**hydrocortisone (topical)** (hye-droe-kor-tis-own)

**Classification**
Topical anti-inflammatory (steroidal)

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

**Action**

**Pharmacokinetics**
Absorption: Minimal. Prolonged use on large surface areas, application of large amounts, or use of occlusive dressings may result in systemic absorption.

**Contraindications/Precautions**
- **Contraindicated in:** Hypersensitivity or known intolerance to glucocorticoid 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 (may worsen condition); Patients with pre-existing skin atrophy; OB, Lactation, Pedi: 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.

**Adverse Reactions/Side Effects**
- Derm: allergic contact dermatitis, atrophy, burning, dryness, edema, folliculitis, hypersensitivity reactions, hypertrichosis, hypopigmentation, irritation, maceration, milia, persistent 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) 1–4 times daily (depends on product, preparation, and condition being treated).
- Rect (Adults): Aerosol foam—90 mg 1–2 times/day for 2–3 wk; then adjusted.

**NURSING IMPLICATIONS**

**Assessment**
- Monitor 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: Provide 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 absorption 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 lesion. Ointments are more occlusive and preferred for dry, scaly lesions. Creams should be used on oozing or irritated lesions.
gious 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. Gels, aerosols, lotions, and solutions are
useful in hairy areas.

- Apply ointments, creams, or gels sparingly as a thin film to clean, slightly moist
  skin. Wash hands immediately after application. Apply occlusive dressing only if
  specified by physician or other health care professional.
- Apply ointment, solution, or gel to hair by parting hair and applying a small amount
  to affected area. Rub gently. Protect areas from washing, clothing, or rubbing un-
  til medication has dried. Hair may be washed as usual but not right after applying
  medication.
- Use aerosol by shaking well and spraying on affected area, holding container 5–
  6 in. away. Spray for about 2 sec to cover an area the size of a hand. Do not inhale
  if spraying near face, close eyes.

**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 next dose.
- Caution patient to use only as directed. Avoid using cosmetics, bandages, dress-
  ings, 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.
- Advise patient to consult health care professional if symptoms of underlying dis-
  ease return or worsen or if symptoms of dermatitis develop.

**Evaluation/Desired Outcomes**

- Resolution of skin inflammation, pruritus, or other dermatologic conditions.

**Why was this drug prescribed for your patient?**