 **Poison Oak/Ivy flip**

**Subjective**

* History of symptoms--onset, treatment (home remedies included), alleviating/aggravating factors, frequency, etc.
* Review current meds for potential complications to injury or hidden symptoms
* Document allergies to antibiotics and other medications

**Objective**

* Document vital signs including pain level if appropriate
* Appropriate review of systems with focus on problem/side effects
* Detailed description of rash size and appearance, drainage, etc.
* Problem focused patient examination with informed presentation to the provider
* Observe for signs of possible secondary infection—fever, purulent drainage, etc.

**ICD-10 Codes**

* Poison Oak/Ivy/Sumac L23.7

**Treatment**

* Wash with mild soap and water (scrubbing not necessary and can aggravate)
* Skin culture and antibiotics may be appropriate if pus is present.
* Calamine lotion can provide symptomatic relief.
* Consult with provider regarding steroids for severe cases, especially involving the face or genitalia.

**Education**

* Heavy duty vinyl gloves can block allergenic sap/resin.
* Wash utensils, fingernails, clothing and pets that may have come in contact with plant before reuse—allergenic resin can stay present for several days.
* Oatmeal baths and cool, wet compresses can help.
* If pt is having difficulty sleeping, Benadryl can be helpful but doesn’t relieve itching.
* Do not burn plants; allergens can become airborne and cause respiratory symptoms.

**Co-Visit**

* Present to provider after examination but BEFORE documentation.
* Make sure all of the above is documented after consultation with provider.

***Call back for appointment with provider if:***

* Worsening signs and symptoms
* Fever, purulent drainage, inflammation, etc.

**Document all of above in Medical Record and send visit to PCP for completion.**