Pharmacy Technician's Letter
a trchealthcare brand

Help Patients Avoid Rash Decisions With Poison Ivy Products

Patients are itching to know **what works for poison ivy, oak, and sumac.**..and you can help them get effective meds.

Patients should wash the area ASAP with soap and water...and clean anything (clothes, etc) that contacted the plant oil, since it sticks to surfaces for long periods of time and can spread.

OTC cleansers or barrier products are often promoted for decreasing or preventing a reaction.

But topical cleansers (*Tecnu*, *Zanfel*, etc) are costly...and aren't proven to work better than soap and water.

And barrier products (*Ivy X Pre-Contact*, etc) shouldn't be relied on. It's more important to wear protective clothing.

OTC treatments can be enough for mild symptoms.

Patients can use astringents (*Domeboro*, etc), calamine lotion, or oatmeal baths for itching or dry or weeping rashes...and cool compresses or topical analgesics (menthol, etc) to ease discomfort.

But look out for patients getting topical diphenhydramine, antibiotics (neomycin, etc), or "caine" anesthetics (benzocaine, etc). These don't seem to help and may increase skin irritation.

Also get the pharmacist involved if patients reach for an oral antihistamine (diphenhydramine, etc). These aren't likely to relieve itching...but may help patients sleep.

Rx treatments are often needed for moderate to severe cases.

Be ready to dispense a medium- or high-potency topical steroid (betamethasone, etc)...and expedite any payer or inventory issues. Topical steroids work best when applied before blisters form.

Oral steroids (prednisone, etc) are usually saved for widespread or severe cases...such as when the rash covers more than 20% of the body or affects sensitive areas (face, genitals, etc).

Watch directions, quantities, and days' supply closely with oral steroids. The dose is typically decreased over 2 to 3 weeks.

Notify your pharmacist if you see patients with poison ivy getting a methylprednisolone dose pack...the therapy is too short and can lead to symptoms coming back.

Key References:

- -Cutis. 2022 Nov;110(5):270-273
- -Dermatitis. 2019 May/Jun;30(3):183-190
- -Mospan CM. Contact Dermatitis. In: Krinsky DL, Ferreri SP, Hemstreet BA, et al, Eds. Handbook of Nonprescription Drugs: an Interactive Approach to Self-Care. 20th ed. Washington, DC: American Pharmacists Association; 2021

Pharmacy Technician's Letter. June 2023, No. 390608

Cite this document as follows: Article, Help Patients Avoid Rash Decisions With Poison Ivy Products, Pharmacy Technician's Letter, June 2023

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Pharmacy Technician's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.