Rash:
Assessing the Need for Additional Precautions (Isolation)

- Does the patient have new onset of rash?
  - No: Routine Practices
  - Yes: Is the rash vesicular (a small fluid filled sac) and possibly chickenpox or shingles?
    - No: Is the rash generalized erythematous maculopapular or petechial?
      - No: Routine Practices
      - Yes: Is measles suspected?
        - No: Routine Practices
        - Yes: AIRBORNE PRECAUTIONS
          - Place in single room with door closed.
          - Keep procedure mask on patient.
          - Staff to wear N95 for room entry.
          - If measles suspected only immune staff to enter room unless absolutely necessary.
          - Contact and Droplet Precautions
            - Rule out meningitis, scabies or other communicable disease.
          - Contact and Droplet Precautions
            - Rule out meningitis, scabies or other communicable disease.
        - Yes: Refer to dermatone chart on next page.

- Is the rash disseminated?
  - No: Routine Practices
  - Yes: Is the rash disseminated? >2 contiguous dermatomes, bilateral, multiple non-contiguous sites or visceral? or is patient immunocompromised with a localized or disseminated rash? Refer to dermatone chart on next page.

- Is the rash generalized erythematous maculopapular or petechial?
  - No: Routine Practices
  - Yes: Is measles suspected?
    - No: Routine Practices
    - Yes: AIRBORNE PRECAUTIONS
      - Place in single room with door closed.
      - Keep procedure mask on patient.
      - Staff to wear N95 for room entry.
      - If measles suspected only immune staff to enter room unless absolutely necessary.

- Have patient perform hand hygiene and don procedure mask. Keep lesions covered when possible.
- Staff perform hand hygiene and don gloves for direct contact with skin lesions or non-intact skin.
- Refer to the Infection Prevention and Control Diseases and Conditions Table

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Localized is one or two dermatomes.

Disseminated is greater than two dermatomes.