Rash pathway





Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Behaviour	Content/smilesStays awake / awakens quicklyStrong normal cry/not crying	Sleepy or not consistently waking for feeds	 Unable to wake Persistently unable to settle Clinical concerns about nature of cry (weak, high pitched or continuous)
Face			Swollen lips or tongue
Respiratory			Abnormal/fast breathing
Skin	Normal skin colour Warm extremities		Pale / mottled / blue Cold extremities
Rash	No amber features	 Is painful Is blistering Covers most of their body Has red lips or tongue Has skin peeling 	Does not disappear with pressure
Other	No amber features	 Additional parent/carer concerns Has had chicken pox in the last few days and is getting worse Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection Fever >5 days 	• Age 0-3 months with temp ≥38° (100.4°F)



Provide Rash safety netting advice

Confirm they are comfortable with the decisions/advice given

Always consider safeguarding issues

Amber Action

For face to face review (consider if video consultation is appropriate).

If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.

Red Action

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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