

# THE ALFRED REFERRAL GUIDELINES: DERMATOLOGY

## Referral priority guide

### Skin cancer

Basal cell carcinoma (BCC)

Squamous cell carcinoma (SCC)

Premalignant skin lesions

Bowen's disease

Solar keratoses

Suspected melanoma

### Skin infections

Viral warts

Acne

### Inflammatory dermatoses

Eczema/dermatitis

Psoriasis

### Adverse drug reactions

Bullous eruptions (eg pemphigoid)

### Naevi

Pigmented naevi

Congenital naevi

## THE ALFRED REFERRAL GUIDELINES DERMATOLOGY

### Referral priority guide

<p><b>Immediate</b></p> <ul style="list-style-type: none"> <li>• Severe blistering, purpuric or pustular drug eruptions, toxic epidermal necrolysis, Sweet's Disease, cellulitis, severe bullous eruptions</li> <li>• Stevens Johnson syndrome, erythema multiforme</li> <li>• Erythroderma, pustular psoriasis, acne fulminans</li> <li>• Eczema herpeticum, infections with immunosuppression</li> </ul>	<p>Phone the Dermatology Registrar on call on 9076 2000 and/or send to The Alfred Emergency &amp; Trauma Centre. Appointments for the <b>Multidisciplinary Melanoma Clinic</b> can be made by contacting MerranTyler on Phone/Fax 9530 5940.</p>
<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>• All other drug eruptions</li> <li>• Atypical pigmented lesions</li> <li>• Suspected melanoma</li> <li>• Acute contact dermatitis</li> <li>• Keratoacanthoma</li> </ul>	<p>Urgent cases must be discussed with the Dermatology Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.</p>
<p><b>Soon</b></p>	<p>Likely to receive an appointment within 2-6 weeks.</p>
<p><b>Intermediate</b></p>	<p>Likely to receive an appointment within 6-12 weeks.</p>
<p><b>Non-urgent</b></p>	<p>Appointment may be delayed.</p>
<p><b>Not seen</b></p>	<ul style="list-style-type: none"> <li>• Children under 16 years of age are not seen at the Alfred.</li> <li>• Venous ulceration – refer to Vascular Surgery</li> <li>• Sexually transmitted diseases</li> <li>• Children less than 16 years</li> <li>• Cosmetic conditions</li> <li>• Laser dermatology</li> </ul>

**Please note:** The times to assessment may vary depending on size and staffing of the hospital department. If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Dermatology Registrar on call on 9076 2000.

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# THE ALFRED REFERRAL GUIDELINES DERMATOLOGY

## Skin cancer

Evaluation	Management	Referral Guidelines
<b>Basal Cell Carcinoma (BCC)</b>		
Type of lesion, site and speed of growth – determines urgency priority	<ul style="list-style-type: none"> <li>Excision and histology, or</li> <li>Curettage with cautery</li> </ul> Depending on the activity of the lesion, the duration, the site and the skill of the operator.  NB Curettage and cautery is a specialized technique which requires specific training and therefore requires referral	Refer if suspected melanoma – Urgent PRIORITY 1. Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Merran Tyler on Phone/Fax 9530 5940.  Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear –Urgent PRIORITY 1.

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## Squamous Cell Carcinoma (SCC)

Type of lesion, site and speed of growth – determines urgency priority	<ul style="list-style-type: none"> <li>Excision and histology</li> </ul>	Refer if suspected melanoma – Urgent PRIORITY 1. Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Merran Tyler on Phone/Fax 9530 5940.  Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear –Urgent PRIORITY 1.
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## Premalignant Skin Lesions

### Bowen's Disease

### Solar Keratoses

Type of lesion, site and speed of growth – determines urgency priority		Refer if suspected melanoma – Urgent PRIORITY 1. Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Merran Tyler on Phone/Fax 9530 5940.  Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear –Urgent PRIORITY 1.  Refer if numerous/severe solar keratoses not responding to cryotherapy – intermediate PRIORITY 3.
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## Suspected melanoma

Use ABCD Criteria and Dermatoscopy (if proficient)  Remember Nodular and Amelanotic Melanoma	Primary narrow excision with histology if small.	Refer if diagnostic concern, or beyond GP skill level – PRIORITY 1 – Urgent.  Refer all patients after excision of lesion which is melanoma for: <ul style="list-style-type: none"> <li>Consideration of re-excision</li> <li>Complete skin examination and planning of appropriate follow up.</li> </ul> Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Merran Tyler on Phone/Fax 9530 5940.
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## THE ALFRED REFERRAL GUIDELINES DERMATOLOGY

### Skin infections

Evaluation

Management

Referral Guidelines

### Viral warts

Clinical Diagnosis

Consider not treating

After six months of failed treatment consider referral to Dermatology – PRIORITY 3.

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### Acne

Clinical Diagnosis

Include in referral:

- Extent
- Presence of nodules & scarring
- Emotional distress/depression
- Previous treatment and response

Initially if mild, treat with topical agents (peeling agents, retinoids or topical antibiotics +/- benzoyl peroxide)

Then add in oral antibiotics (tetracyclines) for minimum of three months (usually nine to eighteen).

In female patients consider Diane-35 or Yasmin OCP.

Refer to dermatologist – PRIORITY 2 for

- Severe inflammatory nodular acne
- Acne extending to the lower back
- Acne unresponsive to 3-6 months conventional treatment (ie antibiotic plus topical agent or Diane-35 plus topical agent).
- If significant scarring.
- If significant emotional disturbance due to acne.

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### Inflammatory dermatoses

#### Eczema/dermatitis

Clinical diagnosis

Biopsy may occasionally be indicated

- Regular use of moisturisers.
- Treatment of secondary infection.
- Control of inflammation with intermittent courses of potent topical corticosteroids

Those patients with conditions causing significant distress or interfering with childcare/school/work should be referred to dermatologist – PRIORITY 2.

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#### Psoriasis

Clinical diagnosis

Biopsy may occasionally be indicated

Trial of potent topical corticosteroids, tar-based preparations, and vitamin D3 analogues

Refer if inadequate response (usually 4-8 weeks) to conventional treatment – PRIORITY 3  
Refer if severe and widespread, or where there is diagnostic difficulty – PRIORITY 1-2.

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## THE ALFRED REFERRAL GUIDELINES DERMATOLOGY

### Adverse drug reactions

Evaluation	Management	Referral Guidelines
Evaluation by history of drug usage	Stop responsible agents and report case to ADRAAC	Severe skin reactions, eg Stevens Johnson Syndrome, Toxic Epidermal Necrolysis, erythema multiforme – Immediate referral – contact Dermatology registrar or send to The Alfred Emergency & Trauma Centre.  Tests for drug allergy are not available. <a href="#">Return to contents page</a>

### Bullous eruptions (eg pemphigoid)

Clinical diagnoses Exclude insect bites, and trauma as cause for blistering	Prevent secondary infection	Refer to Dermatology, patients with extensive blistering or who are systemically unwell – PRIORITY 1.  <a href="#">Return to contents page</a>
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### Naevi

#### Pigmented naevi

Use the ABCD criteria and Dermatoscope (if proficient)	As a general principle: <ul style="list-style-type: none"> <li>• Melanomas and skin cancers are rare in prepuberal children so very few naevi need to be removed in children</li> <li>• Changing naevi should be reviewed in one month, referred or excised</li> <li>• Excision of naevi should be with a narrow margin, must be sent for histology &amp; should only be done within the operator's skill level</li> </ul>	Refer if suspected melanoma – PRIORITY 1.  Changing naevi particularly in a patient with a history of melanoma, patients with multiple atypical naevi (>7mm in size, red or tan coloured, variable shape & border) & in cases of diagnostic doubt – PRIORITY 1.  Refer patients at high risk of melanoma for appropriate surveillance.  <a href="#">Return to contents page</a>
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#### Congenital naevi

Clinical Diagnosis	As a general principle: Few congenital naevi will become malignant. Those that do, generally do so in adulthood	For pigmented congenital naevi, refer to Dermatologist if >1cm in size or on a cosmetically significant site – PRIORITY 2-3.  <a href="#">Return to contents page</a>
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