Skin Rash

Indications: This protocol provides general guidance for the evaluation of patients with possible skin rash under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers or on-line medical direction orders.

Purpose: To assess the patient with possible skin rash and differentiate between the patient who can be treated at home vs. those who will require ED evaluation.

CPU Directives:
1.   Follow **General Protocol for CPU Patient Assessments**.
2.   Obtain and review patient health history and primary care provider's orders prior to evaluation when available.
3.   Assess the patient's area of concern and determine the following:
    a.   History of exposure to possible allergen (oral) or skin contact exposure (poison ivy/oak)
    b.   Location and extent of skin changes
    c.   Additional local symptoms: redness, drainage, weeping, ascending redness, warmth of the skin
    d.   Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status or breathing difficulty
4.   Patients with systemic symptoms should be transported to the ED for evaluation.
5.   Patients with acute symptoms should be treated per appropriate EMS protocol.
6.   Patients without systemic symptoms may be appropriate for home treatment, and close follow up.
7.   Contact the PCP or on-line medical direction per the **General Protocol for CPU Patient Assessments.** Provide patient report and discuss treatment and continuity plan.
8.   Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed.