# **IGPNEA CLINICAL AWARD 2022**

The IGPNEA are delighted to announce the IGPNEA Clinical Award 2022 is focused on **Dermatology** and the winner will receive an educational bursary of €1,000.

**HOW TO ENTER**

Below is a case study accompanied by a set of questions that must be answered within a limit of 2,500 words. Please send your completed answers, along with your name, NMBI PIN, and full contact details to [admin@irishpracticenurses.ie](mailto:admin@irishpracticenurses.ie)

**Closing date for receipt of entries is Friday 15th April 2022**

The winner will be announced and presented with the award at the IGPNEA Annual Educational Conference at the Tower Hotel, Waterford on the 13th and 14th May. The winner will also be announced on the IGPNEA website after the conference and the winning entry will be published in a newly launched IGPNEA Official Journal.

**RULES**

* Entrants must be current IGPNEA members.
* Entrants must be on the current register of Nursing and Midwifery Board of Ireland (NMBI). They must include their name and NMBI PIN with their entry for verification.
* Entrants must be working as a Practice Nurse in the Republic of Ireland.
* Entrants must answer all questions.
* Word limit for entries is 2,500.
* Entrants must submit their entry on or before the closing date.
* Joint entries will not be accepted.
* The judges’ decision is final, and no correspondence will be entered into.

# **CASE STUDY – Dermatology**

# **Written by Shelia Ryan, Registered Advanced Nurse Practitioner UL Hospital Group, RANP, RNP, RGN, MSc, BNS, ENB N25**

Clodagh is a 2-year-old girl presenting to your surgery with her parents David and Maureen. Clodagh has an older sister Aoife aged 5 and a younger brother Eoin aged 11 months. Clodagh's Dad has asthma and Mother had hay fever when she was younger. The family got a new puppy in the last 6 months which lives in the house. Clodagh has an itchy rash which is worse at the back of knees, antecubital fossae, and face. She developed this rash first when she was 6 months old, and it has been intermittent since then. A diagnosis of atopic dermatitis / eczema was made by the GP last month. However the treatment prescribed by the GP including topical steroids has not helped.

At your consultation Clodagh's mother expresses concern that steroids will thin her child's skin and she has heard that steroids are bad for eczema. Clodagh's Dad also reports that there is a lot of disruption and lack of sleep in the house at night as Clodagh wakes up in the night crying and disrupts her siblings sleep and the only thing that settles her is sleeping in her parents’ bed.

Questions

1. Describe the pathophysiology of atopic dermatitis.
2. Describe the role of filagrin in atopic dermatitis
3. What are the common triggers for atopic dermatitis ?
4. What are the diagnostic criteria for atopic dermatitis ?
5. Describe the important management principles in caring for a child with eczema.
6. What specific advice would you give Clodagh and her parents in managing her eczema?
7. How would you address the family's concern in relation to steroid use?
8. Describe the potential psychosocial impact of poorly managed childhood eczema on this family
9. Clodagh's parents ask you if avoiding dairy products will help. What is your advice on food allergy and eczema ?
10. Describe the clinical signs and management of eczema herpecticum in a child.