

WORKPLACE RECOMMENDATIONS FOLLOWING DERMATOLOGY ASSESSMENT©

Patient's Name: _____

Physician: _____

Date: _____

EXPOSURE MODIFICATIONS		SKIN CARE MANAGEMENT SUGGESTIONS		
NO Exposure	<input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	Hand Washing	What to Use	Additional Information
			<input type="radio"/> alcohol hand rubs <input type="radio"/> non-foaming cleanser <input type="radio"/> lukewarm water <input type="radio"/> Other (specify):	<input type="radio"/> Cetaphil Cleanser <input type="radio"/> CeraVe Cleanser <input type="radio"/> rinse /dry thoroughly (including spaces between fingers) <input type="radio"/> avoid wearing rings <input type="radio"/> refer to allergen information sheets
REDUCE as much as possible	<input type="radio"/> wet work <input type="radio"/> prolonged glove use (>20 minutes) <input type="radio"/> fragranced products <input type="radio"/> harsh products for hand washing (gritty soaps, solvents, etc.) <input type="radio"/> mechanical irritation (friction, trauma, heavy use of hands, etc.) <input type="radio"/> extreme heat or cold <input type="radio"/> Other (specify):	Treatment	<input type="radio"/> moisturizer <input type="radio"/> skin diary <input type="radio"/> follow up with physician if worsens	<input type="radio"/> apply before work <input type="radio"/> apply after each break <input type="radio"/> apply after work <input type="radio"/> apply after each hand washing <input type="radio"/> CeraVe Moisturizing Cream <input type="radio"/> CeraVe Moisturizing Lotion <input type="radio"/> Cetaphil _____ <input type="radio"/> Prevox <input type="radio"/> Other (specify):
			<input type="radio"/> prescribed medication	
Workplace Modifications	<input type="radio"/> return-to-work/stay-at-work with no changes <input type="radio"/> return-to- work /stay-at-work with modifications <input type="radio"/> return-to-work with graduated # of hours: _____ <input type="radio"/> maximum # of back-to-back shifts: _____ Other strategies: <input type="radio"/> reduce duration of exposure (eg., job rotation) <input type="radio"/> use of long-handled tools (eg., brush, sponge, scoops etc.) <input type="radio"/> Other:	Gloves	<input type="radio"/> single-use (disposable) <input type="radio"/> multi-use (re-useable) <input type="radio"/> cotton liner <input type="radio"/> nitrile <input type="radio"/> natural rubber/latex <input type="radio"/> vinyl <input type="radio"/> accelerator-free <input type="radio"/> anti-impact <input type="radio"/> other (specify):	<input type="radio"/> hands should be clean prior to donning gloves <input type="radio"/> discard after each use <input type="radio"/> discard at first sign of damage <input type="radio"/> discard at first sign of sweating <input type="radio"/> discard after 20 minutes <input type="radio"/> review donning/doffing techniques <input type="radio"/> N-Dex Free <input type="radio"/> Other:
		Other Personal Protective Equipment	<input type="radio"/> protective arm sleeves <input type="radio"/> disposable gown/coveralls <input type="radio"/> face shield	