Emergency and Specialist Medicine Guideline for the Management of Stevens Johnson Syndrome and Toxic Epidermal Necrolysis

University Hospitals of Leicester NHS
NHS Trust
Trust Reference Number C19/2022

1. Introduction and Who Guideline applies to

This guideline is intended for clinical staff working in acute medical specialities and emergency medicine when the Dermatology on call service is closed (overnight and after 5pm at weekends and Bank Holidays

2. Guideline Standards and Procedures

Refer to Dermatology via ICE (service referrals). These are picked up daily at 08:30 (09.00 at weekends)

Take a full history:

(i) prodromal illness (fever, malaise, upper respiratory tract symptoms); onset of a painful rash and progression; and involvement of mucosal sites). (ii) Ask about symptoms indicating respiratory tract and bowel involvement (iii) Ask about a history of recurrent HSV infections and chest infections. (vii) Record all medicines taken over the previous 2 months, including over-the-counter (OTC) and complementary/alternative therapies; document the date treatments were started and the date, dose escalation and date when drugs were stopped. Note if there has been a brand switch or any medication errors. (viii) Record any previous history of drug allergies, including details of the reaction type.

Examine the patient:

- (i) Look for target lesions (particularly atypical targets), purpuric macules, blisters and areas of epidermal detachment.
 - (ii) Examine all mucosal sites, looking for mucositis, blisters and erosions.
 - (iii) Record the percentage of BSA of detachment.

Suspect SJS/TEN

Investigations:

(i)FBC,ESR,CRP,U+E,LFT,Protein,bicarbonate, glucose, coagulation studies, and mycoplasma serology; (ii) chest X-ray; (iii) swabs from lesional skin for bacteriology; (iv) organize photographs of the skin to show type of lesion and extent of involvement.

Initial management:

- (i)Discontinue any potential culprit drug. This can be up to 2 months following exposure.
- (ii) Establish peripheral venous access; where possible, insert the cannula through nonlesional skin; commence appropriate intravenous (IV) fluid resuscitation if clinically indicated.
 - (iii) A fluid chart should be initiated.
- (iii) Ascertain if the patient can maintain adequate hydration and nutrition or ally; if this is not possible, insert a nasogastric tube and institute nasogastric feeding.
- (iv) Insert a urinary catheter when urogenital involvement is causing significant dysuria or retention. A urinary catheter will also permit accurate output monitoring to assist fluid replacement.
 - (v)If evidence of sepsis, consider IV flucloxacillin.
 - (vi)Prescribe analgesia.
 - (vii)Refer to ITU for supportive therapy and plastics for skin management.

Skin management:

- (i)Leave detached skin in situ to act as biological dressing.
- (ii) If large blister present, express fluid and leave roof of blister attached to act as biological dressing.
 - (iii)If weepy areas, apply topical anti-microbial.
- (iv)Thick application of WSP 50:50 under non-adhesive dressings eg.Silflex,Atrauman or Gelonet under a secondary foam or burn dressing to collect exudate eg.Csorb under bandages.
 - (v)Emollin spray as per needed

Inform dermatology within hours

3. Education and Training

This topic is covered in the Dermatology GIM Teaching session

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
n/a for guidance only				

5. Supporting References

<u>UK guidelines for the management of Stevens-Johnson syndrome/toxic epidermal necrolysis in adults 2016</u>

Creamer D, Walsh SA, Dziewulski P, Exton LS, Lee HY, Dart JKG, Setterfield J, Bunker CB, Ardern-Jones MR, Watson KMT, Wong GAE, Philippidou M, Vercueil A, Martin RV, Williams G, Shah M, Brown D, Williams P, Mohd Mustapa MF, Smith CH. *Br J Dermatol* 2016; **174**: 1194-1227.

This is a dual publication in the British Journal of Dermatology **available via doi**:10.1111/bjd.14530 and <u>Journal of Plastic</u>, Aesthetic and Reconstructive Surgery.

British Association of Dermatologists guidelines for the management of Stevens-Johnson syndrome/toxic epidermal necrolysis in children and young people 2018

McPherson T, Exton LS, Biswas S, Creamer D, Dziewulski P, Newell L, Tabor KL, Wali GN, Young AE, Mohd Mustapa MF, Murphy. R *Br J Dermatol* 2019; **181**: 37-54.

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6. Key Words

Dermatology Stevens-Johnson Syndrome Toxic Epidermal Necrolysis

CONTACT AND REVIEW DETAILS				
Guideline Lead Dr Elizabeth Roberts	Executive Lead			
Details of Changes made during review:				