Bayside Health

Referral Guideline – Regional

Dermatology

Dermatology specialises in the diagnosis and management of skin disorders. At Bayside Health Regional, we focus on premalignant skin conditions, skin cancers and other skin conditions.

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

Professor Victoria Mar

Role: Clinical Lead and Melanoma Specialist

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

- Anaphylaxis
- Any rash causing erythroderma (i.e. widespread erythema of the skin) with malaise and loss of temperature control (i.e. shivering)
- Mucosal erosions, skin pain, blisters and fever may indicate the development of toxic epidermal necrolysis
- High fever, lymphadenopathy, eosinophilia and systemic illness may indicate a drug hypersensitivity syndrome and should prompt
- Severe and tender lumps with fluctuant nodules or signs of systemic illness.
- Suspected Stevens-Johnson syndrome or toxic epidermal necrolysis (TEN)

Tertiary Hospital Redirection

Referrals for some conditions requiring immediate assessment and management, a referral straight to the Alfred is required via contact with the Alfred Health Dermatologist.

Phone the Alfred Health Dermatology Registrar on call on 9076 2000 for;

- 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

Redirection required not available at Bass Coast Health

- Venous Ulceration – Vascular Surgeon at Gippsland Southern Health or Bayside Health Alfred

Safety risk screening

- Referrer requested to send a photo of the lesion, if possible, with referral for all urgent conditions such as;
- Suspected melanoma
- Suspected squamous cell carcinoma
- Acute allergic contact dermatitis
- Eczema herpeticum

Procedures/Conditions seen at Bayside Health Regional

- Acne
- Alopecia areata & scarring alopecia only
- Blistering Eruptions (e.g. pemphigoid and Pigmented Naevi)
- Drug Eruptions
- Eczema (Dermatitis)
- Melanoma
- Pre-Malignant Skin Conditions including Bowens disease, High Risk Skin Cancer
- Psoriasis
- Skin Cancer [including Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC)]
- Urticaria (Dermatitis)

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional

- Routine Skin Checks
- Cosmetic conditions
- Laser dermatology
- In vitro or in vivo testing for drug allergies is not performed in clinic
- Solar Keratoses
- Hair loss excluding alopecia areata & scarring alopecia •Onychomycosis
- Common warts •Assessment or treatment of acute allergies
- Venous ulceration
- Sexually transmitted diseases – Refer to Infectious Diseases | Bayside Health Regional

Acne; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Acne is a potentially scarring condition and the presence of existing scars or moderate to severe disease should prompt active treatment with a systemic agent

The psychological impact of acne on the individual should always be considered

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Current medications
- Any swabs attended & results
- Treatments/management prior to referral
- Psychological/Social impacts
- Assessment for oligo/anovulation and signs of hyperandrogenism In women that might suggest underlying Polycystic Ovarian Syndrome (PCOS)

EMERGENCY

- Refer to RED flag conditions

ROUTINE

- All Acne referrals considered routine
- Severe (nodulocystic or scarring)acne should be considered for referral to a dermatologist for treatment with oral isotretinoin

Alopecia areata & scarring alopecia only; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Alopecia areata & scarring alopecia only - Not just hair loss and the presence of existing scars or moderate to severe disease should prompt active treatment with a systemic agent

The psychological impact of acne on the individual should always be considered

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Current medications
- Any photos
- Any bacterial/viral swabs attended & results
- Treatments/management prior to referral
- Psychological/Social impacts

EMERGENCY

- Refer to RED flag conditions

ROUTINE

- All Acne referrals considered routine

Blistering Eruptions (e.g. pemphigoid and Pigmented Naevi); seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Autoimmune blistering (bullous) skin diseases present with spontaneous blisters and erosions of the skin and sometimes mucosal surfaces; Bullous pemphigoid is the most common, while pemphigus vulgaris is potentially the most serious

** Note for GP to swab testing to exclude bullous impetigo and herpes zoster

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Current medications
- Any swabs attended & results
- Treatments/management prior to referral
- Psychological/Social impacts
- ** swab testing to exclude bullous impetigo and herpes zoster

EMERGENCY

- Refer to RED flag conditions

URGENT

- Oral involvement affecting food intake or conjunctival or genital involvement
- Patients with an extensive symptomatic blistering eruption may be seen more urgently if specified

ROUTINE

- All Acne referrals considered routine

Drug Eruptions; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Most drug eruptions present as an acute widespread non-scaly ("morbilliform", i.e.. measles-like) eruption

Drug rashes typically occur 1-2 weeks after the commencement of the offending medication, but the onset may sometimes be delayed by up to several months (especially for anticonvulsants)

Mucosal involvement may indicate toxic epidermal necrolysis and should prompt immediate referral

Severe drug eruptions may be associated with a fever and in some cases lymphadenopathy and systemic illness (i.e. drug hypersensitivity syndrome)

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Relevant & Current medications
- Any Photos
- Any Bloods (FBE, UEC & LFTs) attended & results
- Psychological/Social impacts

EMERGENCY

- Refer to RED flag conditions
- Anaphylaxis
- Any rash causing widespread erythema of the skin with signs of systemic illness
- High fever, lymphadenopathy, eosinophilia and systemic illness that may indicate a drug hypersensitivity syndrome
- Mucosal erosions, skin pain, blisters, pustules and/or fever that may indicate the development of toxic epidermal necrolysis
- Suspected Stevens-Johnson syndrome or toxic epidermal necrolysis (TEN).

URGENT

- Severe drug eruptions

ROUTINE

- Persistent rashes where the possibility of a drug cause is considered
- In vitro or in vivo testing for drug allergies is not performed in the clinic

Eczema; Dermatitis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Dermatitis (eczema) is characterised by focal itchy red plaques that may be scaly or thickened (lichenified); weeping of the skin is suggestive of this diagnosis

Crusting and erosions suggest secondary infection with Staph aureus or Herpes Simplex Virus respectively

Dermatitis recurring in a localised area raises the possibility of an allergic contact dermatitis

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Relevant & Current medications
- Treatment & management
- Any Photos
- Any bacterial/viral swabs attended & results
- Psychological/Social impacts

EMERGENCY

- Refer to RED flag conditions
- Any rash causing widespread erythema of the skin with signs of systemic illness
- Eczema herpeticum

URGENT

- Widespread chronic dermatitis that severely impacts the patient's quality of life or dermatitis that has been significantly exacerbated by secondary infection requires urgent specialist assessment in the Dermatology Clinic.

ROUTINE

- Those presenting with chronic dermatitis not responding to topical therapy require specialist assessment to consider systemic therapy.
- All Acne referrals considered routine

Melanoma; Dermatitis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma

Suspicious lesions requiring biopsy/excision

Photo/s available

Additional Information to be included

- Minimal Referral Criteria
- Medical history
- Relevant & Current medications
- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Histology results
- Any swabs attended & results
- Photos MUST be provided
- Excisional biopsy in accordance with Australian Guidelines for management of melanoma

** Do not perform punch biopsy if Melanoma is suspected

EMERGENCY

- Refer to RED flag conditions
- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma for an urgent plastic surgery assessment

URGENT

- Proven with biopsy results
- Suspicious without biopsy for Dermatology consultation as urgent

ROUTINE

- Reviews

Pre-Malignant Skin Conditions including Bowens disease, High Risk Skin Cancer checks

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Pre-malignant skin condition including Bowens Disease
- High Risk Skin Cancer Check – have had melanomas/SCCs etc
- Proven

GP PLEASE NOTE : Excisional biopsy in accordance with Australian Guidelines for management of melanoma

*Do not perform punch biopsy if Melanoma is suspected

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Relevant & Current medications
- Treatment & management
- Photos MUST be provided
- Any bacterial/viral swabs attended & results
- Psychological/Social impacts

EMERGENCY

- Refer to RED flag conditions

URGENT

- Rapidly enlarging
- >2cm in diameter
- Located on the scalp, lip or ear
- Occurring in an immunosuppressed patient
- Demonstrating perineural invasion on biopsy
- Other high priority non-melanoma skin cancers:
- High Risk Skin Cancer Check with a concern as listed above

ROUTINE

- Bowen's disease
- Premalignant skin condition
- High Risk Skin Cancer Check referred from another specialist

Psoriasis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Psoriasis presents with thickened scaly plaques typically located on the limb extensors, scalp, lower back and buttocks

Psoriasis is usually more scaly but less itchy than dermatitis

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Relevant &Current medications
- Details of onset, duration, site, and any recent changes in condition
- Photos

**Psoriasis associated inflammatory arthritis of the hands, feet or back may require a Rheumatology referral and assessment

EMERGENCY

- Refer to RED flag conditions
- Any rash causing widespread erythema of the skin with signs of systemic illness.

URGENT

- Widespread psoriasis that severely impacts the patient's quality of life requires urgent specialist assessment

ROUTINE

- Those with psoriasis that are not responding to standard topical therapy requires specialist assessment to consider systemic therapy

Skin Cancer [including Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC)];

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Complex non-melanoma skin malignancies and any of the following:
  - lymphadenopathy
  - neurological involvement
  - poorly differentiated or infiltrative tumour identified on biopsy
  - rapidly enlarging
  - ulceration and bleeding
- Other subcutaneous and deep tissue malignancies
- Includes; Basal cell carcinoma (BCC) and Squamous cell carcinoma (SCC)
- Superficial BCCs can be treated with imiquimod cream, photodynamic therapy (PDT) or surgical excision
- Other BCC subtypes (nodular, morphoeic) can be treated by surgical excision or superficial radiotherapy
- SCCs vary in terms of risk and urgency for treatment; surgical excision or superficial radiotherapy are suitable treatment options

Additional Information to be included

- Minimal Referral Criteria
- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Symptoms such as ulceration, bleeding, pain
- Histology results
- History of smoking
- If the patient is taking and anticoagulant medicine
- If the patient is immunocompromised or has a history of immunosuppression
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.
- Photograph of lesion(s)

If available, provide;

- Ultrasound of lesion(s)

**Do not perform punch biopsy if Melanoma is suspected

EMERGENCY

- Refer to RED flag conditions

URGENT

- Rapidly enlarging
- Occurring in an immunosuppressed patient
- Demonstrating perineural invasion on biopsy
- Other high priority non melanoma skin cancers:
- SCC

ROUTINE

- BCC
- Superficial BCC

Urticaria; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Urticaria is characterised by itchy weals (hives) where lesions last for less than 24 hours and respond to antihistamine treatment; angioedema may occur in some cases

Acute urticaria may be caused by a viral or bacterial infection, a food or drug, or an insect sting

Chronic urticaria persists for greater than 6 weeks and is considered to be autoimmune in basis

Angioedema may be associated with urticaria and can also be allergic (acute) or chronic and relapsing in nature

For acute urticaria a thorough history is needed to determine a possible allergic cause; skin prick or RAST testing may have a role and assessment by an Allergist can be considered for recurrent or severe cases.

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Relevant & Current medications
- Treatment & management
- Any Photos
- Any swabs attended & results

If available, provide;

- Skin prick or RAST testing

** The Dermatology Clinic does not provide assessment or treatment of allergy related acute urticaria

EMERGENCY	• Refer to RED flag conditions
URGENT	• Chronic idiopathic urticaria that severely affects the patient's quality of life
ROUTINE	• Chronic idiopathic urticaria that is not adequately responsive to antihistamines may require treatment with additional systemic agents under the care of a specialist