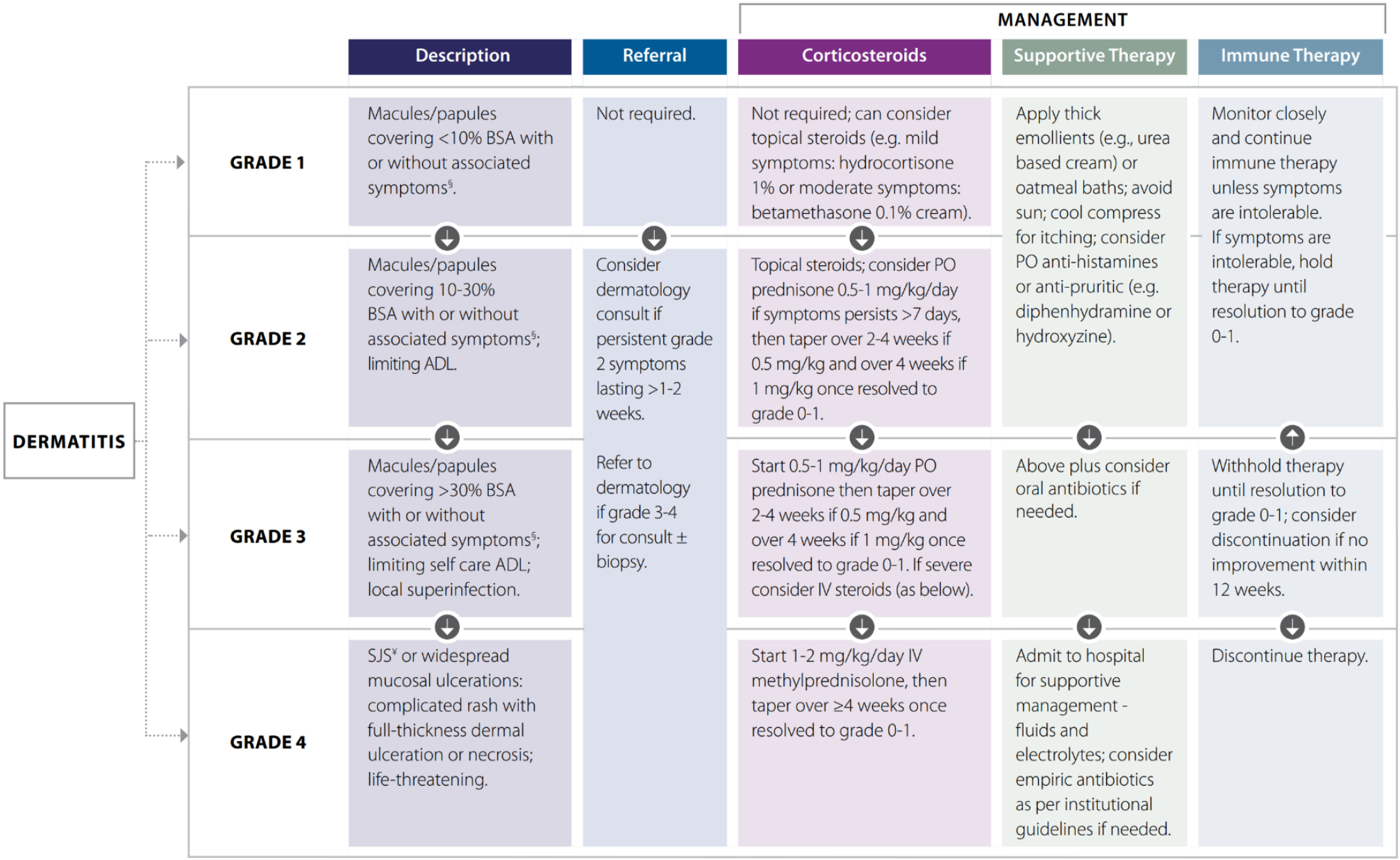
MANAGEMENT
Description
Referral
Corticosteroids
Supportive Therapy
Immune Therapy
DERMATITIS
GRADE 1
Macules/papules covering <10% BSA with or without associated symptoms§.
Not required.
Not required; can consider topical steroids (e.g. mild symptoms: hydrocortisone 1% or moderate symptoms: betamethasone 0.1% cream).
Apply thick emollients (e.g., urea based cream) or oatmeal baths; avoid sun; cool compress for itching; consider PO anti-histamines or anti-pruritic (e.g. diphenhydramine or hydroxyzine).
Monitor closely and continue immune therapy unless symptoms are intolerable. If symptoms are intolerable, hold therapy until resolution to grade 0-1.
GRADE 2
Macules/papules covering 10-30% BSA with or without associated symptoms§; limiting ADL.
Consider dermatology consult if persistent grade 2 symptoms lasting >1-2 weeks.
Topical steroids; consider PO prednisone 0.5-1 mg/kg/day if symptoms persists >7 days, then taper over 2-4 weeks if 0.5 mg/kg and over 4 weeks if 1 mg/kg once resolved to grade 0-1.
GRADE 3
Macules/papules covering >30% BSA with or without associated symptoms§; limiting self care ADL; local superinfection.
Refer to dermatology if grade 3-4 for consult ± biopsy.
Start 0.5-1 mg/kg/day PO prednisone then taper over 2-4 weeks if 0.5 mg/kg and over 4 weeks if 1 mg/kg once resolved to grade 0-1. If severe consider IV steroids (as below).
Above plus consider oral antibiotics if needed.
Withhold therapy until resolution to grade 0-1; consider discontinuation if no improvement within 12 weeks.
GRADE 4
SJS¥ or widespread mucosal ulcerations: complicated rash with full-thickness dermal ulceration or necrosis; life-threatening.
Start 1-2 mg/kg/day IV methylprednisolone, then taper over ≥4 weeks once resolved to grade 0-1.
Admit to hospital for supportive management - fluids and electrolytes; consider empiric antibiotics as per institutional guidelines if needed.
Discontinue therapy.