

Priority Topic: RASH

Key Features:

General Website: [DermNet NZ](#)

Corticosteroids: [Les corticostéroïdes topiques : Mettez-en, ce n'est pas de l'onguent! – Le Médecin du Québec 2019](#)

1. In a patient with a [new rash](#):

- a) Take a [focused history](#) and do an appropriate [skin examination](#).
- b) If the diagnosis remains [unclear](#), obtain a [more detailed history](#) and [examination](#), including the [entire mucocutaneous system](#) and [other body systems](#) as indicated.

What you should study:

✓ [Dermatological History Taking – OSCE Guide](#)

2. When assessing a patient with a [rash](#), look for and recognize [common patterns](#) to aid diagnosis.

What you should study:

- ✓ [Maladies éruptives de l'enfant CHU Ste-Justine 2010](#)
- ✓ [Common Skin Rashes in Children AAFP 2015](#)
- ✓ [Newborn Skin: Part 1. Common Rashes AAFP 2008](#)
- ✓ [Common Skin Conditions During Pregnancy AAFP 2007](#)
- ✓ [The Generalized Rash: Part 1. Differential Diagnosis AAFP 2010](#)
- ✓ [The Generalized Rash: Part 2. Diagnostic Approach AAFP 2010](#)

- ✓ Dermatologic Conditions in Skin of Color: Part 1. Special Consideration for Common Skin Disorders AAFP 2013
- ✓ Dermatologic Conditions in Skin of Color: Part 2. Disorders Occurring Predominantly in Skin of Color AAFP 2013

3. Use [appropriate terminology](#) with respect to lesion type, shape, arrangement, and distribution to [facilitate communication and documentation](#) .

What you should study:

- ✓ [Terminology in dermatology DermNet NZ](#)
- ✓ **Physical Exam:** The General Dermatology Exam: Learning the Language: The diagnosis of any skin lesion starts with an accurate description of it. To do that, you need to know how to describe a lesion with the associated language. [This language, reviewed here, can be used to describe any skin finding](#) .

4. In an [unwell](#) patient presenting with a [rash](#):

- Identify [potential life-threatening systemic conditions](#) (e.g. meningococcal septicemia, necrotizing fasciitis, toxic shock, Stevens-Johnson syndrome).
- Initiate [treatment](#) and/or urgent/emergent [referral](#).

What you should study:

- ✓ [Dermatologic Emergencies AAFP 2010](#)

5. In a patient with a **persisting undiagnosed rash** :

- a) Consider a **systemic disorder** (e.g. systemic lupus erythematosus, diabetes, celiac).
- b) **Investigate** appropriately (e.g. scraping, culture, biopsy, lab work).
- c) Pursue further **investigations** and/or **refer** as indicated **regardless** of **negative results**.

What you should study:

- ✓ **Skin manifestations of systemic disease**

6. In all patients with a **persistent or recurrent rash** , explore the **functional** and **emotional** aspects of that disorder, recognizing that **what looks like a minor condition may have a profound impact** .

7. In a patient with a **persistent or recurrent rash** , explore issues of:

- **Exposure** to skin irritants or allergens.
- **Adherence** to the treatment plan.
- **Use of confounding medications and treatments** (e.g. topical anesthetics, topical steroids, home remedies).

8. In a patient with an **infectious rash**:

- a) **Manage** contagion risk.
- b) **Ensure** that public health bodies are informed when indicated.

What you should study:

- ✓ Liste des maladies, infections et intoxications à déclaration obligatoire (MADO)
- ✓ Maladies éruptives de l'enfant CHU Ste-Justine 2010

Optional public health references with more detail:

- ✓ Rougeole MSSS Québec
- ✓ Fiche technique pour la gestion des cas et des contacts : La rougeole MSSS Québec 2017
- ✓ **Chapter 5 for Managing Contagion in Health Care Settings: Guidelines for the Prevention and Control of Measles Outbreaks in Canada** CCDR 2013
- ✓ Infectious Diseases Protocol Appendix A: Disease-Specific Chapters – **Meningococcal disease, invasive** Ontario Health 2019
- ✓ Guide d'intervention : Les infections invasives à méningocoque MSSS Québec 2019