**Prednicarb (pred-ni-kar-bate)**

**Indications**
- Management of inflammation and pruritis associated with various allergic and immunologic skin problems.

**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.

**Contraindications/Precautions**
- **Contraindicated in:** Hypersensitivity or known intolerance to corticosteroids or components of vehicles (ointment or cream base, preservative, alcohol); 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 in mother, growth suppression in children; children may be more susceptible to adrenal and growth suppression).

**NURSING IMPLICATIONS**

**Assessment**
- Assess affected skin prior to and daily during therapy. Note degree of inflammation and pruritus. Notify physician or other health care professional if symptoms of infection (increased pain, erythema, purulent exudate) develop.

**Lab Test Considerations:** Provide adrenal function tests may be ordered to assess for hypothalamic-pituitary-adrenal (HPA) axis suppression in chronic topical therapy if 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.

**Potential Nursing Diagnoses**
- Risk for impaired skin integrity (indications)
- Risk for infection (side effects)

**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 intertriginous areas, where the occlusive action of ointments might cause folliculitis or maceration. Creams may be preferred esthetically because even though they may be more drying to skin than ointments.
- **Topical:** Apply ointment or cream sparingly as a thin film to clean, slightly moist skin. Wear gloves. Apply occlusive dressing only if specified by physician or other health care professional.

**Patient/Family Teaching**
- Instruct patient to correct technique of medication administration. Emphasize importance of avoiding the eyes. If a dose is missed, it should be applied as soon as remembered or routine administration for the next dose.

**Adverse Reactions/Side Effects**
- **Derm:** Allergic, contact dermatitis, atrophy, burning, dryness, edema, pruritis, hypopigmentation, oozing, maceration. **Misc:** Adrenal suppression (use of occlusive dressings, long-term therapy).

**Interactions**
- **Drug-Diet:** None significant.

**Route/Dosage**
- **Topical** (Adults and Children ≥ 2 yr): Apply to affected area twice daily.
Caution patient to use only as directed. Avoid using cosmetics, bandages, dressings, or other skin products over the treated area unless directed by health care 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.

Caution women that medication should not be used extensively, in large amounts, or for protracted periods in patients who are pregnant or planning to become pregnant.

Advise patient to consult health care professional before using medicine for condition other than indicated.

Instruct patient to inform health care 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?