

**Dermatological Emergencies - Initial Management - Summary Clinical Guideline**

Reference no.: CG-DERM/2018/001

**Management of patients with significant dermatology issues until review by Dermatology**

All patients will need moisturising creams (e.g. Diprobase) applied **at least twice daily** all over. 50 - 100gms of moisturiser will be needed per application. Please prescribe 500gms. Topical steroids must be prescribed in 100g tubes. Check Bloods (FBC, UE, LFT, CRP). All patients below will need to be referred through the **E-Whiteboard** as an **“Urgent Referral”**- AND please call the **on-call Registrar** for the day as well. These patients will be seen within 24 hours. Please arrange for **medical photography** for base line appearance.

Any patient who is **unwell** with **acute onset of large areas of blistering, oral erosions and crusting or genital erosions and crusting** may have either **Toxic epidermal necrolysis (TEN)** or **Stevens-Johnson syndrome** – Please speak to **On Call Registrar** or **On Call Consultant** on the phone . Note surface area of blistering (include red areas as well). These patients need to be seen ASAP.

**Patient with multiple blisters and no oral lesions**



**Likely diagnosis:** Immunobullous disorder – e.g. Pemphigoid  
**Specific needs:** Send bloods for Skin Antibodies to Immunology  
 For large tense painful blisters - puncture with sterile needle. DO NOT DE-ROOF blisters; dress with Atrauman dressing.

**Patient with generalised pustules**



**Differential diagnosis :**  
 Pustular Psoriasis  
 Drug induced (take thorough medication history).  
**Specific needs:**  
 Swab for Bacterial MC&S

**Patient with generalised redness and scaling (Erythroderma)**



**Differential diagnosis:**  
 Severe Eczema, Psoriasis, Drug rash, rarely Cutaneous Lymphoma  
**Specific Needs:** 50:50 WSP: LP BD (250gms/day); LFT/U&E daily; Replace nutritional, fluid and electrolyte losses. Maintain normal body temperature.

**Patient with severe eczema**



**Specific needs:** To trunk and limbs - Betnovate ointment bd; To face - Eumovate ointment bd; Swab for Bacterial MC&S

**If widespread vesicles/erosions consider Eczema Herpeticum.**



**Specific needs:** Aciclovir 200mg five times daily 7 days; Herpes simplex viral swab - Plain dry swab in universal sterile container to Microbiology.

**Patient with generalised rash and some areas of blistering**



Oral and genital blisters consider Erythema multiforme or early Stevens-Johnson syndrome.  
**Specific Needs:** Input/ Output chart; ensure adequate fluid intake.  
**If blisters extend and becomes unwell** consider evolution into TEN. Requires ITU admission. Contact Dermatology URGENTLY. (see TEN guidelines)

**Widespread palpable purpura**



**Consider Vasculitis** if sepsis excluded  
**Specific needs:** Detailed drug history with dates of medications started and stopped; check for infections. Do vasculitic screen (ANA, ANCA, Immunoglobulins, ASOT, Hepatitis screen +/- HIV). Check BP/Urine dipstick /Protein:Creatinine ratio.

**Dr Mohandas/Dr Nambi /Dr Shum**  
 January 2018