

## Document Control

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| <b>Title</b>   |                    |   |  |
| <b>Protocol for the Management of Boils, Carbuncles and<br/>Folliculitis in MIUs and WICs</b>                        |                    |   |  |
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| <b>Directorate</b><br>Emergency Services, Logistics and Resilience   |                    | <b>Department</b><br>Emergency Department                           |  |
| <b>Version</b>   | <b>Date Issued</b> | <b>Status</b>   | <b>Comment / Changes / Approval</b>                          |
| 0.1  | Apr 2015           | Draft   | Initial version for consultation                             |
| 1.0  | Aug 2016           | Final   | Approved by (Clinician) and (Clinical Director) June 2016.   |
| 1.1  | Feb17              | Revision  | Amendment to protocol, age reference under section 'Purpose' |
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| <b>Lead Director</b><br>Medical Director   |                    |   |  |
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| <b>Consulted with the following stakeholders: (list all)</b>   |                    |   |  |
| <ul style="list-style-type: none"> <li>• Antibiotic Pharmacist</li> <li>• MIU Leads</li> </ul>                       |                    |   |  |
| <b>Approval and Review Process</b>   |                    |   |  |
| <ul style="list-style-type: none"> <li>• Lead Clinician for Emergency Department</li> </ul>                          |                    |   |  |
| <b>Local Archive Reference</b><br>G:\Policies and Protocols  |                    |   |  |
| <b>Local Path</b><br>MIU   |                    |   |  |
| <b>Filename</b><br>Protocol for the Management of Boils, Carbuncles, Folliculitis and V1.1 Feb17                     |                    |   |  |

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| <b>Policy categories for Trust's internal website (Bob)</b><br>MIU Protocol | <b>Tags for Trust's internal website (Bob)</b><br>None |
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## 2. Purpose

This Protocol is for the use by staff employed by Northern Devon Healthcare Trust who have achieved the agreed clinical competencies to work under this protocol. The protocol is for all patients in the Walk-In Centres and for patients over two years old in the MIUs. Any child under this age must be referred to a GP.

## 3. Presenting Complaint

### 3.1. Specific:

**3.2. Boil:** Red, hot, tender, inflammatory nodule with walled-off purulent material, arising from a hair follicle. Pus exudates.

**3.3. Carbuncle:** infection of a group of adjoining hair follicles which develop into large, swollen, tender masses with multiple points draining. Localised surrounding inflammation.

**3.4. Folliculitis:** superficial infection of the hair follicles which develop into small inflammatory papules or pustules.

### 3.5. General:

**3.6.** Redness Heat Tenderness/pain

**3.7.** Erythema/swelling Tracking Lymphadenopathy

**3.8.** Pus Fluctuance Pyrexia

**3.9.** Unwell/nausea Malaise

## 4. History

**4.1.** Refer to Protocol for History Taking and Clinical Documentation.

**4.2.** Specifically:

- Onset
- Cause known e.g. dry skin, hair treatment
- Reoccurring problem
- First aid treatment
- Past medical history especially Diabetes Mellitus
- Medications

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- Allergies

## 5. Clinical Examination

- 5.1. Size, and position
- 5.2. Redness, swelling, tracking
- 5.3. (Proximal Lymphadenopathy)
- 5.4. Pus/discharge
- 5.5. Tenderness
- 5.6. Fluctuance
- 5.7. Proximal lymphadenopathy
- 5.8. Sensation and Circulation
- 5.9. Vital signs: Temperature.
- 5.10. If systemically unwell include heart rate, blood pressure and respirations. S<sub>a</sub>O<sub>2</sub> level. Capillary refill time. (Appendix A / B)
- 5.11. **NB** If recurring condition check patient's Blood Sugar (BM)
- 5.12. Investigation: Swabs are only required if condition is not improving with antibiotics.

## 6. Treatment Pathway

### 6.1. Boils and carbuncles:

### 6.2. Non Fluctuant:

- Advise patient to apply moist heat three to four times a day
- If large lesion, pyrexia or cellulitis present, treat with flucloxacillin as per PATIENT GROUP DIRECTION (PGD). If the patient is allergic to penicillin, treat with doxycycline as per PGD.
- Administer/supply analgesia as per PGD or advise over the counter (OTC) analgesia.
- Advise patient to return if condition does not improve.

### 6.3. Fluctuant:

- Perform Incision and Drainage or refer to GP.

- Treat with flucloxacillin as per PGD. If the patient is allergic to penicillin, treat with doxycycline as per PGD and dressing.
- Administer/supply analgesia according to PGD or advise Over the Counter (OTC) analgesia.
- Review in 48 hours or refer to practice nurse for follow up

#### 6.4. Folliculitis:

- Advise people to avoid aggravating factors (e.g. tight clothing, occlusive dressings or plasters, if shaving to shave in the direction of growth)
- Daily washing with an over the counter antiseptic may help to prevent or control mild cases.
- For more extensive/severe folliculitis, treat with flucloxacillin as per PGD If the patient is allergic to penicillin, treat with doxycycline as per PGD

**Where antibiotics fail, the person is unwell, or there is proximal lymphangitis or cellulitis present refer to Emergency Department.**

**Consider referral for facial infections.**

## 7. Discharge Pathway

### 7.1. REFER ALL CHILDREN UNDER TWO YEARS OLD TO MEDICAL PRACTITIONER FOR ADVICE

Assess and document pain score prior to discharge

Ensure patient is issued with appropriate advice sheet (if available) and that patient understands the need to return if symptoms change or worsens.

Discuss home analgesia with patient, parent or carer and advise OTC medication or administer TTO medication as per PGD.

#### **DOCUMENTATION TO BE COMPLETED**

- Clinical treatment record as per Documentation & record keeping policies. Copy of clinical treatment record to General Practitioner; to be sent to surgery as per Record keeping policy.
- For patients being transferred to secondary care, ensure a copy of the clinical treatment record is sent with patient. A copy will also be sent to surgery in normal manner.

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- **For patients seeing their General Practitioner in next 24 hours ensure patient is given a copy of the clinical treatment record to take with them. A copy will also be sent to surgery in the normal manner.**

#### **BEFORE DISCHARGE ENSURE**

- Those patients who have been referred for further acute intervention has appropriate transport to meet their needs, all relevant treatment has been prescribed and administered and correct information and documentation is given to the patient.
- The patient understands that if condition deteriorates or they have further concerns they should seek further advice.
- The patient demonstrates understanding of advice given during consultation.
- The patient has been provided with written advice leaflet to re-enforce advice given during consultation.
- The patient demonstrates an understanding of how to manage subsequent problems.

## **8. References**

Boils, carbuncles, and staphylococcal carriage, folliculitis (July 2015) NICE Clinical Knowledge Summaries

Consent Policy V3.3 (2014) NDHCT

Medicines Policy V1.0 (2015) NDHCT

North and East Devon Formulary (via trust intranet)

Patient Group Direction Policy (2013) NDHCT

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## APPENDIX A – Essential Documentation for All Patients Attending Unit or Centre

### Adults Consent

Gain consent to be seen by a nurse practitioner

Gain consent for treatment and sharing information and document.

### Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Document a full set of observations including neurological observations including Glasgow coma score if applicable.

Record EWS: if 7 or above arrange immediate transfer to secondary care.

Document pain score using numeric rating scale. For cognitively impaired patients document any signs of pain (e.g. grimaces or distress).

### Safeguarding

- Assess for mental capacity and if person is a vulnerable adult.
- Assess for learning disability and whether patient has a hospital passport in place.
- Assess for risk of domestic abuse.
- Assess falls risk. Complete falls referral if applicable.
- Document names of persons accompanying patient.



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## APPENDIX B – Essential Documentation for All Patients Attending Unit or Centre

### Child and Young Persons under 18 Years Old Consent

Gain consent to be seen by a nurse practitioner

Gain consent for treatment and sharing information

Assess and document Gillick competency according to Fraser guideline if applicable.

Document name of person's accompanying patient

### Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Record PEWS: if any one parameter is triggered transfer to secondary care or seek advice from medical practitioner.

Use guideline Traffic Light System (NICE) 2013 if applicable.

Use guideline Feverish Illness (NICE) 2013 if applicable.

Document pain score using FLACC, Wong Baker Faces or numeric rating scale.

### Safeguarding

- Assess safeguarding
- Assess for domestic abuse in the home
- Assess for learning disability

DOCUMENT ALL FINDINGS IN THE CLINICAL TREATMENT RECORD AND ACT ON THEM FOLLOWING NDHCT GUIDELINES.

**APPENDIX C – Training Competency Form**

**Protocol for the Management of Boils, Carbuncles and Folliculitis (over 2 years old) in MIU's and WIC's**

**Protocol operational from Aug 2016 and expires end of Aug 2019**

The registered health professional named below, being employees of Northern Devon Healthcare Trust based at ..... have received training and are competent to operate under this protocol

| <b>NAME<br/><i>(please print)</i></b> | <b>PROFESSIONAL<br/>TITLE</b> | <b>SIGNATURE</b> | <b>AUTHORISING<br/>MANAGER<br/><i>(please print)</i></b> | <b>MANAGER'S<br/>SIGNATURE</b> | <b>DATE</b> |
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**Keep original with the authorising manager and send a copy to: Emergency Department, Northern Devon Healthcare Trust NHS, Raleigh Park, Barnstaple, Devon, EX31 4JB**