

## Initial management of the Acutely Unwell Dermatology Patient

Reference no.: CG-DERM/2023/001

### 1. Introduction

This guideline was drawn up for MAU/Ward clinicians, to help with the diagnosis and initial management, of an acutely ill dermatological patient. It is a useful tool to help with patient care on weekends and after 8pm on weekdays when there is no Dermatology cover.

### 2. Aim and Purpose

This document outlines the initial investigations and management of seven acute dermatological presentations to be used as an aide memoire by clinicians on the MAU/Wards whilst awaiting a formal Dermatological review.

### 3. Definitions, Keywords

Dermatology-study of skin disease

Blistering – fluid filled bleb on the skin

Erosion- loss of epithelium of skin

Erythroderma- widespread redness of the skin (covering around 90% of area of skin)

Vasculitis -inflammation of the arterial vessels (may be small medium or large)

Keywords: Dermatology, Skin, Blistering, Bullous, Eczema, Erythroderma, Eczema Herpeticum, Vasculitis.

### 4. Main body of Guidelines -See attached page.

### 5. References (including any links to NICE Guidance etc.)

<http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines?originalpath=healthcare-professionals%2fclinical-standards%2fclinical-guidelinessiteid=678&group=00016001000200020001&range=BAD%20guidelines>

### 6. Documentation Controls

Development of Guideline:	Dr R Nambi Consultant Dermatology Dr KW Shum Consultant Dermatology Dr P Mohandas SpR Dermatology Updated by Dr. J Mann SpR Dermatology
Consultation with:	Dermatology Department
Approved By: Updated on:	01/03/2018-Dermatology 25/8/2022- Dermatology
Review Date:	25/8/2025
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## 7. Appendix 1: Management of patients with significant dermatology issues until review by Dermatology

All patients will need an **emollient** (e.g. WSP:LP 50:50) applied **at least twice daily** all over. 50 - 100g of moisturiser will be needed per application. **Please prescribe 500g tubs**. Topical steroids must be prescribed in 100g tubes. Check Bloods (FBC, UE, LFT, CRP) – **order sets can be found on Lorenzo under Dermatology**. 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 or photographs on consultant connect, to be taken** for base line appearance. **Please ensure you give a thorough history in the whiteboard referral including: duration, parts of the body involved, known skin diagnosis, previous treatments and any relevant drug history.**

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

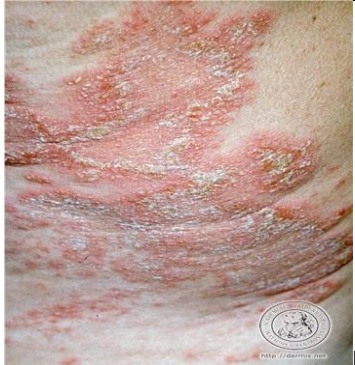


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**Likely diagnosis:** Immunobullous disorder – e.g. Pemphigoid

**Specific needs:** Send bloods for **Anti-skin Ab screen (Lorenzo) to immunology**. For large tense painful blisters -puncture with sterile needle. **DO NOT DE-ROOF** blisters; dress with Atrauman dressing. **Apply WSP:/LP 50:50 and dermivate ointment**

### Patient with generalised pustules



**Differential diagnosis :**

Pustular Psoriasis, AGEP- Drug induced (take thorough medication history).

**Specific needs:**

Swab for Bacterial MC&S, WSP:LP 50:50, **moderately potent topical steroid e.g. eumovate ointment**

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



**Differential diagnosis:**

Severe Eczema, Psoriasis, Drug rash, rarely Cutaneous Lymphoma

**Specific Needs:** WSP:LP 50:50 **4-6hourly** (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 or Elocon 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 **for HSV PCR**.

### 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. Monitor body temperature. **STOP new/offending drugs.**

**If blisters extend and becomes unwell** consider evolution into TEN. If so, requires ITU admission. Contact Dermatology SpR via switchboard **URGENTLY**.

**See SJS and TEN clinical guidelines on NET-i for management**

### Widespread palpable purpura



**Consider Vasculitis**, if sepsis excluded

**Specific needs:** Detailed drug history with dates of medications started and stopped; check for infections. Do vasculitis screen (ANA, ANCA, Immunoglobulins, ASOT, Hepatitis screen +/- HIV) – **Dermatology order set on Lorenzo**. Check BP/Urine dipstick /Protein:Creatinine ratio.

**Dr Mohandas/Dr Nambi /Dr Shum January 2018. Updated by Dr J Mann and Dr Shum August 2022.**