betamethasone (topical) (bay-ta-meth-a-sone)

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

Pregnancy Category C

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

Action

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; modified to resist local metabolism and have a prolonged local effect.
Half-life: 3–5 hr (plasma), 36–54 hr (tissue); adrenal suppression lasts 3.25 days.

TIME/ACTION PROFILE (response depends on condition being treated)

ROUTE ONSET PEAK DURATION
Topical min–hrs hrs–days hrs–days

Contraindications/Precautions
Contraindicated in: Hypersensitivity or known intolerance to corticosteroids or components of vehicle (ointment or cream base, preservative, alcohol); Extensive burn or second/third degree burns; Untreated bacterial or viral infections.
Use Cautiously in: Hepatic dysfunction; Diabetes mellitus, cataracts, glaucoma, or infections (risk of large amounts of high potency agents may worsen condition); Patients with pre-existing skin atrophy; children (chronic high-dose topical use may result in adrenal suppression and growth suppression in children; children at greater risk for adrenal and growth suppression).

Adverse Reactions/Side Effects
Derm: allergic contact dermatitis, stinging, burning, chapping, oozing, folliculitis, hyperpigmentation, pruritis, secondary infection, striae. Misc: adrenal suppression (use of occlusive dressings, long-term therapy).

Nursing Implications
Assessment
● Assess affected skin before and daily during therapy. Note degree of inflammation and pruritus. 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 if suspected. Pedi: 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.

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 inflam-
Topical:
- Topical: Apply ointment, cream, and gel/spRAY as a thin film to clean skin.
- Wash hands immediately after application. Apply occlusive dressing only if specified by physician or other healthcare professional.
- Apply lotion or gel to hair by parting hair and applying a small amount to affected area. Rub in gently. Protect area from washing, clothing, or rubbing until medication has dried. Hair may be washed as usual but not immediately after applying medication.
- Use aerosol/foam by shaking well and spraying on cool surface. Hold container inverted 3–6 in. away. Then use fingers to apply foam to affected area(s). Do not spray directly onto hands; foam will begin to melt.

Patient/Family Teaching
- Instruct patient on correct technique of medication administration. Emphasize importance of avoiding the eyes. Apply missed doses as soon as remembered unless almost time for the next dose.
- Caution patient to use only as directed. Avoid using cosmetics, bandages, dresses, or other skin products over the treated areas 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 conditions 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?