

Summer Rash Survival Guide

Children are particularly prone to rashes during the summer months because they are outside more often, wear less clothing, and are exposed to more bugs and plants. To a parent, rashes, stings and bites can all look alike. The following chart is designed to assist parents in treating and soothing many of summer’s most common rashes.

Parents should be advised to call their pediatrician for any rash that covers most of the body; is accompanied by swelling, fever, wheezing or other difficulty breathing, or nausea; any skin reaction new the eyes or mouth; any very painful skin reaction; excessive itching; or muscle and joint pain after a rash develops.

Parents should be advised to keep the following items on hand:

- Calamine lotion for its cooling effect
- Oatmeal-based lotions, creams and bath treatments to relieve itchiness
- Hydrocortisone cream to reduce swelling and itching
- Antihistamines to reduce itching, swelling and other reactions
- Antibacterial creams to treat and protect rashes against secondary infections
- Antibacterial soap for washing rashes
- Children’s TYLENOL or Children’s Motrin to reduce pain and fever

SIGNS	FIRST AID ADVICE FOR PARENTS	PREVENTION TIPS
Prickly Heat – An itchy rash with bumps or tiny blisters filled with fluid (caused by the retention of sweat in pores) usually in creased areas around armpits, neck or diaper area. The child may also look flushed or act cranky.	Loosen (or remove) clothing to cool skin and allow sweat to flow and evaporate. Cool compresses or a tepid bath with help to relieve symptoms	Dress the child in loose, cotton layers
Sun Rashes – Blister or brown spots in the irregular shape of a spilled liquid or a hand often caused by the sun reacting with a citrus fruit juice. A red sunburn-like rash can also occur if the child is taking certain medicines.	Apply sunscreen and avoid direct sunlight. A cool bath and acetaminophen or ibuprofen can reduce pain and relieve discomfort.	Advise parents of sun sensitivity associated with certain medications.
Poison Ivy, Poison Sumac, Poison Oak – A red, itchy rash whenever plants have touched the skin; forms within three days of contact. Blisters may follow, breaking to form a yellowish crust. Itching can last up to two weeks. Poison ivy grows east of the Rockies; poison oak grows in the West; poison sumac grows in areas of the Southeast.	After exposure, remove clothing and wash with soap and water. Once rash appears, treat with cold compresses, 1% hydrocortisone cream and oral antihistamines.	Cover skin with loose clothing when walking in wooded areas.
Lyme Disease – A widening reddish circle, two to three inches in diameter, a red ring with a clear center, several concentric rings, or larger rashes occurring 3 to 32 days after tick bite containing the causative spirochete infection. Rash with not itch. In some cases, fatigue, stiff neck and fever without a rash, are the only symptoms. Lyme’s disease is more prevalent in CT,RI,NY,NJ,DE,PA,WI and MD.	Remove ticks immediately by grasping them with tweezers close to the skin and pulling up steadily. Antibiotics are generally prescribed once Lyme disease is diagnosed.	Have the child wear long clothing when outdoors. Check the child for ticks every day.

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Flea and Mosquito Bites - Flea bites look like pimples and are often found in lines or clusters, usually around the ankles. Itching can be intense.	Apply calamine lotion, topical hydrocortisone, or a cold compress to numb the bites and to reduce swelling.	Have pets wear flea collars. Use bug repellent on child to protect against mosquito bites.
Insect Stings – A small bump that may hurt and itch but should subside within a few hours. Allergic reactions include hives, itching and swelling elsewhere on the body – lips, ears and feet.	Flick away the stinger, without squeezing the site. Elevate and apply ice.	Avoid going barefoot. Cover open trash can and food containers.
Impetigo – Begins as small red bumps that turn into blisters usually on the upper lip, around the mouth, on arms, hands, legs or feet. Blisters multiply, fill with pus, open and then form a yellowish crust on a hardened base. Even if treated, the crust may last for several weeks. Highly contagious, erupting 1-10 days after exposure.	Wash lesions with an antibacterial soap. Doctor may prescribe a topical antibiotic like Bactroban to be rubbed into lesions for a week or put the child on oral antibiotics.	Wash and cover cuts. Impetigo is caused by bacteria invading an opening in the skin.
Ringworm – A coin-sized, scaling red ring on the body or scaling on scalp or loss of hair caused by a fungal infection. The infection is usually, but not always, itching and highly contagious.	Treated with topical over-the-counter medications like tolnaftate, clotrimazole and miconazole. Scale ringworm is usually treated with oral griseofulvin.	Children should not share hats, hairbrushes, towel or pillows.
Hives – Itchy white or red bumps that can cover the body. Hives can be part of an allergic reaction to medication, food, plant, animal or anything touched or ingested. They can last a few hours or occur intermittently over weeks or months. Hives are not contagious.	A cool bath may be soothing. Antihistamines can reduce hives. Watch for signs of severe reaction; such as labored breathing and swollen lips.	Once identified, steer clear of the offending substance.