

REFERRAL GUIDELINES: **DERMATOLOGY**



Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports
- Past medical history including duration and response to previous treatment
- Current medications

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938



Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Routine skin checks are only provided for high risk patients eg immunosuppression
- Children under 18 years of age are not seen at the Alfred (exception for Lung Transplant patients)
- Patients who are being treated for the same condition at another Victorian public hospital
- Venous ulceration – refer to [Vascular Surgery](#)
- Sexually transmitted diseases—Refer to [Infectious Diseases](#)
- Cosmetic conditions
- Laser dermatology is not provided at The Alfred
- Warts (Please note: if warts have persisted for more than 6 months despite treatment, please contact the Dermatology registrar for advice.)

REFERRAL PROCESS: **DERMATOLOGY**



STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked and you may be contacted for further information if required.



STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will have to wait for an appointment.



STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days.

Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist— please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

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.**

REFERRAL PRIORITY: **DERMATOLOGY**

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p>IMMEDIATE</p> <p>Direct to the Emergency & Trauma Centre</p>	<p>URGENT</p> <p>Appointment timeframe within 30 days</p>	<p>ROUTINE</p> <p>Appointment timeframe greater than 30 days depending on clinical need</p>
<ul style="list-style-type: none"> • Extensive blistering including suspected toxic epidermal necrolysis (TEN) or Stevens Johnson syndrome (SJS) • Purpuric (bruise-like) rashes • Widespread and symptomatic drug eruptions • Erythroderma • Generalised pustular psoriasis • Eczema herpeticum • Skin infections in immunosuppressed patients 	<ul style="list-style-type: none"> • Suspected melanoma • Suspected squamous cell carcinoma (SCC) • Acute allergy contact dermatitis 	<ul style="list-style-type: none"> • Eczema/dermatitis • Acne
<p>Phone the Dermatology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.</p>	<p>Urgent cases must be discussed with the Dermatology Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.</p> <p>Appointments for the Multidisciplinary Melanoma Clinic can be made by contacting Marisa Ianzano on Phone 9076 0365 or Fax 9076 5799.</p>	<p>Fax referral to 9076 6938</p>

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.

Referral Guideline Contents

Skin Cancers

- [Basal Cell Carcinoma \(BCC\)](#)
- [Squamous Cell Carcinoma \(SCC\)](#)
- [Pre Malignant Skin Conditions](#)
 - [Bowens Disease](#)
 - [Solar Keratoses](#)

[Suspected Melanoma](#)

Acne

[Inflammatory Dermatoses](#)

- [Eczema/dermatitis](#)
- [Psoriasis](#)

[Adverse Drug Reactions](#)

[Blistering Eruptions \(eg pemphigoid\)](#)

[Pigmented Naevi](#)

Skin Cancers:

BASAL CELL CARCINOMA

Evaluation	Management	Referral Guidelines
Type of lesion, site and speed of growth – determines urgency priority	Excision and histology, or Curettage with cautery 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 <u>Cancer Council Australia Clinical Practice Guide to BCC and SCC</u>	Refer if suspected melanoma – Urgent Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa lanzano on Phone 9076 0365 or Fax 9076 5799. Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear – Urgent Please include high quality images or dermoscopy if available with your referral.

SQUAMOUS CELL CARCINOMA

Evaluation	Management	Referral Guidelines
Type of lesion, site and speed of growth – determines urgency priority	Excision and histology <u>Cancer Council Australia Clinical Practice Guide to BCC and SCC</u>	Refer if suspected melanoma – Urgent Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa lanzano on Phone 9076 0365 or Fax 9076 5799. Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear – Urgent Please include high quality images or dermoscopy if available with your referral.

PRE MALIGNANT SKIN CONDITIONS BOWENS DISEASE/SOLAR KERATOSES

Evaluation	Management	Referral Guidelines
Type of lesion, site and speed of growth – determines urgency priority	Cancer Council Australia Clinical Practice Guide to BCC and SCC	<p>Refer if suspected melanoma – Urgent</p> <p>Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano on Phone 9076 0365 or Fax 9076 5799.</p> <p>Refer if diagnostic concern, or if difficult excision beyond GP skill level, eg rapid growth or presenting on lip/ear – Urgent</p> <p>Refer if numerous/severe solar keratoses not responding to cryotherapy – Routine</p> <p>Please include high quality images or dermoscopy if available with your referral.</p>

SUSPECTED MELANOMA

Evaluation	Management	Referral Guidelines
<p>Use ABCD Criteria and Dermatoscopy (if proficient)</p> <p>Remember Nodular and Amelanotic Melanoma</p>	<p>Primary narrow excision with histology if small.</p> <p>NHMRC Clinical Practice Guidelines for the Management of Melanoma</p>	<p>Refer if diagnostic concern, or beyond GP skill level – Urgent.</p> <p>Refer all patients after excision of lesion which is melanoma for:</p> <ul style="list-style-type: none"> • Consideration of re-excision • Complete skin examination and planning of appropriate follow up. <p>Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano on Phone 9076 0365 or Fax 9076 5799.</p> <p>Please include high quality images or dermoscopy if available with your referral.</p>

ACNE

Evaluation	Management	Referral Guidelines
<p>Clinical Diagnosis</p> <p>Include in referral:</p> <ul style="list-style-type: none"> • Extent • Presence of nodules & scarring • Emotional distress/depression • Previous treatment and response 	<p>Initially if mild, treat with topical agents (peeling agents, retinoids or topical antibiotics +/- benzoyl peroxide)</p> <p>Then add in oral antibiotics (tetracyclines) for minimum of three months (usually nine to eighteen).</p>	<p>Please indicate if referral is more pressing due to:</p> <ul style="list-style-type: none"> • 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.

Inflammatory Dermatoses: ECZEMA/DERMATITIS

Evaluation	Management	Referral Guidelines
<p>Clinical diagnosis</p> <p>Biopsy may occasionally be indicated</p>	<ul style="list-style-type: none"> Regular use of moisturisers. Treatment of secondary infection. Control of inflammation with intermittent courses of potent topical corticosteroids 	<p>Please indicate if referral is more pressing due to significant distress or if interfering with childcare/school/work.</p>

PSORIASIS

Evaluation	Management	Referral Guidelines
<p>Clinical diagnosis</p> <p>Biopsy may occasionally be indicated</p>	<p>Trial of potent topical corticosteroids, tar-based preparations, and vitamin D3 analogues</p>	<p>Refer if inadequate response (usually 4-8 weeks) to conventional treatment – Routine</p> <p>Refer if severe and widespread, or where there is diagnostic difficulty – Urgent</p>

ADVERSE DRUG REACTIONS

Evaluation	Management	Referral Guidelines
<p>Evaluation by history of drug usage</p>	<p>Stop responsible agents and report case to ADRAAC</p>	<p>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.</p>

BLISTERING ERUPTIONS (eg Pemphigoid)

Evaluation	Management	Referral Guidelines
<p>Clinical diagnoses</p> <p>Exclude insect bites, and trauma as cause for blistering</p>		<p>Patients with extensive blistering, who are systemically unwell, or have unexplained blisters should be discussed with Dermatology registrar via switch 9076 2000.</p>

PIGMENTED NAEVI

Evaluation	Management	Referral Guidelines
<p>Use the ABCD criteria and Dermatoscope (if proficient)</p>	<p>As a general principle:</p> <p>Changing naevi should be reviewed in one month, referred or excised.</p> <p>Excision of entire lesion should be with a narrow margin, must be sent for histology & should only be done within the operator's skill level.</p>	<p>Refer if suspected melanoma—Urgent</p> <p>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 – Urgent</p> <p>Refer patients at high risk of melanoma for appropriate surveillance.</p> <p>Please include high quality images or dermoscopy if available with your referral.</p>