

PRACTICAL SOLUTIONS TO COMMON SKIN PROBLEMS
COLORADO ACP 2026

HYDRATION AND LUBRICATION METHODS

- Hydrate skin with plain water. Immersion in a bath is best. If extensive open areas, add 1 cup kosher salt to the bath to ease stinging.
- 5-7 min soak. Longer than that removes lipid barrier.
- Comfortably warm water: not searing, not "lukewarm"
- NO or very little soap, only in armpits, groin, feet; only at very end of bath/shower. Rinse soap well.
- ONLY Dove Sensitive Skin, Cetaphil, or Vanicream soap
- Minimal drying ("wrap towel around you and hang it up")
- Slather medications/lubricants on DAMP skin
- White petrolatum best, coconut oil (100%) for the "natural" people, Cetaphil cream, Vanicream, Aveeno Moisturizing Lotion, Vaseline Int Care Intensive Rescue, Cetaphil Restoraderm, Aveeno Eczema Care (listed \$-\$ \$\$ here)

TOPICAL STEROID PRESCRIBING

- **LOW** potency for face, skin folds: hydrocortisone 2.5%, desonide 0.05%
- **MID** potency for trunk, limbs, scalp: Triamcinolone acetonide 0.1%, 0.5%, fluocinolone 0.05%, mometasone 0.1%. Rx solution for scalp.
- **HIGH** potency for hands, feet. Clobetasol/halobetasol propionate 0.05%, betamethasone dipropionate 0.05%, Fluocinonide 0.05%
- Make it a habit to Rx OINTMENTS and to use "Apply BID on DAMP skin for 14 days" as your SIG! T-cells take 14 days to calm down.
- Volume to prescribe: 45 gms or more unless its just lips or eyelids (then 20 gm of low potency)
- Whole trunk: 180gm
- Whole body: 240gms
- Both hands or feet: 90 gms
- Scalp: 240cc of solution. Wipe off drips with wet cloth
- Ointments are better than creams because they are stronger and generally don't contain allergens
- Prescribe enough product! Ok to write for a refill.
- Don't be afraid of steroid toxicity. The vast majority of patients grossly underuse their steroids. Atrophy is reversible when steroids are stopped.
- Schedule follow up in 1-2 weeks to see that treatment works.