

#33 Rash / Skin Problems
 check box or circle word(s) if affirmative, ~~strike~~-word(s) if negative, note additional findings

Date: _____ Time: _____ Room: _____

Patient's PMD or Dermatologist: _____ Vital Signs Reviewed

P: _____ **BP:** _____ **RR:** _____ **T:** _____ oral **Wght:** _____ lb
 tympanic kg
 rectal

Allergies: NKDA see RN notes

Arrived by: EMS walk-in wheelchair

Historian: patient family / friend EMS

Chief Complaint: rash lesion itching swollen area possible insect bite

History of Present Illness *Levels 1, 2, 3: 1-3 elements Levels 4, 5: 4 or more elements*

Onset: sudden gradual unknown
 today _____ am pm
 yesterday _____ am pm
 _____ min. hours days P.T.A.

Location: generalized
 face RUE
 neck LUE
 trunk (anterior) RLE
 trunk (back) LLE
 R axillary groin
 L axillary perirectal

Associated Symptoms: none
 fever / chills difficulty breathing
 URI symptoms joint pain

Course / Timing:
 constant same worse
 intermittent fluctuating better
 gone

Quality:
 redness changes location over time
 itching spreading over time
 painful swelling
 burning drainage

Possible Cause / Source:
 insect bite / sting seafood
 poison ivy / oak nuts
 ill contacts berries
 medication eggs

Duration: _____

Severity:
 At worst (0-10): ____ mild mod. severe
 At present (0-10): ____ mild mod. severe

Modifying Factors:
 prior treatment / response to treatment:

Context: new problem or chronic problem (same not as severe worse)

Review of Systems *Levels 1, 2, 3: 1 system Level 4: 2-9 systems Level 5: 10 or more systems*

All systems reviewed: negative negative except as marked below **History limited / unobtainable due to:** altered LOC patient acuity

Constit: fatigue anorexia
Eyes: visual change redness
ENT: sore throat hoarseness
CV: chest discomfort palpitations
Resp: difficulty breathing wheezing cough
GI: abdominal discomfort nausea / vomiting diarrhea

GU: urinary problems discharge LMP: _____
Musc: myalgias extremity pain
Neuro: headache stiff neck neuro deficit
Skin: see History of Present Illness for Skin symptoms
Psych: anxiety depression
Immun: HIV / AIDS

Past, Family, and Social History *Levels 1, 2, 3: no history areas Level 4: 1 history area Level 5: 2-3 history areas*

PMH: none unknown see RN notes
 HTN CAD MI arrhythmia
 IDDM NIDDM CHF COPD
 anaphylaxis
 cancer
 STD

Meds: none see RN notes
 ASA / NSAIDs
 corticosteroids
 antihistamines
 Tetanus current: yes no

Surgical Hx: none

Family Hx: none

Social Hx: unknown
 Tobacco yes no
 ETOH yes no last drink _____
Drugs
Occupation
Home circumstances lives alone
 with family or friend nursing home

Physical Exam *Level 1: 1 organ system Levels 2, 3: 2-5 organ systems Level 4: 6-7 organ systems Level 5: 8 or more organ systems*

Gen: distress: none mild moderate severe hydration: nl dehydrated
 nutrition: nl malnourished obese

CV: regular rate, rhythm heart sounds nl, no murmur
 distal pulses strong and symmetric

Eyes: PERLL EOMI lids, sclera nl

Resp: no resp. distress breath sounds clear and equal no wheezing

ENT: oropharynx nl no pharyngeal edema TMs nl

Abd: soft, nontender no organomegaly rectal nl, heme negative

Neck: nontender supple, no meningismus no swelling

GU: male: nl to inspection testicular nl prostate nl
 female: nl to inspection bimanual nontender

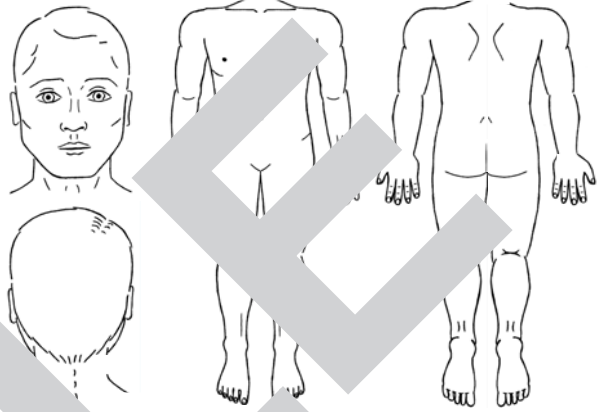
Physical Exam (continued)	<input type="checkbox"/> Exam limited by patient condition or acuity
Neuro: <input type="checkbox"/> alert and oriented x 3 <input type="checkbox"/> CN 2-12 intact <input type="checkbox"/> gait nl <input type="checkbox"/> motor grossly nl <input type="checkbox"/> sensation intact to light touch	
Psych: <input type="checkbox"/> affect, mood nl <input type="checkbox"/> judgment nl	
Musculoskeletal: <input type="checkbox"/> ROM nl, painless <input type="checkbox"/> no bony tenderness	

Skin:

warm, dry
 nl color
 nl mucous membranes

Common Rash Descriptions / Findings:

<input type="checkbox"/> macular	<input type="checkbox"/> erythema
<input type="checkbox"/> papular	<input type="checkbox"/> tenderness
<input type="checkbox"/> maculopapular	<input type="checkbox"/> swelling
<input type="checkbox"/> fine	<input type="checkbox"/> increased warmth
<input type="checkbox"/> patchy / blotchy	<input type="checkbox"/> induration
<input type="checkbox"/> confluent	<input type="checkbox"/> lymphangitis
<input type="checkbox"/> linear	<input type="checkbox"/> weeping / crusting
<input type="checkbox"/> vesicular	<input type="checkbox"/> discharge / purulence
<input type="checkbox"/> bullous	<input type="checkbox"/> fluctuance
<input type="checkbox"/> petechial	<input type="checkbox"/> cyanosis



Additional Findings:

Medical Decision Making *Level 1: straightforward Level 2-3: low complexity Level 4: moderate complexity Level 5: high complexity*

Differential Diagnosis

<input type="checkbox"/> soft tissue infection	<input type="checkbox"/> insect bite / sting	<input type="checkbox"/> viral exanthem	<input type="checkbox"/> erythema multiforme	<input type="checkbox"/> meningococemia
<input type="checkbox"/> allergic reaction	<input type="checkbox"/> cellulitis	<input type="checkbox"/> lice / scabies	<input type="checkbox"/> chicken pox	<input type="checkbox"/> Stevens-Johnson
<input type="checkbox"/> hives / urticaria	<input type="checkbox"/> folliculitis	<input type="checkbox"/> tinea	<input type="checkbox"/> herpes zoster	<input type="checkbox"/> Henoch-Schonlein (HSP)
<input type="checkbox"/> contact dermatitis	<input type="checkbox"/> impetigo	<input type="checkbox"/> eczema	<input type="checkbox"/> herpes simplex	<input type="checkbox"/> erythema nodosum
<input type="checkbox"/> poison ivy / oak	<input type="checkbox"/> abscess: <input type="checkbox"/> cutaneous	<input type="checkbox"/> psoriasis	<input type="checkbox"/> Lyme / rickettsial	<input type="checkbox"/> pityriasis rosea
<input type="checkbox"/> drug allergy	<input type="checkbox"/> pilonidal <input type="checkbox"/> perirectal	<input type="checkbox"/> vasculitis	<input type="checkbox"/> syphilis / gonococemia	<input type="checkbox"/> lupus

Labs CBC: nl nl except values noted below:
WBC _____ Hb _____ Hct _____ Plt _____
neut _____ lymphs _____ other _____

Chem: nl nl except values noted below:
Na _____ K _____ Cl _____ CO₂ _____
BUN _____ Cr _____ Glucose _____

Pulse Ox: _____ % on RA or O₂: _____
Saturation is: normal hypoxic

EKG: rate: _____ rhythm: _____
axis: _____ intervals: _____ ST / T-waves: _____
comments: _____
compared to: _____ no significant change changed

X-rays / Imaging interpreted by: me radiologist
(NAD = no acute disease) discussed w/ radiologist

1. _____ NAD 2. _____ NAD

Treatment / Management / Course

medication / treatment: _____ response: _____

Procedure: _____ see addendum **Reviewed:** nursing home notes EMS notes
 Critical Care: _____ min. see addendum hospital old records nurses notes

Consultation: Dr. _____ (time) _____ Dr. _____ (time) _____

Notes:

Course: same better worse signed out to Emergency Physician Dr. _____ (time) _____

Diagnosis 1. _____ 2. _____ 3. _____

Disposition Home Admit (medical surgical monitor ICU) Admit Physician: _____ Transfer to: _____

Case and instructions discussed with, understood by, and agreed upon by: patient family caretaker

Follow up: PMD and/or other clinician _____ in _____ days or prn Written instructions provided

Condition: unchanged improved stable

Discharge Prescriptions / Instructions:

signature	title	date	time
signature	title	date	time