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
- For warts which have persisted for more than 6 months despite treatment contact the Dermatology registrar for advice.

REFERRAL GUIDELINES: DERMATOLOGY

**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

**Exclusion Criteria**

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

**Essential Referral Content**

**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
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- Laser dermatology is not provided at The Alfred
- For warts which have persisted for more than 6 months despite treatment 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.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines. They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.
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.

<table>
<thead>
<tr>
<th>IMMEDIATE</th>
<th>URGENT</th>
<th>ROUTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct to the Emergency &amp; Trauma Centre</td>
<td>Appointment timeframe within 30 days</td>
<td>Appointment timeframe greater than 30 days depending on</td>
</tr>
<tr>
<td>- Extensive blistering including suspected toxic epidermal necrolysis (TEN) or Stevens Johnson syndrome (SJS)</td>
<td>- Suspected melanoma</td>
<td></td>
</tr>
<tr>
<td>- Purpuric (bruise-like) rashes</td>
<td>- Suspected squamous cell carcinoma (SCC)</td>
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<tr>
<td>- Widespread and symptomatic drug eruptions</td>
<td>- Acute allergy contact dermatitis</td>
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<tr>
<td>- Erythroderma</td>
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<td></td>
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<tr>
<td>- Generalised pustular psoriasis</td>
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<td></td>
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<tr>
<td>- Eczema herpeticum</td>
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<tr>
<td>- Skin infections in immunosuppressed patients</td>
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</tbody>
</table>

Phone the Dermatology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.

Urgent cases must be discussed with the Dermatology Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.

Appointments for the Multidisciplinary Melanoma Clinic can be made by contacting Marisa Ianzano on Phone 9076 0365 or Fax 9076 5799.

Fax referral to 9076 6938

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.
### Skin Cancers: BASAL CELL CARCINOMA

**Evaluation**
Type of lesion, site and speed of growth – determines urgency priority

**Management**
- 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

**Referral Guidelines**
- Refer if suspected melanoma – Urgent
- Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano 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

**Cancer Council Australia Clinical Practice Guide to BCC and SCC**

### SQUAMOUS CELL CARCINOMA

**Evaluation**
Type of lesion, site and speed of growth – determines urgency priority

**Management**
- Excision and histology

**Referral Guidelines**
- Refer if suspected melanoma – Urgent
- Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano 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

**Cancer Council Australia Clinical Practice Guide to BCC and SCC**

### PRE MALIGNANT SKIN CONDITIONS BOWENS DISEASE/SOLAR KERATOSES

**Evaluation**
Type of lesion, site and speed of growth – determines urgency priority

**Management**
- Refer if numerous/severe solar keratoses not responding to cryotherapy – Routine

**Referral Guidelines**
- Refer if suspected melanoma – Urgent
- Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano 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

**Cancer Council Australia Clinical Practice Guide to BCC and SCC**
## SUSPECTED MELANOMA

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Management</th>
<th>Referral Guidelines</th>
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</thead>
<tbody>
<tr>
<td>Use ABCD Criteria and Dermatoscopy (if proficient)</td>
<td>Primary narrow excision with histology if small. <a href="#">NHMRC Clinical Practice Guidelines for the Management of Melanoma</a></td>
<td>Refer if diagnostic concern, or beyond GP skill level – Urgent. Refer all patients after excision of lesion which is melanoma for: • Consideration of re-excision • Complete skin examination and planning of appropriate follow up. Multidisciplinary Melanoma Clinic is available at The Alfred for confirmed melanoma – contact Marisa Ianzano on Phone 9076 0365 or Fax 9076 5799.</td>
</tr>
<tr>
<td>Remember Nodular and Amelanotic Melanoma</td>
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</table>

## ACNE

<table>
<thead>
<tr>
<th>Evaluation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Diagnosis</td>
<td>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).</td>
<td>Refer to dermatologist – Urgent 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.</td>
</tr>
<tr>
<td>Include in referral: • Extent • Presence of nodules &amp; scarring • Emotional distress/depression • Previous treatment and response</td>
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## Inflammatory Dermatoses: ECZEMA/DERMATITIS

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Clinical diagnosis</td>
<td>• Regular use of moisturisers. • Treatment of secondary infection. • Control of inflammation with intermittent courses of potent topical corticosteroids</td>
<td>Those patients with conditions causing significant distress or interfering with childcare/school/work should be referred to dermatologist – Urgent.</td>
</tr>
<tr>
<td>Biopsy may occasionally be indicated</td>
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</table>
### PSORIASIS

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<tr>
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</thead>
<tbody>
<tr>
<td>Clinical diagnosis</td>
<td>Trial of potent topical corticosteroids, tar-based preparations, and vitamin D3 analogues</td>
<td>Refer if inadequate response (usually 4-8 weeks) to conventional treatment — Routine</td>
</tr>
<tr>
<td>Biopsy may occasionally be indicated</td>
<td></td>
<td>Refer if severe and widespread, or where there is diagnostic difficulty —</td>
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</tbody>
</table>

### ADVERSE DRUG REACTIONS

<table>
<thead>
<tr>
<th>Evaluation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Evaluation by history of drug usage</td>
<td>Stop responsible agents and report case to ADRAC</td>
<td>Severe skin reactions, eg Stevens Johnson Syndrome, Toxic Epidermal Necrolysis, erythema multiforme — Immediate referral — contact Dermatology registrar or send to The Alfred Emergency &amp; Trauma Centre. Tests for drug allergy are not available.</td>
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</tbody>
</table>

### BLISTERING ERUPTIONS (eg Pemphigoid)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Clinical diagnoses</td>
<td></td>
<td>Patients with extensive blistering, who are systemically unwell, or have unexplained blisters should be discussed with Dermatology registrar via switch 9076 2000.</td>
</tr>
<tr>
<td>Exclude insect bites, and trauma as cause for blistering</td>
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### PIGMENTED NAEVI

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Use the ABCD criteria and Dermatoscope (if proficient)</td>
<td>As a general principle: Changing naevi should be reviewed in one month, referred or excised. Excision of entire lesion should be with a narrow margin, must be sent for histology &amp; should only be done within the operator’s skill level.</td>
<td>Refer if suspected melanoma—Urgent Changing naevi particularly in a patient with a history of melanoma, patients with multiple atypical naevi (&gt;7mm in size, red or tan coloured, variable shape &amp; border) &amp; in cases of diagnostic doubt — Urgent Refer patients at high risk of melanoma for appropriate surveillance.</td>
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### Skin Infections: VIRAL WARTS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical diagnosis</td>
<td>Consider not treating</td>
<td>After six months of failed treatment available in the community contact the Dermatology registrar for advice.</td>
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</tbody>
</table>