RASHES

- *Children with non-blanching rash and sick septic children with non-specific rashes should be treated for meningococcal disease.*

- *Discharge plans for children with rashes must include Glass Test Advice*

Colour textbooks are invaluable: see shared resource AAHEDDocuments$(\\a248fps01) (K; hugo resources

Key Facts are given in the table below

Condition	Organism	Clinical Presentation	Treatment
Impetigo	Group A Strep	Vesicles becoming unroofed Honey crust	Polyfax Fucidin Ointment (Oral Fluclox)
Mild Cellulitis	Strep or Staph	Warm, red, swelling	Co-Amoxiclav
Severe cellulitis	Strep or Staph	Above +Systemic illness or periorbital involvement	ADMIT FOR IV TREATMENT OR IV NURSES
Erythema Multiforme		Target lesions incl. Palms & sole	Supportive
Stevens Johnson Syndrome		Above + mucous membrane	ADMIT
Urticaria	Allergic Reaction	“Hives” or nettle rash	1% HC cream
Drug Eruption		Any rash + drug Hx	
Scabies	Scarcoptes scabeii	Papules or nodules esp. flexor creases Burrows between fingers	Malathion or Permethrin +Advice sheet from Cl Derm Ill.
Fifth Disease	Parvovirus	Slapped Cheek	
Kawasaki Syndrome		Erythema, sick, conjunctivitis, mucositis, peeling from fingers or toes	ADMIT
Toxic Shock Syndrome	Staph	Erythema, watery diarrhoea, shock	Flucloxacillin

Condition	Organism	Clinical Presentation	Treatment
Scarlet fever	Group A Strep	Erythema, strawberry tongue	Penicillin
Viral Exanthem		Pin prick rash or pimples. URTI or vague illness.	
Chickenpox	Varicella Zoster	Vesicles on trunk	Risk to pregnant mums- refer to GP for serology/ immunisation
Primary Herpes Stomatitis	H. Simplex	Extensive oral ulcers	Acyclovir Mouthwash
Post-primary HSV	H. Simplex	Cold sores, lip ulcers	Acyclovir Mouthwash
NAI		Bizarre marks, burns	Child protection guidelines
Meningococcal		Non-blanching rash *May be extremely subtle at first*	IMMEDIATE TREATMENT OR SENIOR OPINION FOR ALL NON-BLANCHING RASHES