DST Revision Summary: Integument (DST 600-603)

Background

The following document summarizes the initial evidence review and DST revisions for the Integument suite **(DST 600, 601, 602, and 603)** as outlined in the NNPBC DST stewardship plan. Evidence reviews and syntheses are completed once per three-year life cycle for each DST, and NNPBC Professional Practice is responsible for completing these reviews to inform content revisions. Each suite consists of one assessment and diagnostic guideline along with the corresponding care and treatment plans for the diseases, disorders, and conditions that Certified Practice RNs (RN(C)s) are authorized to diagnose and treat for that system.

The NNPBC evidence review team, which includes an RN-Certified Practice Consultant, the Director of Practice Excellence, Policy and Knowledge, and the Lead of Continuing Education and Professional Development, completed the initial revisions for the Integument suite. Following the integration of these revision recommendations, the Subject Matter Expert Advisory Group reviewed the DSTs as outlined in the DST stewardship plan.

During the current revision cycle, the suite was reorganized so that cellulitis and localized abscess are now addressed together in a single care and treatment plan **(DST 601)**. The standalone **Care and Treatment Plan for Localized Abscess and Furuncle (formerly DST 604)** has been retired, and furuncles are now addressed as a type of localized abscess. As a result, the suite comprises four documents rather than five, while the authorized list of diseases, disorders, and conditions that RN(C)s can treat remains unchanged.

Review of References

Before completing the initial evidence review, citations for each DST were evaluated to ensure that references were current, evidence-informed, and relevant to the suite under review. This process included updating broken links to web pages, updating textbooks to their latest editions, searching for more current and evidence-informed primary literature, and removing citations that required membership in an organization to which an RN(C) may not have access.

For example, several references in the original **Integument** suite originated from DynaMed, which requires a paid subscription, and others were outdated print resources or editions that had since been superseded. A further challenge identified during the initial evaluation was the lack of in-text citations throughout the DSTs. Without in-text citations, the reviewer was unable to corroborate content against its source, making it difficult to verify that the information was current and evidence-informed. In the revised documents, content is now cited in text with an appropriate, evidence-based source.

Following the initial review of citations for previous DSTs, it was recommended that a hierarchy of literature be created to guide decisions about the use of evidence to inform DST content revision, in conjunction with feedback from the RN(C) Practice Consultant and the Subject Matter Expert Advisory Group.

Literature Hierarchy

UpToDate was selected as the primary evidence source to inform the DST revisions. UpToDate is a widely used clinical resource that is accessible to major health system employers such as regional health authorities and community-based primary care clinics. It also provides access to Lexidrug, a comprehensive drug guide that includes life-span considerations. Information regarding authorship, review processes, references, and article revision dates is readily accessible, supporting the use of high-quality evidence to inform revisions.

Following consultation with post-secondary institutions, the review team selected the textbook *Seidel's Guide to Physical Examination: An Interprofessional Approach* (2023; 10th ed.) to augment evidence found through UpToDate. This textbook serves as the primary source throughout the Remote Practice and RN First Call certified practice curriculum, ensuring consistency and congruence between content revisions and certified practice education. UpToDate sources were cross-referenced with the textbook to ensure comprehensiveness.

For pharmacological considerations, *Davis's Drug Guide* and *Briggs Drugs in Pregnancy and Lactation* were used to augment unclear or missing information related to pregnancy and breastfeeding. For antibiotic stewardship, *Bugs and Drugs* was used to support the appropriate use of antimicrobials, as recommended by the Subject Matter Expert Advisory Group. Lastly, peer-reviewed primary literature was accessed to validate any unclear or vague content in the existing DSTs, with open-access primary literature prioritized so that RN(C)s can access the sources that informed the DST.

This evidence hierarchy enabled relevant content revisions that aim to maximize clinical utility. Drawing on credible, evidence-based sources alongside a resource consistent with certified practice education facilitated content changes that align with both practice and education. Developing and applying this hierarchy will also support future DST revisions, making subsequent reviews more streamlined, methodical, and consistent.

Revision Summary

Changes to the DSTs occurred in one of three ways: removing or relocating content, revising existing content to reflect current evidence, and making structural or formatting changes. A high-level summary of each document in the **Integument** suite is presented below. This summary is not an exhaustive list of changes; rather, it provides contextual considerations related to the key changes made during this phase of the revisions. The structural change to the suite and the clarification regarding the term lancing are described first, followed by a document-by-document summary in which standardized and content-specific revisions are noted.

Structural Change: Consolidation of Cellulitis and Localized Abscess

The most significant structural change to the suite was the consolidation of the former **Care and Treatment Plan for Cellulitis (DST 601)** and the former Care and Treatment Plan for Localized Abscess and Furuncle **(DST 604)** into a

single document, the **Care and Treatment Plan for Cellulitis and Localized Abscess (DST 601)**. The standalone **DST 604** has been retired.

This change reflects current clinical evidence, which increasingly organizes these presentations by severity and complexity rather than by diagnosis alone. Cellulitis and localized abscesses frequently coexist, share substantial overlap in assessment findings, risk factors, and pharmacologic management, and either may develop in the context of the other. Maintaining two separate documents created duplication and the potential for confusion when an RN(C) was navigating cellulitis versus abscess. Consolidation allows for more precise differentiation between the two conditions while presenting their combined assessment and treatment considerations in one place. Furuncles, which are a type of localized abscess, are addressed within this combined framework and no longer require a standalone clinical pathway. The reorganization mirrors recent changes in other suites where treatment guidance was reorganized by complexity, and it does not change the conditions that RN(C)s are authorized to treat.

Clarifying the Use of the Term "Lancing"

The previous DST directed RN(C)s to lance an abscess once it became fluctuant. Because the literature does not define lancing consistently and current evidence describes incision and drainage as the definitive treatment for an abscess, this language carried the potential for confusion regarding RN(C) scope. Incision and drainage, with or without analgesia and sedation, does not fall within the RN scope of practice.

The term has been retained but clarified, consistent with previous guidance from BCCNM that *RN(C)s may incise to the epidermis only*. In the revised **DST 601**, lancing is described as an adjunct to antibiotic therapy that may be considered only for a localized abscess that is not located on or near the hands, face, neck, or groin, that requires a consultation with a physician or nurse practitioner regarding risk factors, and that proceeds only after a patient-specific order has been received. Lancing is restricted to a small incision through the epidermis only, is within adult scope, and is explicitly distinguished from procedural incision and drainage, which remains outside RN(C) scope and requires consultation with or referral to a physician or nurse practitioner.

Assessment and Diagnostic Guideline: Integument (DST 600)

Content Removed or Relocated

Consistent with the approach taken across other suites, general physical assessment and review-of-system content that is not specific to the integumentary conditions within RN(C) scope was relocated to the **Assessment and Diagnostic Guideline: General (DST 100)**, with a direction in **DST 600** to refer to that document as needed. This change aligns the document with its intended purpose of supporting the assessment and diagnosis of the specific diseases, disorders, and conditions within RN(C) scope, while integument-specific lesion morphology tables were retained in **DST 600**.

- The single generic list of symptoms requiring urgent referral was replaced with condition-specific contraindications to RN(C) treatment for cellulitis and localized abscess, impetigo, and minor bites and scratches, organized by severity and complexity
- The authorized conditions list was restructured to reflect the consolidation of cellulitis and localized abscess, removing furuncle as a separately named condition and aligning the pediatric age thresholds described above

Content Change

Content related to potential causes, predisposing risk factors, history, and physical assessment findings was updated against the most current available literature and is now cited in text. Several standardized clarifications were also added across the documents in the suite, consistent with previously revised suites. Examples of content changes include:

- **Defining consultation and referral:** definitions of consultation and referral were added to the documents in the suite to clarify that a consultation involves collaboration with the care team, such as a physician, nurse practitioner, or pharmacist, while a referral occurs when a patient presents with symptoms outside the scope of the document
- **Pediatric considerations:** a disclaimer defining pediatrics as individuals under the age of 19 was added.[1] Pediatric eligibility was also harmonized so that RN(C)s may manage cellulitis, impetigo, and minor bites and scratches in children two years of age and older, updated from six months of age for cellulitis and one year of age for bites and scratches, while localized abscess remains within adult scope
- **Diagnostic test ordering:** a disclaimer was added to clarify that RN(C)s may initiate client-specific ordering for screening and diagnostic tests only where outlined in the decision support tools for their designation and supported by employer policies, processes, and resources, as outlined by BCCNM.[2]
- **Documentation:** documentation guidance was aligned with regulatory requirements and current BCCNM practice standards
- **Inclusive language:** language describing anatomy and risk was reviewed for clarity, anatomical precision, and inclusivity
- **Red flags for referral:** the requirement for urgent referral of all facial cellulitis to rule out orbital or periorbital cellulitis was made explicit, and a prompt to consider deep vein thrombosis was added for unilateral limb pain, redness, and swelling in clients with risk factors for blood clots
- **Potential causes:** the most common causative organisms were clarified for each condition, including *Streptococcus* species as most common for cellulitis and *Staphylococcus aureus* as most common for localized abscess and impetigo, with a note to consider other organisms when an illness progresses despite appropriate treatment
- **Bites and scratches:** references to BCCDC guidance for rabies and for blood and body fluid exposure management were added to support assessment and diagnostic decision-making, along with trauma-informed practice and duty-to-report considerations where abuse or intimate partner violence is suspected

- **Lesion vocabulary:** the tables describing the major types and arrangements of skin lesions were updated and attributed to specific sources, including the International League of Dermatological Societies revised glossary, the Merck Manual, the First Nations and Inuit Health Branch OneHealth guide, and UpToDate

Formatting Change

- The visual summary and section structure were reorganized so that assessment guidance flows from physical assessment and review of system, through condition-specific typical findings, to direction toward the appropriate care and treatment plan

Care and Treatment Plan: Cellulitis and Localized Abscess (DST 601)

As described under the structural change above, this document combines the former **Cellulitis (DST 601)** and **Localized Abscess and Furuncle (DST 604)** plans into a single care and treatment plan. Beyond the consolidation, primary revisions focused on clarifying the relationship between the two conditions, updating pharmacologic interventions, and clarifying scope around drainage. Examples of content changes include:

- **Definition:** the definitions of cellulitis and localized abscess were clarified, including explicit acknowledgement that the two may exist in isolation or concurrently and that some clients may require treatment decisions drawn from more than one section of the document
- **Pediatric scope:** cellulitis may be managed in adults and children two years of age and older, while localized abscess, alone or with cellulitis, remains within adult scope only; pediatric clients with known MRSA or MRSA risk factors require consultation or referral
- **Abscess drainage and lancing:** the guidance on lancing was clarified as described above, restricting RN(C)s to a small epidermal incision performed only after consultation and a patient-specific order, and distinguishing this from procedural incision and drainage
- **Pharmacologic interventions:** antibiotic guidance was separated into distinct pathways for cellulitis only and for localized abscess with or without cellulitis, with the latter always providing MRSA coverage given the prevalence of *Staphylococcus* species in abscesses; allergy guidance was added, including a note that the risk of cephalosporin cross-reactivity in clients with mild penicillin allergy is less than three percent
- **Pediatric dosing:** weight-based pediatric dosing was provided, with the note that weight-based doses should not exceed recommended adult doses unless otherwise specified by daily maximum parameters
- **Pregnant and breastfeeding clients:** contraindications were specified, including that doxycycline is contraindicated in pregnancy, clindamycin is contraindicated in the first trimester, and sulfamethoxazole-trimethoprim should not be used during pregnancy or breastfeeding
- **Monitoring and follow-up:** guidance was clarified, including marking the border of erythema to monitor spread and following up within 24 to 48 hours to assess progression and response to antibiotics

Care and Treatment Plan: Impetigo (DST 602)

Primary revisions of the Care and Treatment Plan for Impetigo focused on clarifying the classification of impetigo, distinguishing it from conditions outside RN(C) scope, and updating pharmacologic interventions. Examples of content changes include:

- **Definition:** impetigo was classified as non-bullous or bullous, with the typical presentation of each described, and ecthyma was defined and identified as outside RN(C) scope, requiring consultation or referral
- **Pediatric scope:** the minimum age for RN(C) management of impetigo is confirmed as adults and children two years of age and older
- **Pharmacologic interventions:** topical antibiotics (fusidic acid or mupirocin) were specified for limited non-bullous impetigo in the absence of known MRSA involvement, with oral antibiotics indicated for bullous impetigo or where topical application is not possible; cephalexin was identified as the preferred oral selection, with alternatives for cephalexin unavailability, beta-lactam allergy, and known MRSA
- **Pediatric dosing:** weight-based pediatric dosing was provided for the oral selections
- **Pregnant and breastfeeding clients:** contraindications were specified, including that doxycycline is contraindicated in pregnancy and clindamycin is contraindicated in the first trimester
- **Complications and education:** potential complications were updated to distinguish staphylococcal and streptococcal sequelae, and client education was clarified, including remaining home from school or work until 24 hours after antibiotic initiation

Care and Treatment Plan: Minor Bites and Scratches (DST 603)

Primary revisions of the **Care and Treatment Plan for Minor Bites and Scratches (DST 603)** focused on clarifying which presentations are minor and therefore within RN(C) scope, adding guidance on wound closure, and updating pharmacologic interventions. Examples of content changes include:

- **Scope and definition:** the document was clarified to address minor bites and scratches in adults and children two years of age and older, with significant injuries, those involving deeper structures, and moderate to severe injuries to the hands, feet, or face directed to immediate referral or consultation
- **Pediatric scope:** the minimum age for RN(C) management of minor bites and scratches was updated from one year to two years of age and older
- **Wound closure:** guidance on suturing was added, noting that most bite and scratch wounds should heal by secondary intention or delayed primary closure provided by a physician or nurse practitioner, and listing the contraindications to primary closure by an RN(C), along with a note on the use of tissue adhesives for selected low-risk lacerations

- **Prophylaxis:** guidance on tetanus, rabies, and blood-borne pathogen prophylaxis was aligned with BCCDC standards, with references to the relevant BCCDC guidelines, and the distinction between prophylactic and treatment antibiotic use was clarified
- **Antibiotic selections:** amoxicillin-clavulanate was identified as the preferred oral selection, with alternatives for penicillin allergy and for combined penicillin and cephalosporin allergy, and weight-based pediatric dosing that accounts for the avoidance of doxycycline in children under eight years of age
- **Pregnant and breastfeeding clients:** contraindications were specified, including that metronidazole is contraindicated in pregnancy unless no alternative is available, doxycycline is contraindicated in pregnancy, and sulfamethoxazole-trimethoprim should not be used during pregnancy or breastfeeding
- **Safety considerations:** trauma-informed practice, duty-to-report obligations, and intimate partner violence considerations were addressed, with direction to contact the appropriate authorities and to consult or refer where intentional harm or abuse is suspected

Conclusion

Initial revisions for the **Integument suite (DST 600-603)** were informed by an evidence hierarchy and consultations with post-secondary representatives. The most significant change was the consolidation of cellulitis and localized abscess into a single care and treatment plan and the retirement of the standalone plan for localized abscess and furuncle, organizing content by severity and complexity in line with current evidence. Additional changes included the relocation of general assessment content to the **Assessment and Diagnostic Guideline: General (DST 100)**, the clarification of the term lancing within RN(C) scope, the harmonization of pediatric eligibility at two years of age and older, and content revisions to enhance accuracy, clarity, and detail. Formatting and structural changes were made to ensure consistency and organization across the documents. Following the integration of these revisions, the suite will proceed to review by the Subject Matter Expert Advisory Group as outlined in the DST stewardship plan.

References

1. Coughlin K. Medical decision-making in paediatrics: Infancy to adolescence. Canadian Paediatric Society. January 24, 2024. Accessed June 28, 2025. https://cps.ca/en/documents/position/medical-decision-making-in-paediatrics-infancy-to-adolescence
2. BCCNM. Certified Registered Nurses: Remote Practice. British Columbia College of Nurses and Midwives. Accessed July 20, 2026. https://www.bccnm.ca/RN/PracticeStandards/Pages/RemotePractice.aspx