**Fluocinonide (floo-oh-sin-oh-nide)**  
- Lidex, Lyderm, Tiamol, Topica, Vanos

**Classification**  
Therapeutic: anti-inflammatory (steroidal)  
Pharmacologic: corticosteroids  

**Pregnancy Category C.**

**Indications**  
Management of inflammation and pruritis associated with various allergic/immuno-logic skin problems.

**Action**  
Suppresses normal immune response and inflammation.  
**Therapeutic Effects:** Suppression of dermatologic inflammation and immune processes.

**Pharmacokinetics**

**Absorption:** Minimal. Prolonged use on large surface areas or large amounts applied or use of occlusive dressings may increase systemic absorption.

**Distribution:** Remains primarily at site of action.

**Metabolism and Excretion:** Usually metabolized in skin.

**Half-Life:** Unknown.

**TIME/ACTION PROFILE (response depends on condition being treated)**  
<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical</td>
<td>min–hrs</td>
<td>hrs–days</td>
<td>hrs–days</td>
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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity or known intolerance to corticosteroid or components of vehicles (ointment or cream base, preservative, alcohol). Local untreated bacterial or viral infections.  
Use Cautiously in: Hepatic dysfunction; Diabetes mellitus, cataracts, glaucoma, or tuberculosis (use of large amounts of high-potency agents may worsen condition); Patients with pre-existing skin atrophy; Pregnancy, lactation, or children (chronic high-dose usage may result in adrenal suppression and growth suppression in children; children may be more susceptible to adrenal and growth suppression).

**Adverse Reactions/Side Effects**

**Derm:** Allergic contact dermatitis, atrophy, burning, dryness, edema, hypopigmentation, pruritis, secondary infection, striae.  
**Misc:** Adrenal suppression (use of occlusive dressings, long-term therapy).

**Interactions**

**Drug-Drug:** None significant.

**Route/Dosage**

**Topical (Adults):** Apply to affected area(s) 2–4 times daily (depends on product, preparation, and condition being treated).

**Topical (Children):** Apply to affected area(s) once daily.

**NURSING IMPLICATIONS**

**Assessment**

- Assess affected skin before and daily during therapy. Note degree of inflammation and pruritis. Notify health care professional if symptoms of infection (increased pain, erythema, purulent exudate) develop.

**Lab Test Considerations:** Periodic adrenal function tests may be ordered to assess degree of hypothalamic-pituitary-adrenal (HPA) axis suppression in chronic topical therapy of suspected. Children and patients with dose applied to a large area, using an occlusive dressing, or using high-potency products are at highest risk for HPA suppression.

**Nursing Considerations**

- May cause q serum and urine glucose concentrations if significant absorption occurs.  
- Renal and/or respiratory distress, seizures, flushed face, altered mental status, fever, and tremors have been reported.

**Potential Nursing Diagnoses**

- Risk for impaired skin integrity (Indications)
- Risk for infection (Side Effects)
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Implementation**

- Choice of vehicle depends on site and type of lesion. Ointments are more occlusive and preferred for dry, scaly lesions. Creams should be used on oozing or irritated areas, where the occlusive action of ointments might cause folliculitis or maceration. Gels may be preferred for aesthetic reasons even though they may be more drying to skin than ointments. Gels and solutions are useful in hairy areas.
Topical:
- Apply ointment, cream, or gel sparingly as a thin film to clean, slightly moist skin. Wash hands immediately after application. Apply occlusive dressing only if specified by healthcare professional.
- Apply ointment or gel to hair by parting hair and applying a small amount to affected area. Protect area from washing, clothing, or rubbing until medication has dried. Hair may be washed as usual but not immediately after applying medication.

Patient/Family Teaching
- Instruct patient on correct technique of medication administration. Emphasize importance of avoiding the eyes. If a dose is missed, it should be applied as soon as remembered unless almost time for the next dose.
- Caution patient to use only as directed. Avoid using cosmetics, bandages, dressing, or other skin products over the treated area unless directed by healthcare professional.
- Advise parents of pediatric patients not to apply tight-fitting diapers or plastic pants on a child treated in the diaper area; these garments work like an occlusive dressing and may cause more of the drug to be absorbed.
- Advise patient to consult healthcare professional before using medicine for condition other than indicated.
- Instruct patient to inform healthcare professional if symptoms of underlying disease return or worsen or if symptoms of infection develop.

Evaluation/Desired Outcomes
- Resolution of skin inflammation, pruritus, or other dermatologic conditions.

Why was this drug prescribed for your patient?