### Rash pathway

**Clinical support tool for remote clinical assessment**

<table>
<thead>
<tr>
<th>Clinical findings</th>
<th>Green – low risk</th>
<th>Amber – intermediate risk</th>
<th>Red – high risk</th>
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</thead>
</table>
| **Behaviour**     | • Content/smiles | • Sleepy or not consistently waking for feeds | • Unable to wake  
|                   | • Stays awake / awakens quickly | | • Persistently unable to settle  
|                   | • Strong normal cry/not crying | | • 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  
| **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  
|                   |                  | • Does not disappear with pressure  
|                   |                  | • Age 0-3 months with temp ≥38° (100.4°F)  |

**Green Action**
- [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.