

**PROTOCOL #8** – Testing and Triage, University of New Mexico

**Rash**

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**History:**

Acute vs chronic

Focal vs systemic

Drug, chemical, pet, environmental, food exposures.

Travel

Trauma

Vaccinations

Close contacts with similar Sx's

*Attempted remedies*

*Systemic symptoms:* fever, malaise, fatigue, URI, lymphadenopathy, diarrhea, pruritis, jaundice, etc

*Preexisting skin condition*

*Medical/surgical Hx and ROS*

*Gestational age*

**Evaluation:**

Generalized

Focal

Excoriated, macular, popular, blister, scale, crust, purulence, erythema, induration

Geometry and confluence

Tenderness

Let Hx and derm exam guide the need for a complete physical assessment

**Management:**

*Systemic:* Viral exanthemas – supportive ( look out for varicella, parvo, and rubella)

Idiopathic drug reactions – remove offending drug, supportive

Scabies – Elimate,

Scarlet fever – throat cx and Abx

Lupus / autoimmune disease – Rheum consult recommended

Derm consult recommended for unidentifiable rashes

*Focal:* Cellulitis – Abx

Tinea – antifungal

Contact dermatitis – topical steroids

*Obstetric:* Striae

Melasma

Pemphagoid Gestationis

PUPPS

Intrahepatic cholestasis (pruritis gestationis)

Prurigo gestationis

Impetigo Hepetiformis