Child or young person with suspected SJS/TEN

Refer immediately to local SJS/TEN MDT
Consider telemedicine advice from a specialist centre

Institute initial investigation & management
Stop culprit drug

Transfer to centre with experience in managing SJS/TEN in children and young people

SJS/TEN MDT (including ophthalmology) defined management plan

Supportive care
Consider active intervention
Continuous clinical assessment
Discharge and follow-up

Wound management

Surgical
Conservative

BSA epidermal detachment >10%, or with co-morbidity, or requiring ventilation?

Discuss risks and benefits of transfer to specialist regional centre (burns unit): transfer only if appropriate

Admit to PICU or burns centre with dermatology support and experience and facilities to manage extensive skin loss

BSA epidermal detachment >30%, with clinical deterioration or when conservative measures may be supplemented by a surgical approach?