

**Summary Report for Individual Task  
081-833-0125  
Treat Skin Disorders  
Status: Approved**

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DESTRUCTION NOTICE: None

**Condition:** You are evaluating a patient with a skin disorder. All other apparent life threats or anaphylactic signs and symptoms have been taken care of. You have identified the patient, and have the patients medical records. You will need a standard fully stocked aid bag, pen, and SF 600 (Medical Record-Chronological Record of Medical Care). You have performed a patient care handwash and taken body substance isolation (BSI) precautions. You are not in a CBRN environment.

**Standard:** Treat skin disorders without causing harm or injury to the patient.

**Special Condition:** None

**Special Standards:** None

**Special Equipment:**

**Safety Level:** Low

**MOPP:**

<b>Task Statements</b>
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**Cue:** None

<b>DANGER</b>
None

<b>WARNING</b>
None

<b>CAUTION</b>
None

**Remarks:** None

**Notes:** None

## Performance Steps

### 1. Obtain a patient history.

- a. Primary lesions.
- b. Secondary lesions.
- c. Shape and configuration.
- d. Rash or other complaints related to the dermatologic conditions.

(1) When did the rash first occur?

(2) Was the onset sudden or gradual?

(3) What site was first affected?

(4) Describe the spread and its severity.

(5) Is there any associated pruritis (itching), burning, tingling, pain or numbness (constant or intermittent), or fever?

### 2. Identify and manage viral disorders of the skin.

#### a. Herpes simplex.

(1) Assessment findings include grouped vesicles on a red base, most commonly noted at the corner of the mouth, (cold sore), or on the cervix or labia on women and the penis of men.

Note: Vesicles appear, ulcerate and encrust. When a vesicle ruptures a burning pain is felt.

(2) Management.

(a) Abstain from sexual activity until infection is resolved.

(b) Antiviral medications are indicated- refer to a medical officer for treatment.

(c) Counsel patient on safe sex practices - condom usage.

#### b. Herpes zoster vesicle (shingles).

(1) Lesions located along the nerve fibers of spinal ganglia where inflammation occurs.

(2) Forms an erythematous rash of small vesicles along a spinal nerve pathway.

(3) Assessment findings.

(a) Rash generally in thoracic region.

1) Many occur elsewhere.

2) Follow dermatomal pattern.

(b) Vesicles rupture and form crust.

(c) Serous fluid in vesicle may become purulent.

(d) Last 7 to 28 days.

(e) Patients report severe burning and/or knife-like pain.

(f) Does not cross mid line unless the patient is immuno-compromised.

(4) Management - refer patient to a medical officer for treatment.

### 3. Identify and manage bacterial disorders.

#### a. General characteristics.

(1) Commonly occur in warm, moist locations but may be secondary to local trauma.

(2) All bacterial infections need to be aggressively treated in a field environment.

#### b. Impetigo.

(1) Assessment findings.

(a) Appears on face, hands, arms, and legs.

(b) Pustular lesions distributes over involved area.

(c) Large amount of dried serous exudate (honey colored crust).

(d) Spread by touching personal articles, linens, and clothing.

(2) Management.

(a) Consider antiseptic soap.

(b) Consider application of antibiotic cream, ointment, or lotion.

(c) Refer to a medical officer for treatment.

#### c. Folliculitis, furuncles, carbuncles, and felons.

(1) Assessment findings.

(a) Edematous, erythematous, and painful.

(b) Pruritus commonly occurs.

(c) Infected area becomes shiny, points up, and if furuncle or carbuncle, the center turns yellow.

(d) Carbuncles can have four to five cores with spontaneous rupture of core.

(e) Pain stops immediately upon rupture of core.

(2) Management. (Felon's may spread to fascial planes in the hand and may require surgical exploration and debridement.)

(a) Isolate patient to prevent spread of infection.

(b) Refer to a medical officer for treatment.

4. Identify and manage fungal infections of the skin.

a. General characteristics.

(1) Are not part of the normal flora.

(2) About 20 species produce skin diseases.

b. Tinea capitis (ringworm of the scalp).

(1) Spread by contact with infected articles.

(2) Trauma or irritation breaks in skin facilitates spread.

(a) Assessment findings.

1) Areas of brittle or broken off hairs with some crusting.

2) Occasionally pruritus.

3) Non-scarring alopecia occurs at the site.

(b) Management-refer to medical officer for treatment

c. Tinea corporis (ringworm of the body). Occurs in parts of body with little or no hair.

(1) Assessment findings.

(a) Produces lesions with raised erythemic borders as lesions expand there is central clearing (annular lesion).

(b) May have scale.

(c) May or may not have pruritus.

(2) Management-consider use of topical or oral antifungal drugs. Refer to medical officer if topical agents are not effective

d. Tinea cruris (jock itch). Found in groin area.

(1) Assessment findings.

(a) Produces lesions with raised erythemic borders as lesions expand there is central clearing (annular or arciform lesions).

(b) Pruritus and skin excoriation from scratching may be found.

(c) May spare scrotum.

(2) Management.

- (a) Consider methods of drying out area such as loose clothing (use of boxers or no underwear) and powder.
- (b) Consider use of topical or oral antifungal drugs.
- (c) Refer to medical officer if topical agents are not effective.

e. Tinea pedis (athlete's foot). Normally starts between 4th and 5th toes and then may spread.

(1) Assessment findings.

- (a) Itching and burning.
- (b) Maceration between toes.
- (c) Cracking and peeling of interdigital skin.
- (d) If secondarily infected may have associated discoloration.

(2) Management.

- (a) Powder.
- (b) Frequent sock changes.
- (c) Rotation of footwear.

(3) Consider use of topical or oral antifungal drugs.

(4) Refer to medical officer if topical agents are not effective.

5. Identify and manage inflammatory disorders.

Note: This disorder is a local or generalized inflammation caused by a number of factors.

a. General characteristics.

- (1) Can be caused by numerous agents such as drugs, plants, chemicals, metals, and food.
- (2) Erythema and edema in acute disorders.
- (3) Skin thickening and chronic pigmentation in chronic disorders.
- (4) Pruritus is almost always present; if present it can cause excoriation due to scratching.

b. Contact dermatitis (irritant and allergic).

- (1) Caused by direct contact with agents who cause irritation or allergic reaction.
- (2) Epidermis becomes inflamed and damaged.

(3) Common causes are detergents, soaps, industrial chemicals, medications, hypersensitivity reactions, and plants such as poison ivy.

(a) Assessment findings.

- \_1\_ Lesions appear at point of contact.
- \_2\_ Patient feels burning, pain, pruritus, and edema.
- \_3\_ Involved area becomes erythematous with papules.
- \_4\_ Vesicles appear most often on dorsal surfaces.

(b) Management.

- \_1\_ Identify cause of hypersensitive reaction.
- \_2\_ Symptomatic treatment for inflammation, edema, and pruritus.

6. Document treatment provided on appropriate form.

7. Provide information on the prevention of skin disorders.

Note: Tell the patient to maintain healthy skin by avoiding causative agents (poison ivy, excessive sunlight). Always inspect the skin after each mission and avoid self treatment of anything out of the ordinary.

(Asterisks indicates a leader performance step.)

**Evaluation Preparation:** Setup: For training and evaluation, use another Soldier as the patient.

Brief Soldier: Tell the Soldier the simulated patient has a dermatologic disorder that requires treatment. Provide a dermatologic scenario for the patient to answer questions from.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Obtain a patient history.			
2. Identified and managed viral disorders of the skin.			
3. Identified and managed bacterial disorders.			
4. Identified and managed fungal infections of the skin.			
5. Identified and managed inflammatory disorders.			
6. Documented treatment given on appropriate form.			
7. Provided information on the prevention of skin disorders.			

**Supporting Reference(s):**

Step Number	Reference ID	Reference Name	Required	Primary
	978-0781765213	Textbook of Basic Nursing 9th edition, Caroline Bunker Rosdahl, Mary T. Kowalski	No	No
	SF FORM 600	HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE	Yes	No

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will

contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

**Prerequisite Individual Tasks :** None

**Supporting Individual Tasks :** None

**Supported Individual Tasks :** None

**Supported Collective Tasks :**

<b>Task Number</b>	<b>Title</b>	<b>Proponent</b>	<b>Status</b>
N/A	N/A	Not Selected	Obsolete