-style-type: none"> - Monitor vital signs as clinically indicated - Frequent skin assessments and dressings as indicated - Pain and symptom assessment and management as appropriate
Management of Skin Complications	<p>Pain:</p> <ul style="list-style-type: none"> • Increase dose and frequency (i.e. around the clock) of analgesics may be indicated <p>Local or systemic infection may require treating facility to perform the following:</p> <ul style="list-style-type: none"> • Review recent lab tests • Culture: Blood and any suspect areas • Assess vital signs, temperature as clinically indicated • Administer topical and/or IV anti-infective medications as prescribed (e.g. antibiotics, antifungals, antiviral agents)

RESOURCES & REFERRALS

Referrals	<ul style="list-style-type: none"> • Patient support center or telephone care management • Home Health Nursing • Physician, Oncologist, Nurse Practitioner • Pain and Symptom Management/Palliative Care (PSMPC) • Dermatology
Related Online Resources	<ul style="list-style-type: none"> • E.g. Fair Pharmacare; BC Palliative Benefits. Can be found in "Other Sources of Drug Funding Section" • http://www.bccancer.bc.ca/health-professionals/professional-resources/pharmacy/drug-funding • Your Medication Sun Sensitivity and Sunscreens BCCA. April 2011
Bibliography List	<ul style="list-style-type: none"> • http://www.bccancer.bc.ca/health-professionals/professional-resources/nursing/symptom-management

APPENDIX A

Contributing Factors

Targeted Therapies	<ul style="list-style-type: none"> • Tyrosine Kinase Inhibitors (e.g. Gefitinib, Erlotinib, Afatinib and Lapatinib) • mTOR Inhibitors (eg. Everolimus)
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The information contained in these documents is a statement of consensus of BC Cancer professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is at your own risk.

	<ul style="list-style-type: none"> • BRAF Kinase Inhibitor (Dabrafenib) • Monoclonal Antibodies (e.g. Panitumumab, Cetuximab)
Relevant Medical History	<ul style="list-style-type: none"> • Cancers of the Lung, Head and Neck, Kidney, Breast, Skin, Pancreas, Colorectal, and Melanoma • Solid tumors • Age not contributory
Other	<ul style="list-style-type: none"> • Patients of Asian descent are found to be slightly more susceptible to symptom when taking Gefitinib, Erlotinib or Afatanib.
Consequences	
<ul style="list-style-type: none"> • Acneiform Rash occurs in 10-80% of patients; typically within the first 2 weeks – causing painful skin eruptions, pruritus, decreased quality of life. • Severe acneiform rash increases patient risk of infection (moderate risk: 7-10 days; high risk: >10days) • Treatment delays, reductions, or discontinuation • Increased risk of altered skin integrity • Quality of life – pain, physical and/or psychological distress, sleep-wake disturbance, impaired mobility, altered role function 	

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