

DEFINITION

- Rash on one small part of the body (localized or clustered)
- Cause of rash is unknown
- Red or pink rash
- Smooth (macular) or slightly bumpy (papular)
- Small spots, large spots or solid red
- Includes localized areas of redness or skin irritation
- **Also Included:** pimples, nickel allergy, jewelry reaction

INITIAL ASSESSMENT QUESTIONS

1. APPEARANCE of RASH: "What does the rash look like?" "What color is the rash?"
2. PETECHIAE SUSPECTED: For purple or deep red rashes, assess: "Does the rash blanch?"
3. LOCATION: "Where is the rash located?"
4. NUMBER: "How many spots are there?"
5. SIZE: "How big are the spots?" (Inches, centimeters or compare to size of a coin)
6. ONSET: "When did the rash start?"
7. ITCHING: "Does the rash itch?" If so, ask: "How bad is the itch?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Sounds like a life-threatening emergency to the triager

CA: 50, 4

See More Appropriate Guideline

Eczema has been diagnosed

Go to Guideline: Eczema Follow-Up Call (Pediatric)

[1] Age < 2 years AND [2] in the diaper area

Go to Guideline: Diaper Rash (Pediatric)

Rash begins in the first week of life

Go to Guideline: Newborn Rashes and Birthmarks (Pediatric)

[1] Between the toes AND [2] itchy rash

Go to Guideline: Athlete's Foot (Pediatric)

[1] Near the nostrils (nasal openings) AND [2] sores or scabs

Go to Guideline: Impetigo (Infected Sore) (Pediatric)

Acne on the face in school-aged child or older

Go to Guideline: Acne (Pediatric)

Rash around mouth after eating suspected food (such as tomatoes, citrus fruit) Note: usually occurs age 6 month to 2 years.

Go to Guideline: Food Reactions - General (Pediatric)

Fifth Disease suspected (red cheeks on both sides and no fever now)

Go to Guideline: Fifth Disease (Pediatric)

Ringworm suspected (round pink patch, slowly increasing in size)

Go to Guideline: Ringworm (Pediatric)

Wart, suspected or diagnosed

Go to Guideline: Warts (Pediatric)

Mosquito bite suspected

Go to Guideline: Mosquito Bite (Pediatric)

Insect bite suspected

Go to Guideline: Insect Bite (Pediatric)

Boil suspected (very painful, red lump)

Go to Guideline: Boil (Skin Abscess) (Pediatric)

Small red spots or water blisters on the palms, soles, fingers and toes

Go to Guideline: Hand-Foot-Mouth Disease (Pediatric)

[1] Blisters of hands or feet AND [2] from friction

Go to Guideline: Blisters (Pediatric)

[1] Chickenpox vaccine within last 3 weeks AND [2] several small water blisters or bumps

Go to Guideline: Immunization Reactions (Pediatric)

Poison ivy, oak or sumac contact suspected

Go to Guideline: Poison Ivy - Oak - Sumac (Pediatric)

Wound infection suspected (spreading redness or pus) in traumatic wound

Go to Guideline: Wound Infection Suspected (Pediatric)

Wound infection suspected (spreading redness or pus) in surgical wound

Go to Guideline: Post-op Incision Symptoms (Pediatric)

Impetigo suspected (superficial small sores usually covered by a soft yellow scab)

Go to Guideline: Impetigo (Infected Sore) (Pediatric)

Sores or skin ulcers, not a rash

Go to Guideline: Sores (Pediatric)

Localized lump (or swelling) without redness or rash

Go to Guideline: Skin - Lump or Localized Swelling (Pediatric)

Shingles (zoster) suspected (Rash grouped in a stripe or band on one side of body. Starts with red bumps changing to water blisters).

Go to Guideline: Shingles (Zoster) (Pediatric)

Jock itch rash suspected (red itchy rash on inner upper thighs near genital area that starts in the groin crease)

Go to Guideline: Jock Itch (Pediatric)

Go to ED Now

[1] Localized purple or blood-colored spots or dots AND [2] not from injury or friction AND [3] fever

R/O: early meningococemia

CA: 51, 4

Go to ED Now (or PCP triage)

[1] Baby < 1 month old AND [2] tiny water blisters or pimples (like chickenpox)
(Exception : If it looks like erythema toxicum: 1-inch red blotches with a tiny white lump in the center that look like insect bites, continue with triage)

R/O: herpes simplex, staph folliculitis, neonatal varicella

CA: 52, 4

[1] Monkeypox rash suspected (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] known monkeypox exposure in last 21 days (Note: exposure means close contact with person who has a confirmed diagnosis of monkeypox)

CA: 52, 4

Child sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

CA: 52, 4

See HCP (or PCP Triage) Within 4 Hours

[1] Localized purple or blood-colored spots or dots AND [2] not from injury or friction AND [3] no fever

R/O: bleeding disorder

CA: 53, 20, 4

[1] Fever AND [2] bright red area or red streak

R/O: cellulitis, lymphangitis

CA: 53, 18, 20, 4

[1] Fever AND [2] localized rash is very painful to touch

R/O: cellulitis, early necrotizing fasciitis

CA: 53, 17, 18, 20, 4

[1] Looks infected AND [2] large red area (> 2 in. or 5 cm)

R/O: cellulitis

CA: 53, 17, 20, 4

See PCP Within 24 Hours

[1] Looks infected (spreading redness, pus) AND [2] no fever

R/O: early cellulitis

CA: 54, 13, 14, 17, 15, 4

[1] Localized rash is very painful AND [2] no fever

R/O: spider bite, bee sting

CA: 54, 8, 17, 15, 4

Looks like a boil, infected sore, deep ulcer or other infected rash (Exception: pimples)

R/O: abscess, impetigo

CA: 54, 13, 14, 17, 15, 4

[1] Blisters AND [2] unexplained (Exception: Poison Ivy)

R/O: herpes zoster, bullous impetigo, strep-blistering dactylitis

CA: 54, 7, 17, 20, 4

Rash grouped in a stripe or band

R/O: herpes zoster (shingles)

CA: 54, 7, 17, 20, 4

Lyme disease suspected (bull's eye rash, tick bite or exposure)

CA: 54, 17, 15, 4

[1] Teenager AND [2] genital area rash

R/O: STD (STI), herpes simplex, jock itch
Reason: prevent spread and relieve fear

CA: 54, 7, 17, 3, 4

Fever present > 3 days (72 hours)

CA: 54, 18, 20, 4

Call PCP Within 24 Hours

[1] Using prescription cream or ointment AND [2] causes severe itch or burning when applied

R/O: severe contact dermatitis

CA: 60, 19, 9, 8, 17, 3, 4

[1] Monkeypox rash suspected by triager (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] no known monkeypox exposure in last 21 days (Exception: classic hand-foot-mouth disease, hives, insect bites, etc.)

CA: 60, 32, 33, 34, 20, 4

See PCP Within 3 Days

[1] Using non-prescription cream or ointment AND [2] causes itch or burning where applied

CA: 55, 19, 9, 8, 3, 4

[1] Pimples (localized) AND [2] no improvement using care advice per guideline

CA: 55, 13, 14, 15, 4

[1] Localized peeling skin AND [2] present > 7 days

R/O: contact dermatitis

CA: 55, 7, 23, 9, 3, 4

[1] Severe localized itching AND [2] after 2 days of steroid cream and antihistamines

R/O: poison ivy, contact dermatitis

CA: 55, 6, 8, 9, 16, 10, 3, 4

Localized rash present > 7 days

R/O: contact dermatitis, nummular eczema, ringworm, swimming pool granuloma

CA: 55, 9, 17, 6, 3, 4

Home Care

Pimples (localized)

CA: 58, 21, 13, 14, 22, 4

[1] Redness or itching where jewelry (or metal) touches skin AND [2] jewelry contains nickel

Reason: probable nickel contact dermatitis

CA: 58, 25, 26, 27, 28, 12, 4

Friction rash of the face (such as from cap, headband or mask)

CA: 58, 30, 7, 9, 31, 12, 4

Mild localized rash

CA: 58, 5, 6, 7, 8, 9, 10, 11, 29, 12, 4

Localized peeling skin

CA: 58, 1, 2, 7, 23, 9, 24, 12, 4

CARE ADVICE (CA) -

- 1. Reassurance and Education:**
 - Unexplained localized flaking or peeling of the skin is usually due to contact with an irritating substance (e.g., a harsh chemical). If it's just on the fingers, it's usually due to a soap, hand cream or rubber gloves.
 - It's also common for peeling to occur in places where there was a previous rash.
- 2. Avoid The Cause:**
 - Try to find the cause and avoid it.
- 3. Call Back If:**
 - Rash becomes worse
- 4. Care Advice** given per Rash or Redness - Localized (Pediatric) guideline.
- 5. Reassurance and Education:**
 - New localized rashes are usually due to skin contact with an irritating substance.
- 6. Avoid the Cause:**
 - Try to find the cause.
 - Consider irritants like a plant (e.g., poison ivy or evergreens), chemicals (e.g., solvents or insecticides), Fiberglass, a new cosmetic, or new jewelry (called contact dermatitis).
 - A pet may be the intermediary (e.g., with poison ivy or poison oak) or the child may react directly to pet saliva.

7. **Cleaning the Affected Area:**
 - Wash the area once thoroughly with soap to remove any remaining irritants.
 - Thereafter, avoid soaps to this area.
 - Cleanse the area when needed with warm water.
8. **Cold Soaks for Itching:**
 - Apply ice or soak in cold water for 20 minutes every 3 or 4 hours to reduce itching or pain.
9. **Hydrocortisone Cream for Itching:**
 - If the itch is more than mild, apply 1% hydrocortisone cream OTC 3 times per day until it feels better. (Exception: suspected ringworm or impetigo.)
10. **Avoid Scratching:**
 - Cut the fingernails short and discourage scratching to prevent a secondary infection from bacteria.
11. **Expected Course:**
 - Most of these rashes pass in 2 to 3 days.
12. **Call Back If**
 - Rash spreads or becomes worse
 - Rash lasts over 1 week
13. **Clean the Area:**
 - Wash the infected area with warm water and an antibacterial soap 3 times per day.
14. **Antibiotic Ointment:**
 - Apply antibiotic ointment (no prescription needed) to the infected area 3 times per day.
15. **Call Back If**
 - Fever occurs
 - Your child becomes worse
16. **Antihistamines for Itching:**
 - If itching persists, give Benadryl orally (OTC) every 6 hours as needed (See Dosage table). Teen dose: 50 mg.
 - Caution: Do not use Benadryl more than a few days.
 - If needed longer than a few days, switch to a long-acting antihistamine, such as Zyrtec, Allegra or Claritin. Age limit: 2 and older. Follow dosing recommendations on package.
17. **Pain Medicine:**
 - For pain relief, give acetaminophen every 4 hours **Or** ibuprofen every 6 hours as needed. (See Dosage table.)

18. **Fever Medicine and Treatment:**
 - For fever above 102 F (39 C), you may use acetaminophen OR ibuprofen (See Dosage table).
 - For fevers 100-102 F (37.8 to 39 C), fever medicines are not needed. Reason: Fever turns on your body's immune system. Fever helps fight the infection.
 - **Exception:** If your child also has definite pain, treat it.
 - **Fluids.** Encourage cool fluids in unlimited amounts. Reason: prevent dehydration. Age younger than 6 months, only give formula or breastmilk.
 - **Clothing.** For all children, dress in 1 layer of clothing, unless shivering. For shivering, use a blanket until it stops.
 - **Caution:** if a baby under 1 year has a fever, do not overdress or bundle up. Reason: Babies can get over-heated more easily than older children.
19. **Discontinue Cream:**
 - Stop using the cream or ointment that is causing the itchy rash or making it worse.
20. **Call Back If**
 - Your child becomes worse
21. **Reassurance and Education:**
 - A pimple is a tiny, superficial infection without any redness.
 - Pimples can occur with acne or friction.
22. **Call Back If:**
 - Redness occurs
 - Fever occurs
 - More pimples occur
 - Your child becomes worse
23. **Moisturizing Cream for Dry Skin:**
 - Buy a non-allergenic, fragrance-free hand cream.
 - Apply it 3 times per day.
24. **Expected Course:**
 - Areas of dry, peeling skin usually clear up in 5 days if the irritant is avoided.
25. **Nickel Contact Dermatitis:**
 - Some children develop an allergy to nickel-containing metals. Nickel is often present in less expensive jewelry.
 - Children with a nickel allergy can get an itchy rash where the metal touches their skin: finger (rings), ear lobes (earrings), neck (neck chains), mid-abdomen (metal fastener on jeans), wrist (bracelets and wrist watches), face (eyeglass frames).
 - If you are uncertain if your child has a nickel allergy, you should ask your child's doctor.
26. **Do Not Wear Nickel-Containing Jewelry:**
 - **Avoid:** Nickel is present in white gold, yellow gold (12-Karat or less), most stainless steel (12% nickel), silver-colored, and "fashion or costume" jewelry.
 - **Safe:** Nickel is absent in 18-Karat (or higher) yellow gold, nickel-free 14-Karat yellow gold, sterling silver, copper, titanium or platinum jewelry. Nickel-free stainless steel is also available.
27. **Hydrocortisone Cream for Rash:**
 - Apply a small amount of 1% hydrocortisone cream (OTC) 3 times a day to the red-itchy area. Use it for 7 days.

28. **Expected Course:**
- If you stop wearing the nickel-containing jewelry, the redness and itching should go away in 7-14 days.
 - Make an appointment to see your doctor if it does not.
29. **Not Contagious:**
- Children with localized rashes do not need to miss any day care or school.
30. **Reassurance and Education: Friction Rashes**
- Friction rashes occur in areas of clothing rubbing against skin.
 - Friction rashes of the forehead can be from caps or headbands.
 - These local rashes look like heat rashes, tiny red bumps or redness. They can occur when it is not hot.
 - Wet clothing, often from sweating, makes friction rashes more likely.
 - Dirty clothing or dirty skin contains irritants and makes friction rashes worse.
31. **Prevention of Friction Rashes of the Face and Other Sites:**
- Wash your cap, headband or mask more frequently.
 - Have clean dry skin before putting it on.
 - If sweating, take it off more often and dry the skin.
 - Don't wear it for long periods of time.
 - Wear synthetic fabrics when possible. Reason: They breathe and release sweat.
 - Avoid cotton when possible. Reason: Cotton retains sweat and keeps the skin wet.
32. **Reassurance and Education - Monkeypox in Children:**
- Monkeypox is extremely rare in children.
 - Of all cases in the US, only 1 per 1000 has occurred under age 17 years. Even less common in younger children.
 - Children mainly get monkeypox if someone in their home has monkeypox.
 - Most worries about children catching monkeypox are not warranted.
33. **Monkeypox Rash Appearance:**
- Initial symptoms are fever, headache, muscle ache and swollen lymph nodes. These symptoms last 1 to 5 days. Small sores may appear in the mouth.
 - A rash appears about 1 to 3 days after the start of the fever. Sometimes people get the rash first and afterwards other symptoms.
 - The rash usually starts on the face, sometimes on the genital area. It spreads quickly within 24 hours to the arms and legs, even the palms and soles.
 - Each monkeypox sore is about 0.5 cm to 1 cm wide. Each sore progresses through the following stages: small red spot (macule), small red bump (papule), small water blister (vesicle), small cloudy blister (pustule). Then, the sore crusts over and the scab falls off. The entire process takes about 2 weeks.
 - The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.

34. **Monkeypox Disease - Basics:**
- Monkeypox is a rare disease caused by the monkeypox virus.
 - **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
 - **Incubation period:** Symptoms usually start between 1 to 2 weeks after exposure. Range is from 4 to 21 days.
 - **Contagious period:** A person can spread monkeypox from the time symptoms start until all the monkeypox sores have crusted over and fallen off (usually 7 to 14 days).
 - **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. Most current cases occur in adult men who have sex with other men.
 - **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
 - **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
 - **Outcome:** Most healthy people do not develop any complications.
50. **Call EMS 911 Now:**
- Your child needs immediate medical attention. You need to hang up and call 911 (or an ambulance).
 - Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.
51. **Go To ED Now:**
- Your child needs to be seen in the Emergency Department immediately.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
52. **Go To ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.

53. **See HCP Within 4 Hours (or PCP triage):**
- **If Office Will Be Open:** Your child needs to be seen within the next 3 or 4 hours. Call your doctor's (or NP/PA) office as soon as it opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if your child becomes worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
54. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** Your child needs to be examined within the next 24 hours. Call your child's doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** Your child needs to be examined within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP (medical home) for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
55. **See PCP Within 3 Days:**
- Your child needs to be examined within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP (Primary Care Provider):** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

56. **See PCP Within 2 Weeks:**
- Your child needs an evaluation for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP (Primary Care Provider):** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or 'medical home' means better long-term care.
58. **Home Care:**
- You should be able to treat this at home.
59. **Call PCP Now:**
- You need to discuss this with your child's doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
60. **Call PCP Within 24 Hours:**
- You need to discuss this with your child's doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. Exception: From 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
61. **Call PCP When Office Is Open:**
- You need to discuss this with your child's doctor (or NP/PA) within the next few days.
 - Call the office when it is open.

FIRST AID



N/A

BACKGROUND INFORMATION

Causes of Localized Rash or Redness

- **Irritants.** A rash in just one spot is usually caused by skin contact with an irritant.
- **Plants.** Many plants cause skin reactions. Sap from evergreens can cause a red area.
- **Pollen.** Playing in the grass can cause a pink rash on exposed skin.
- **Pet Saliva.** Some people get a rash where a dog or cat has licked them.
- **Food.** Some children get a rash if a food is rubbed on the skin. An example could be a fresh fruit. Some babies get hives around the mouth from drooling while eating a new food.
- **Chemicals.** Many of the products used in the home can be irritating to the skin.
- **Insect Bite.** Local redness and swelling is a reaction to the insect's saliva. Can be very large without being an allergy. Kids often get mosquito bites without anyone noticing it.
- **Bee Sting.** Local redness and swelling is a reaction to the bee's venom. Can be very large without being an allergy.
- **Cellulitis.** This is a bacterial infection of the skin. The main symptom is a red area that keeps spreading. Starts from a break in the skin (such as a scratched insect bite). The red area is painful to the touch.
- **Other Common Causes.** Look at the "See Other Guideline" section. Several rashes that you may be able to recognize are listed there. If you suspect one of them, go there. If not, use this guideline.

Monkeypox Rash Appearance

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- The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.

Monkeypox Disease: Basics

- Monkeypox is a rare disease caused by the monkeypox virus.
- **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
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- **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. Most current cases occur in adult men who have sex with other men.
- **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
- **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
- **Outcome:** Most healthy people do not develop any complications. Death rate is less than 1 percent.

Localized Versus Widespread Rash Defined

- The causes of widespread, symmetrical rashes usually are blood-borne (e.g., viremia, bacteremia, toxins, food or drug allergies)
- The causes of localized rashes are usually something that has contact with the skin (e.g., chemical, allergen, insect bite, ringworm fungus, bacteria, irritants)
- Therefore, it's important to make this distinction.
- **Localized** means the rash occurs on one small part of the body. Usually, the rash is asymmetrical (e.g., occurring on 1 foot). Exceptions: Athlete's foot can occur on both feet. Insect bites can be scattered.
- **Widespread** means the rash occurs on larger areas (e.g., both legs or the entire back) or most of the body surface. They are always symmetrical (occur on matching sides of the body).
- Many viral exanthems occur on the chest, abdomen and back.
- Viral rashes like Fifth Disease that start on both cheeks can be difficult to categorize initially.

Strep Cervical Intertrigo in Young Infants

- **Definition:** Strep skin infection of a skin fold area. The neck is the most common site.
- **Symptoms:** Beefy red, well demarcated, moist rash. Tender to touch or movement of the neck. May have slight bleeding. May also have a bad odor.
- **Diagnostic Test:** Rapid Strep test is positive.
- **Complications:** Lymphangitis, cellulitis, sepsis

- **Treatment:** Topical mupirocin (Bactroban) and oral amoxicillin.
- **Differential Diagnosis:** Yeast superinfection. This type of intertrigo has satellite lesions. It does not have a bad odor and does not cause pain with neck movement.
- **Triage:** The difference cannot be determined by phone. All patients with intertrigo need to be seen within 3 days for diagnostic purposes.

Contact Dermatitis

Contact dermatitis is a common cause of persistent localized rashes. Contact dermatitis usually presents as localized raised red spots. Occasionally it progresses to localized blisters (e.g., poison ivy). The rash is very itchy. Contact dermatitis is an allergic skin reaction that occurs after repeated contacts with the allergic substance. Once sensitized to a substance, however, reactions occur 12 to 24 hours after exposure.

The location of the rash may suggest the cause:

- Poison ivy or oak: exposed areas (e.g., hands)
- Nickel (metal): neck from necklaces, earlobe from earrings, belly button from metal snaps inside pants, wrist from wrist watch.
- Tanning agents in leather: tops of the feet from shoes or hands after wearing leather gloves
- Preservatives in creams, lotions, sunscreens, shampoos: site of application
- Neomycin in antibiotic ointment: site of application

Allergic Contact Dermatitis from Creams or Ointments

Any of the following can cause a localized itchy rash where the substance is applied to the skin:

- Antibiotic ointments or creams (e.g., Neomycin)
- Anesthetic ointments or creams (e.g., benzocaine)
- Sunscreens
- Insect repellents
- Cosmetics (e.g., deodorants)
- Preservatives or fragrances found in any ointment, cream or lotion (e.g., moisturizing creams)

Allergic Contact Dermatitis and Neomycin Ointment

- Neomycin as found in Neosporin ointment has a 10% prevalence of contact dermatitis in adults.
- For that reason, whenever examples of OTC antibiotic ointments or creams are listed, I always suggest Polysporin (or Bacitracin).
- However, Neosporin (or other brands of the same) is the most popular antibiotic ointment sold in our country. Many families already have it in their homes.
- Therefore, I decided long ago to not bother callers with this minor detail, unless they are calling about an itchy rash at the site where an antibiotic ointment is being applied.
- It was a practical decision.

Nickel Contact Dermatitis

- **Definition:** Over 10% of adults have an allergy to nickel-containing metals. Some children develop it. Nickel is often present in less expensive jewelry.
- **Symptoms:** People with nickel allergy can get an itchy rash where the metal touches their skin: finger (rings), ear lobes (ear rings), neck (neck chains), mid-abdomen (metal fasteners on jeans or belt buckle), wrist (bracelets and wrist watches), face (eyeglass frames).
- **Diagnosis:** See doctor if diagnosis is uncertain.
- **Treatment:** Apply a small amount of hydrocortisone cream 3 times a day to the red-itchy area. Use it for 7 days.

- Expected Course: Once the person stops wearing the nickel-containing jewelry, the redness and itching should go away in 7-14 days.
- Prevention: Avoid nickel-containing jewelry.
- AVOID: Nickel is PRESENT in white gold, yellow gold (12-Karat or less), most stainless steel (12% nickel), silver-colored, and “fashion or costume” jewelry.
- SAFE: Nickel is ABSENT in 18-Karat (or higher) yellow gold, nickel-free 14-Karat yellow gold, sterling silver, copper, titanium or platinum jewelry. Nickel-free stainless steel is also available.

Necrotizing Fasciitis (NF)

- Definition. very serious infection of muscle fascia and deep skin tissue. Death rate of 10% in children.
- Symptoms: Initial recognition by symptoms is difficult. Starts as a very painful localized swelling, often without a rash. Progresses to blisters and dusky skin. Late finding: black necrotic skin.
- Triage question in guideline that best detects early NF is "very painful to touch".
- Location: Involved sites of NF are helpful to detect. Often a complication of skin trauma, surgery, eczema, or chickenpox. In newborns, NF has been reported as a complication at sites of circumcisions or omphalitis.
- Onset: 2 to 4 days after trauma or surgery.
- Cause: Group A Strep infection of muscle fascia.
- Incidence: NF is very rare in children, 1 case per million per year in the US.
- Reference: Noor, *Pediatr Rev* 2021; 42(10): 573

Henoch-Schonlein Purpura (HSP)

- Also called anaphylactoid purpura
- Diagnosis: difficult until rash becomes purpuric. Not a telephone diagnosis.
- Rash present: 100% of cases. Palpable purpura overlying both lateral malleoli is classic, but the rash often starts as hives or a maculopapular rash (50%), rather than purpura.
- Rash location: lower extremities and buttocks
- Joint pain or swelling: 70% of cases. Usually knees and ankles. May precede rash.
- Abdominal pain: 50% of cases. Usually crampy, intermittent pain. May precede rash.
- Nephritis and hematuria: 30% of cases.
- Cause: vasculitis. Usually no fever.
- Peak age: 2-10 years
- Incidence: 13 per 100,000
- Treatment: supportive. Antibiotics not indicated. Usually not hospitalized.
- Course: variable. Average duration is 4 weeks.

Fixed Drug Eruption

- The rare exception to the rule that oral drug rashes are always widespread and symmetrical
- Lesion is a blue-brown, edematous plaque, usually solitary.
- Most common site is the lips, genitals, arms or legs
- Resolves in 14 days but leaves hyperpigmented mark that lasts months.
- With each exposure to the drug, the eruption occurs at the same spot.
- Most common drugs are similar to those that cause Stevens-Johnson syndrome: sulfa drugs, seizure medication, NSAIDs, plus tetracycline and acetaminophen
- Not a telephone diagnosis (in fact, often not diagnosed correctly in the office)
- Will be referred in when it persists over 7 days by this guideline

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SEARCH WORDS

ABSCESS
 ALLERGIC REACTION
 BLISTERING
 BLISTERS
 BOILS
 BUMPS
 BUMPY RASH
 CELLULITIS
 ERYTHEMA
 IRRITATED SKIN
 ITCHY RASH
 LARGE SPOTS
 LOCALIZED RASHES
 LOCALIZED SPOTS
 MACULAR RASH
 MONKEYPOX
 NICKEL

NICKEL ALLERGY
NICKEL CONTACT DERMATITIS
NICKEL JEWELRY REACTION
NON-ITCHY RASH
PAPULAR RASH
PIMPLES
PINK RASH
RASH
RASH - LOCALIZED
RASHES
RASHES LOCALIZED CAUSE UNKNOWN
RED RASHES
RED SKIN
RED SPOT
RED STREAKS
REDNESS
SKIN
SKIN INFECTION
SKIN IRRITATED
SKIN IRRITATIONS
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SMALL SPOTS
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Company: Schmitt-Thompson Clinical Content
Content Set: After Hours Telehealth Triage Guidelines | Pediatric
Version Year: 2022
Last Revised: 8/10/2022
Last Reviewed: 8/10/2022