Rash Assessment and Description Guide

1. Evaluate the Rash

1) **Type of Lesion** – Size, depth, and description*
2) **Location & Distribution**
   - Localized vs. generalized/diffuse
   - Symmetrical vs. asymmetrical
   - Flexor vs. extensor surfaces
   - Unilateral or bilateral
3) **Configuration**
   - **Linear** – Straight line
   - **Target** – Bullseye/iris appearance
   - **Confluent** – Lesions flow together
   - **Random** or **Patterned**
4) **Texture** – Smooth, scaly, crusted, blistered, etc.
5) **Color** – Red, pink, purple/dusky, etc.
6) **Temperature** – Warm to touch?
7) **Oral Mucosa** – Check for lesions or other involvement

*See back-side for descriptions

2a. Gather Pertinent Information

1) Where is the rash?
2) Where on the body did it start?
   - To where is it spreading?
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, mosquito bites
   - 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

2b. Investigative Considerations

1) Is the eruption indicative of an infection for bacteria, fungus, parasites, virus, 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?

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 – Drug Reaction with Eosinophilia and Systemic Symptoms like skin rash, fever, lymphadenopathy, and involvement of organs, such as liver, kidneys, lungs, or heart.
Anaphylaxis – Urticaria, angioedema, bronchospasm, gastrointestinal
Stevens-Johnson Syndrome – Lesions, ulcers on mucous membranes, eyes, mouth, lips, genitalia, truncal area; fever, fatigue, sore throat, ocular involvement

Seek immediate medical attention

HEARTLAND NATIONAL TB CENTER
THE UNIVERSITY OF TEXAS AT TYLER HEALTH SCIENCE CENTER

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

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 clear 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

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