

A VET NURSES GUIDE TO WORKING UP THE ALLERGIC PATIENT



BY ELLIE CLARK RVN – THE SKIN VET



WHERE DO WE START?!



COMMON CAUSES OF SKIN DISEASE

- Allergies
- Ectoparasites
- Infectious organisms
- Neoplasia /autoimmune disease



THE VET NURSES ROLE

- What can we do as veterinary nurses for dermatology patients?
 - Have a good knowledge of common causes of skin disease
 - Record a thorough clinical history
 - Recognise clinical presentations of different allergies
 - Take cytology samples of diagnostic quality
 - Provide on going follow up and advise for clients



OBTAINING A CLINICAL HISTORY

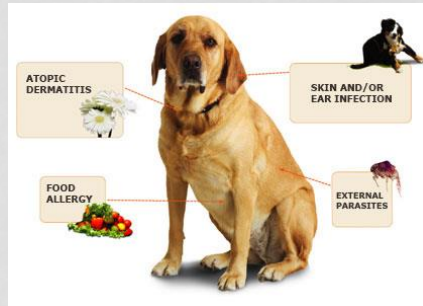
- Make LONGER appointments where possible!
- Complete a questionnaire prior to appointment
- To include:
 - When did the animal start showing signs of skin disease?
 - What are the main area(s) affected?
 - Is there any seasonality?
 - What is their current diet and have they been on any food trials or special diets before?
 - Current flea control and how often applied?
 - Current medication?
 - Shampoo/bathing regime?



COMMON ALLERGIES AND THEIR CLINICAL PRESENTATIONS

- There are 4 main types of allergies we see in cats and dogs;

- Flea allergic dermatitis
- Contact allergy
- Food adverse reaction
- Atopy



There are generalised clinical signs associated with all skin cases but there are key areas to examine that can give us some more information on an individual case.



FLEA ALLERGIC DERMATITIS

- **Clinical presentation:**

- Excessive grooming
- Alopecia around rump, medial and lateral thigh area
- Miliary dermatitis
- Any age can be affected
- Seasonality



CONTACT ALLERGY

- **Clinical presentation:**

- Areas that touch the grass when the animal has been lying down or standing generally affected. See alopecia and erythema of,
 - Sternum
 - Inguinal and axillary areas
 - Ventral abdomen
 - Plantar/palmar surface of feet
- Any age can be affected
- No seasonality



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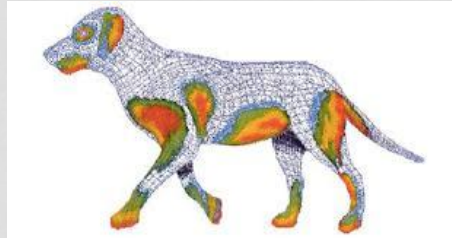
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ATOPIC DERMATITIS AND FOOD ADVERSE REACTIONS

- Atopy and food allergies have very similar clinical presentations, can be hard to differentiate

- **Clinical presentation:**

- Pruritus and erythema
- Face, around the eyes & lips
- Paws – top and bottom
- Abdomen and groin
- Perineum
- Axillae and elbow folds
- Otitis



ATOPIC DERMATITIS AND FOOD ADVERSE REACTIONS

- Atopy:
 - Age of onset 2-4 years
 - Can have a seasonal pattern
 - Roughly 80% animals
- Food
 - Affects animals of under a year or older animals
 - No seasonality
 - Associated GI signs



INFECTIOUS ORGANISMS

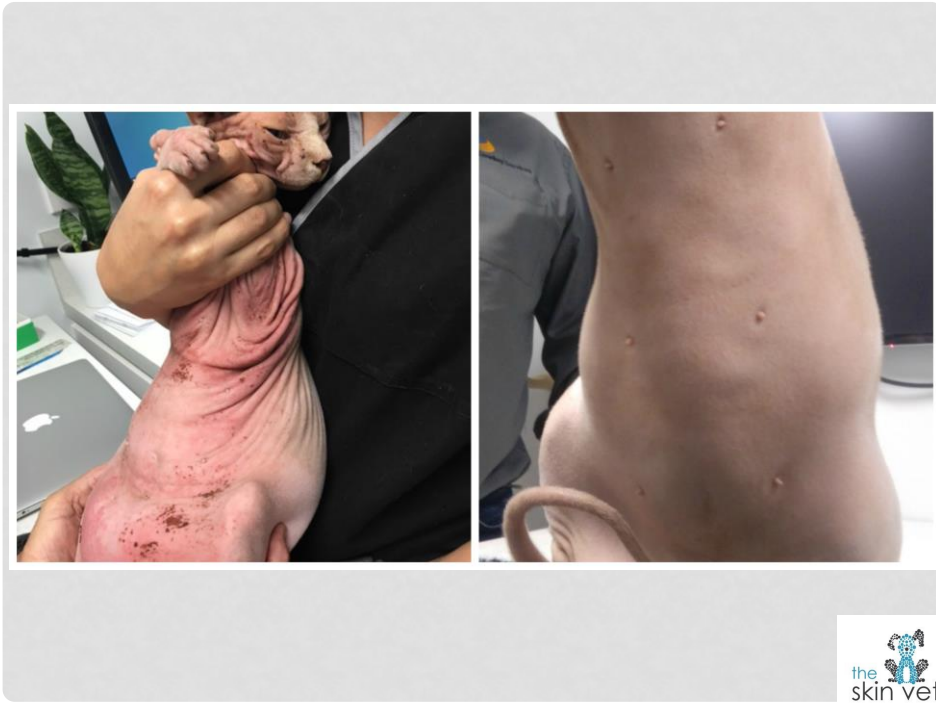
- Secondary infections go hand in hand with allergies
 - Bacterial infections and yeast over growth
 - Major cause of pruritus
 - Cannot find underlying cause of allergy prior to infection being resolved



CLINICAL EXAMINATION

- Identify different skin lesions, scabs, crusts, pustules etc
 - Measure lesions and take photographs for file
- Erythematous or alopecic areas
- Key areas to examine and take samples for cytology:
 - Face and lip folds
 - Feet (top and bottom) nail beds
 - Axillae and elbow folds
 - Vulva
 - Ears





TAKING SAMPLES FOR CYTOLOGY

- Test kit to contain:
 - Microscope slides
 - Selotape
 - Pencil
 - Ear buds
 - Paraffin oil
 - Haemostats
 - Scalpel blade (size 10)
 - Needles (25g)
 - Gloves



IMPRESSIONS SMEARS

- **Indications:**
 - Surface infection
 - Moist exudative lesions
 - Excoriations
 - Crusting
 - Pustules and scabs
- **Technique:**
 - Place slide directly on top of affected area and press gently
 - May require taking top off scabs and popping pustules!





SUPERFICIAL TAPES

- **Indications**

- Superficial infection
- Crusting
- Non oozing wounds
 - Feet
 - Facial and vulval folds



FEET

- **Technique:**
- Both top and bottom of the feet
- Spreading toes, place finger underneath webbing and gently press upwards
- Cutting hair/matts away
- Place tape up around nail bed pressing gently with finger nail



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LIP AND FACIAL FOLDS

- **Technique:**

- Trim long hair
- Tape directly onto area, press firmly, remove gently
- Separate facial folds!
- Vulval folds



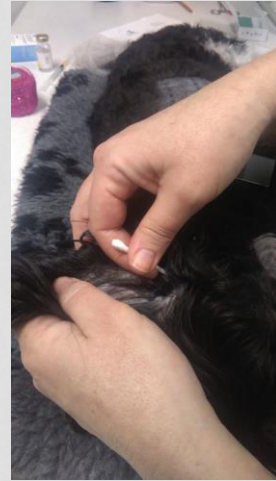
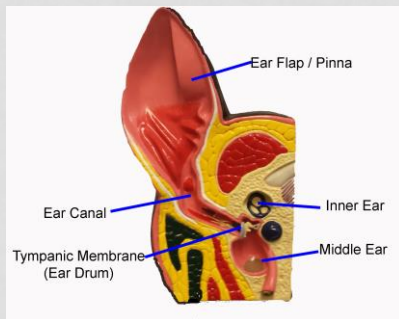
EARS

- **Indications:**

- Otitis
- Head shaking
- Discharge
- Erythema or inflammation of the pinnae



- **Technique:**
- Lift pinnae upwards (not backwards)
- Gently insert cotton tip into opening of ear canal
- Roll tip into any exudate and gently along the canal



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SKIN SCRAPES

- **Indications:**

- Parasitic infections such as Sarcoptes and Demodex
- Intense pruritus – Sarcoptes
- Alopecic areas – Demodex
- Care face and feet

- **Technique:**

- Equipment needed,
 - Microscope slides
 - Paraffin/mineral oil
 - Scalpel blade size 10 or bigger
 - Cover slip



HOW TO PERFORM A SKIN SCRAPE



TRICHOGRAMS

- **Indications?**

- Look for causes of alopecia
- Ectoparasites such as Demodex
- Dermatophytosis
- Hair growth stage
- Broken tips may indicate secret groomers!



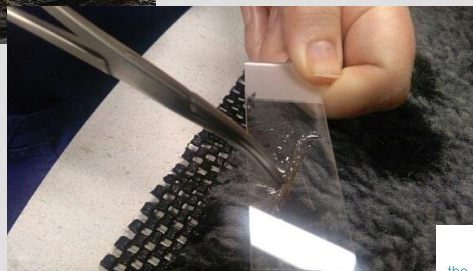
- **Technique:**

- Place a drop of paraffin oil onto microscope slide
- Distract animal by scratching elsewhere on body
- Squeeze skin first if looking for mites
- With haemostats grasp a few hairs at a time
- Pull hairs in direction of hair growth
- Place on slide in same direction

- Care on painful areas such as face and feet



TRICHOGRAMS



STAINING AND EXAMINATION

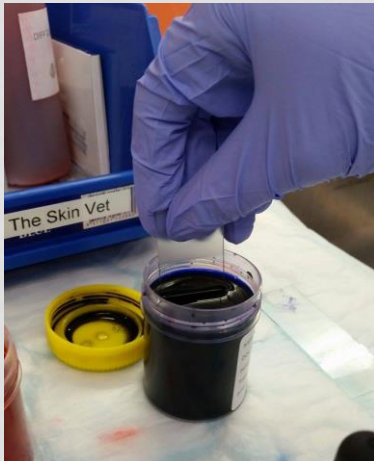
- DiffQuik
- Coplin jars/pottles
- Incontinence sheet/litter tray
- Change often
- Gloves
- Pegs
- Immersion oil
- Blue stain in dropper bottle
- Tissue



STAINING TECHNIQUE FOR IMPRESSION SMEARS/EAR SAMPLES



STAINING TECHNIQUE



STAINING TECHNIQUE FOR TAPE SAMPLES

- Do not use fixative!
 - Dip and agitate into pink and blue stain 5 x 1 seconds
 - Rinse under tap
 - Remove excess water with paper towel
- Or place a drop of pink stain under selotape then wipe off excess stain the drop of blue stain



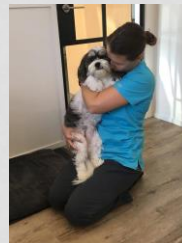
CLIENT CONTACT

- Post appointment contact:
 - Phone/email day after appointment
 - Does client have any questions regarding appointment?
 - Able to administer medication?
 - Regular check in to see how all is going, ensure completing course of prescribed medication etc
 - Owner feels valued and prevents things from going backwards! 😊



CONCLUSION

- There are many areas nurses can be involved in when assessing the dermatology patient:
 - Obtaining clinical history from clients prior to appointments
 - Have good underlying knowledge of causes and presentations of skin problems
 - Taking cytology samples of diagnostic quality
 - Staining samples for examination
 - Follow up client communication



QUESTIONS?

Showering won't be
enough after today.
I'll need to be
autoclaved.

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