This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with skin rashes, provide initial treatment and differentiate between the patients who will require ED evaluation vs. alternatives such as treatment on scene or alternative destinations.

Aliases: Hives, rash

1. Apply gloves prior to patient contact
2. Follow CIP Patient General Assessment and Care protocol
3. Obtain additional history and vital signs including the following:
	1. Time of onset, duration of complaint
	2. History of previous similar complaints and treatment required
	3. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
	4. Location, size, and description of affected area
	5. Extent of skin changes
	6. Redness, drainage, weeping, ascending redness, warmth of skin, pain
	7. Presence of pain
	8. History of exposure oral (food/medications)
	9. History of exposure skin contact (poison ivy/oak, new products)
	10. Illness
4. Consider transport to the emergency department for the following patients see CIP Medical Direction protocol:

a. Suspected severe reactions such as Stevens- Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN)

* 1. Systemic symptoms
	2. Vital sign changes or instability
	3. Altered level of consciousness
	4. Ascending redness
	5. Presence of fever
1. On-scene medication administration may include:
	1. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
	2. Generalized itchy rash/pruritis
		1. Diphenhydramine 25-50mg PO/IM/IV
			1. Pediatrics: 1 mg/kg up to the adult dose
		2. Steroids
			1. [x]  Methylprednisolone
				1. Adult 125 mg IV/IO
				2. Pediatrics 2mg/kg IV/IO (max does 125 mg)
			2. [x]  Prednisone
				1. Adults and children over 6 years old 50 mg tablet PO
		3. Monitor for changes and systemic symptoms after
	3. Localized itchy rash (example: contact dermatitis, urticaria/hives, scabies)
		1. [x]  Hydrocortisone 1% topical ointment/cream treatment
		2. [x]  Topical diphenhydramine

 d. Other rashes

 i. If suspected zoster virus contact physician

 ii. If rash involves palms and soles contact physician for consideration of possible syphilis or hand/foot/mouth disease

* + 1. If suspected scabies contact physician
		2. Rashes with changes or systemic symptoms contact physician

1. Counsel/Educate
	1. Minimizing contact with allergen