**INTRODUCTION**

- Exposure to plants of the Anacardiaceae family, commonly known as poison ivy, accounts for more allergic contact dermatitis than all other plant families combined. The most important members of this family are those of the genus Toxicodendron meaning “poisonous tree”.
- Poison ivy is a plant that grows low to the ground, resembling a weed or shrub. Many use the common phrase, “leaves of three, let them be” as a reminder to identify and avoid the plant.
- The rash is caused by a reaction to urushiol, the oil found in the plants. The itchy, red and blistering rash often does not start until 4 to 96 hours after contact with the oil. [https://www.aad.org/public/diseases/itchy-skin/poison-ivy-oak-and-sumac](https://www.aad.org/public/diseases/itchy-skin/poison-ivy-oak-and-sumac)

**INITIAL EVALUATION AND MANAGEMENT**

- Poison ivy dermatitis is a classic type IV hypersensitivity (cell-mediated) allergic reaction.
- Immediately rinse your skin with lukewarm, soapy water and wash your clothing.
- Apply calamine lotion or cool compresses to the itchy skin.
- High-potency topical corticosteroids are most helpful early in contact dermatitis.
- Consider taking oral antihistamine or antipruritic agents.

**WHEN TO REFER**

- Go to the Emergency Department with any trouble breathing or swallowing
- See your primary care physician for rash that covers most of your body with extensive blisters or develops on your face or genitals, significant swelling or hives, especially eyelids
- Treatment may require systemic corticosteroids, such as 1 mg/kg/day oral prednisone tapered over 2-3 weeks

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