



# Rash Assessment and Description Guide



## 1. Evaluate the Rash

- 1) Identify the type of lesion (size, layers of skin involved, and characteristics)
- 2) Identify location and distribution of lesions
- 3) Identify the configuration
  - The shape of one lesion:
    - **Linear** – straight line
    - **Target** – Bullseye or iris appearance; rings with central duskiness; purplish center, surrounded by pale pink, outer ring darker pink
  - The arrangement of clusters of lesions:
    - **Confluent** – Flowing into or coming together
    - **Random**
    - **Patterned**
- 4) Evaluate the texture
- 5) Color
- 6) Warm to the touch
- 7) Inspect oral mucosa

*See back-side for terms and examples*

## 2b. Investigative Considerations

- 1) Is the eruption indicative of an infection, fungus, infestation, or drug rash?
- 2) HIV, Diabetes, Auto-Immune Disorders, Eczema, and Asthma increase rash prevalence, and drug-drug interactions
- 3) Is sunlight sensitivity a factor?

## 2a. Gather Pertinent Information

- 1) Where is the rash? Is it unilateral or bilateral?
- 2) Where on the body did it start?
  - To where is it spreading?
  - Is it symmetrical or asymmetrical?
- 3) When did you notice the rash?
- 4) Are there any accompanying symptoms?
  - Itching, burning, fever
  - Shortness of breath, tingling of lips
- 5) Do you have any thoughts on what caused the rash?
  - New detergent, perfume, cleaners, lotion, soap
  - Outdoor activities, hiking, picnic, sunbathing
  - Environmental factors, vacation, travel, hotels
  - Any change in diet?
- 6) Complete a drug reconciliation; are there any medications known to cause drug-drug reactions?
  - Are TB Medications taken as directed?
  - Any new prescriptions?
  - New over the counter medications or supplements?
- 7) Have you tried any remedies?
- 8) What makes it better?
- 9) What makes it worse?
  - Is it worse at night?
- 10) Palpate the skin for texture and temperature changes

## 2c. Types of Reactions

**Exanthemata (external rash)** – Diffuse macule and papule, evolve over days after drug initiation

**Urticaria & angioedema** – Onset within minutes to hours after drug administration; potential for anaphylaxis

**Fixed drug eruption** – Hyper-pigmented plaques; upon drug re-exposure, plaques reoccur at same site.

✚ **DRESS** – Cutaneous eruption, fever, eosinophilia, lymphadenopathy

✚ **Anaphylaxis** – Urticaria, angioedema, bronchospasm, gastrointestinal

✚ **Stevens-Johnson Syndrome** – Lesions, ulcers on mucous membranes, mouth, lips, truncal area; fever, fatigue, sore throat, ocular involvement

✚ *Seek immediate medical attention*

## Consultations

Heartland National TB Center's Toll-Free Warm-Line  
(800) TEX-LUNG or (800) 839-5864

<https://www.heartlandntbc.org/>



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## Rash Terms with Photo Examples

**Bullae** – Vesicle >1cm in diameter



Photo Credit:  
whitemay/Getty Images

**Patch** – Irregular shaped macule; >1cm in diameter



Photo Credit:  
jaojormami/Shutterstock

**Erosion** – Loss of epidermis; depressed, moist; follows rupture of vesicle



Photo Credit:  
[https://www.medicinenet.com/skin\\_ulcer/article.htm](https://www.medicinenet.com/skin_ulcer/article.htm)

**Plaque** – Elevated, firm, rough lesion; >1cm in diameter



Photo Credit:  
<https://www.medicalnewstoday.com/articles/323152#what-is-psoriasis>

**Excoriation** – Loss of epidermis, linear, hollowed out, crusted area



Photo Credit:  
<https://dermnetnz.org/topics/compulsive-skin-picking-images>

**Pustule** – Vesicle filled with purulent fluid



Photo Credit:  
<https://www.healthdirect.gov.au/acne>

**Erythema** – A redness of the skin caused by congestion of the capillaries in the lower layers of the skin



Photo Credit:  
<https://dermnetnz.org/topics/sunburn>

**Scale** – Heaped-up accumulation of keratinized cells; flaky, can be dry or oily, varying in size



Photo Credit:  
AboutnuyLove

**Lichenification** – Rough, thickened epidermis from scratching or rubbing; normal skin markings are observable; often found on flexor surface of extremity



Photo Credit:  
<https://www.healthline.com/health/lichenification#pictures>

**Urticaria** – Hives, raised, itchy wheals; of varying size



Photo Credit: <https://www.nidirect.gov.uk/conditions/urticaria-hives>

**Macule** – Flat, non-palpable, circumscribed area; with change in skin color; <1cm in diameter



Photo Credit:  
CRISTINA PEDRAZZINI/SCIENCE PHOTO LIBRARY/Getty Images

**Vesicle** – Elevated, circumscribed, superficial, filled with serous fluid; <1cm in diameter



Photo Credit:  
Jere Mammino, DO

**Papule** – Elevated, firm, palpable, circumscribed area; <1cm in diameter



Photo Credit:  
<https://www.healthline.com/health/skin/maculopapular-rash#pictures>

**Wheal** – Elevated, irregular-shaped area of cutaneous edema; solid welt, pale red, transient; or varying diameters



Photo Credit:  
<https://www.nidirect.gov.uk/conditions/urticaria-hives>