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## *Rash/Lesions*

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### DEFINITION

The popular term for a group of spots or red, inflamed skin that is usually a symptom of an underlying condition or disorder. Often temporary, a rash is only rarely a sign of a serious problem.

### PATHOPHYSIOLOGY

A rash may occur on only one area of the skin, or it could cover almost all of the body. Also, a rash may or may not be itchy. Depending on how it looks, a rash may be described as:

Lesion Name	Description	Example
<b>Primary Lesions</b>		
Macule	<0.5cm, flat, circumscribed area of altered skin color	Vitiligo (small)
Patch	≥0.5cm, flat, circumscribed area of altered skin color	Vitiligo (large)
Papule	<0.5cm, circumscribed elevation of skin	Molluscum contagiosum
Plaque	≥0.5cm, circumscribed elevation of skin	Psoriasis
Weal	Transient, smooth, slightly raised lesion, characteristically with a pale center and a pink margin	Urticaria
Vesicle (blister)	<0.5cm, circumscribed, fluid-containing elevation	Acute eczema e.g. pompholyx
Bulla (blister)	≥0.5cm, circumscribed, fluid-containing elevation	Burn, friction
Pustule	Visible collection of pus	Staphylococcal folliculitis
Abscess	Localized collection of pus in a cavity	Bacterial infection
Erythema	Redness, blanching	Erythema nodosum
Purpura	Redness, non-blanching, secondary to collections of red blood cells	Vasculitis, platelete or clotting defect
Telangiectasis	Dilated capillaries visible on the skin surface	Side-effect of topical steroids

Secondary Lesions		
Scale	Thickened, loose, readily detached fragments of stratum corneum	Psoriasis
Crust	Dried exudate	Impetigo

**ASSESSMENT:**

- Assess skin, noting color, moisture, texture, temperature; note erythema, edema, tenderness. Measure the abnormal area.
- Assess skin for lesions. Note presence of excoriations, erosions, fissures, or thickening.
- Assess severity of pruritus.
- Examine for signs of infection.
- Assess the patient’s perception of changed appearance.
- Assess the patient’s behavior related to appearance.
- Take a careful history of clients at risk: health care workers, rubber industry workers, clients with neural tube defects, and atopic individuals.
- Question the client about associated symptoms of itching, swelling, and redness after contact with rubber products such as rubber gloves, balloons, and barrier contraceptives, or swelling of the tongue and lips after dental examinations.

**NURSING INTERVENTIONS**

- Identify aggravating factors. Inquire about recent changes in use of products such as soaps, laundry products, cosmetics, wool or synthetic fibers, cleaning solvents, and so forth.
- Identify signs of itching and scratching.
- Identify any scarring that may have occurred.
- Encourage the patient to adopt skin care routines to decrease skin irritation:
  - Bathe or shower using lukewarm water and mild soap or non-soap cleansers.
  - After bathing, allow the skin to air dry or gently pat the skin dry. Avoid rubbing or brisk drying.
  - Apply topical lubricants immediately after bathing.
- Assist patients in identifying ways to enhance their appearance.
- Encourage the patient to keep fingernails trimmed short.
- Apply cool, moist compresses to pruritic areas.
- Apply emollient creams or ointments frequently to prevent dryness.
- Add emollients, cornstarch, or baking soda to bath water.
- Provide distraction techniques such as music, television, or massage.
- Consult with physician for medication to relieve itching. (if any)
- Use a humidifier or a container of water on heat source to increase humidity in the environment, especially during winter.

## PATIENT TEACHING

- Encourage the patient to avoid known trigger factors.
- Instruct the patient to not pinch or scratch the itchy skin area.
- Assist the patient in articulating responses to questions from others regarding lesions and contagion.
- Teach family to use mild, non-scented, and nonbleach laundry products.
- Teach patient with pruritus to substitute rubbing, pressure, or vibration for scratching when itching is severe and irrepressible.
- Teach patient to see primary care practitioner if itching persists and no cause is found.

## CULTURAL CONSIDERATIONS

- Assess for the influence of cultural beliefs, norms, and values on the client's perceptions of skin and/or hair status and practices.
- Identify and clarify cultural language used to describe skin and hair.

## COORDINATING CARE WITH NURSING ASSISTANT

- Bathe or shower using lukewarm water and mild soap or non-soap cleansers.
- After bathing, allow the skin to air dry or gently pat the skin dry. Avoid rubbing or brisk drying.
- Apply topical lubricants immediately after bathing.

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