clobetasol (kloe-bay-ta-sol)
Gloer, \textit{Terbinafine, Tetracaine, Terazosin E.}

**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:**
Suppresses dermatologic inflammation and immune processes.

### Pharmacokinetics
**Absorption:** Minimal. Prolonged use on large surface areas or large amounts ap-
plied or use of occlusive dressings may increase systemic absorption.

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

**Metabolism and Excretion:** Usually metabolized in skin; may be modified to re-
sist local metabolism and have a prolonged local effect.

**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 (ointments 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.

- **OB, Lactation, Pedi:**
  - Pregnancy, lactation, or children (chronic high-dose use may result in adrenal suppression in mother, growth suppression in children; children may be more susceptible to adrenal and growth suppression). Not recommended for use in children <12 yr.

### Adverse Reactions/Side Effects

**Derm:** Allergic contact dermatitis, atrophy, burning, dryness, edema, folliculitis, hypopigmentation, irritation, maceration, miliaria, perioral dermatitis, secondary infection, striae. **Misc:** adrenal suppression (use of occlusive dressings, long-term therapy).

### Interactions

**Drug-Drug:** None significant.

### Route/Dosage

**Topical (Adults and Children):** Apply to affected area(s) 1–3 times daily (de-
pends on preparation and condition being treated).

### 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 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.
- May cause increased serum and urine glucose concentrations if significant ab-
sorption occurs.

### 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 lesions. Ointments are more occlusive and preferred for dry, scaly lesions. Creams should be used on moist or intertrigo-
gogenous areas, where the occlusive action of ointments might cause folliculitis or maceration. Creams may be preferred for aesthetic reasons even though they may be more drying to skin than ointments. Solutions, sprays, and shampoos are useful in hairy areas.

- **Topical:** Apply ointment, cream, gel, or lotion sparingly as a thin film to clean skin. Wash hands immediately after application. Apply occlusive dressing only if specified by health care professional.
- Apply solutions and shampoos to hair by parting hair and applying a small amount to affected area. Rub in gently. With solution, protect area from washing, clothing, or rubbing until medication has dried. Hair may be washed as usual but not right after applying medication. With shampoo, wash hair as usual 15 minutes after application.
- Apply spray sparingly as a thin film to clean, dry skin. Wash hands immediately after application.

**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, 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 cause more of the drug to be absorbed.
- Caution women that medication should not be used extensively, in large amounts, or for prolonged periods if they 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?**

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