PAEDIATRIC ACUTE CARE GUIDELINE	
Staphylococcal Scalded Skin Syndrome	
Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

Staphylococcal Scalded Skin Syndrome

Background

- This condition generally affects children < 5 years of age, and can be a severe and potentially life threatening illness, particularly in neonates.
- It is caused by dissemination of Staphylococcus aureus exfoliative toxins which causes lysis within the superficial layers of the skin, resulting in large thin-walled bullae which quickly break down, leaving raw denuded areas.
    - These lesions resemble scalds from hot liquid, hence the name of the condition.

The primary site of staphylococcal infection:

- Neonates - periumbilical infection, conjunctivitis, bullous impetigo and “septic spots” are common sites
- Infants - infected eczema, paronychia, boils, impetigo and skin trauma are common causes

Assessment

- Initial signs and symptoms
    - +/- Fever
    - Irritability
    - Generalised erythroderma (blanching) which may be scarletiniform (sandpaper-like) or tender on palpation
- Erythroderma progresses to the formation of large, thin walled, fluid-filled bullae which

typically occur in areas of mechanical stress (flexural areas, buttocks, hands & feet)
- Gentle pressure to the skin results in separation of the upper epidermis and wrinkling of skin (Nikolsky sign)

Differential Diagnosis

- Bullous impetigo
- Toxic epidermal necrolysis
- Stevens Johnson syndrome
- Scarlet fever
- Kawasaki disease

Management

- Children should be hospitalised for intravenous antibiotics
- Blood culture
- Swabs taken from the nose and any infected sites
- **Antibiotics:**
    - **Flucloxacillin** - refer to Antibiotics
        - ≤ 1 month: 25 mg/kg IV refer to Neonatal Clinical Care Unit - Drug Protocols
        - ≥ 1 month: 50mg/kg IV (maximum of 2 grams) 6 hourly
            - Prior MRSA colonisation or failure to respond despite Flucloxacillin should prompt consideration for MRSA. Discuss with Infectious Diseases or Clinical Microbiology services.
    - Consider Clindamycin (discuss with Infectious Diseases or Clinical Microbiology services)

If large areas of skin are involved:

- Fluid and electrolyte management
- Pain control (consider referral to Pain Management)
- Wound care is important (refer to Dermatology)
    - Principles of burn wound management may apply

Disposition

- With early recognition and treatment, children should recover fully
- Permanent scarring is unlikely to occur

References
External review: Infectious Diseases Team July 2015

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