

## Dermatology GP Referral Guidelines

### Department of Health clinical urgency categories for specialist clinics

**Urgent:** A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days.

**Semi Urgent:** Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

**Routine:** Appointments will be booked according to availability, after urgent and semi urgent patients have been treated. Please note we are experiencing lengthy delays, in excess of 365 days.

#### Exclusions:

- 1) Skins checks can only be provided where there is biopsy-confirmed concern for malignancy, or a recent history of high-risk malignancy such as melanoma in the last 2 years.
- 2) Removal of benign lesions on cosmetic grounds (i.e. Benign naevi, seborrhoeic keratosis, skin tags, warts, etc.)
- 3) Mild acne not requiring systemic management
- 4) Uncomplicated male pattern hair loss
- 5) Venous ulceration –consider referral to Wound Clinic
- 6) Allergy services including Skin Prick Testing – we do not have this service
- 7) Sexually transmitted diseases – consider referral to Infectious Diseases.
- 8) Patients who are being treated for the same condition at another Victorian public hospital
- 9) Laser or cosmetic procedures
- 10) Keratosis pilaris

| Condition / Symptom                    | GP Management                              | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|--|--|--|--|
| <b>Acute ulcers – Mouth or Genital</b> | <b>When to Refer:</b> If management issues | <b>To be included in referral:</b> Clinical history and examination.<br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> Painful lasting more than 4 weeks<br><br><b>Routine:</b> All other patients |

| Condition / Symptom                               | GP Management  | Investigations Required Prior to Referral  | Expected Triage Outcome information   |
|---|--|--|---|
| <b>Acne:</b><br>Moderate to Severe                | <b>When to Refer:</b> Treatment failure<br><br><b>Previous treatment:</b> Oral therapy for at least 12 weeks                                     | <b>To be included in referral:</b><br>Clinical history and examination<br><br>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> Cystic scarring Acne<br><br><b>Routine:</b> All other patients                   |
| <b>Allergic contact Dermatitis</b>                | <b>When to Refer:</b> If management issues   | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.            | <b>Urgent:</b> If interference with work attendance<br><br><b>Routine:</b> All other patients   |
| <b>Cutaneous Lupus requiring systemic therapy</b> | <b>When to Refer:</b> Biopsy proven<br><br><b>Previous treatment already tried:</b><br>Sun protection Potent topical steroid therapy for 4 weeks | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.    | <b>Urgent:</b> Acute onset and/or systemically unwell<br><br><b>Routine:</b> All other patients |
| <b>Dermatomyositis</b>                            | <b>When to refer:</b> All patients with rash and weakness  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.            | <b>Urgent:</b> All patients   |
| <b>Dry Skin</b>                                   | <b>When to Refer:</b> Treatment failure<br><br><b>Previous treatment already tried:</b><br>Daily use of emollients                               | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.            | <b>Routine:</b> All patients  |

| Condition / Symptom                                       | GP Management   | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|---|---|--|--|
| <b>Eczema</b>   | <p><b>When to Refer:</b> Moderate to severe requiring systemic therapy</p> <p><b>Previous treatment already tried:</b> Regular emollients and topical cortisone applied twice daily for 4 weeks</p> | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b> if Erythrodermic or more than 80% coverage. Eczema Herpeticum.</p> <p><b>Routine:</b> All other patients</p> |
| <b>Erythema multiforme, bullous pemphigoid, pemphigus</b> | <p><b>When to Refer:</b> ACTIVE blistering</p>  | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>             | <p><b>Urgent:</b> All patients with active blistering disorders</p>  |
| <b>Erythema nodosum or similar lumps on legs</b>          | <p><b>When to Refer:</b> Painful lumps for more than 4 weeks. Non responsive to rest and NSAID</p>  | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>             | <p><b>Urgent:</b> If lasts more than 6 weeks</p> <p><b>Routine:</b> All other patients</p>                                     |
| <b>Excess hair growth</b>                                 | <p><b>When to Refer:</b> Sudden onset. Not for cosmetic purposes</p>  | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>             | <p><b>Urgent:</b> If sudden onset</p> <p><b>Routine:</b> All other patients</p>  |

| Condition / Symptom              | GP Management   | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|----------------------------------|---|--|--|
| <b>Excessive sweating</b>        | <b>When to Refer:</b> Long history > 6 months.<br>No response to topical agents.  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.        | <b>Routine:</b> All patients   |
| <b>Haemangioma</b>               | <b>When to Refer:</b> Adult patients only   | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.        | <b>Routine:</b> All patients   |
| <b>Immunosuppressed patients</b> | <b>When to Refer:</b> If unwell.<br>Rapidly progressive skin lesions  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment | <b>Urgent:</b> If systemically unwell.<br>Rapidly progressive skin lesions<br><br><b>Routine:</b> All other patients |
| <b>Itch and pruritus</b>         | <b>When to Refer:</b> Sleep disturbance and failure to respond to treatment<br><br><b>Previous treatment already tried:</b> Emollients, topical steroids , anti- histamines | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.        | <b>Routine:</b> All patients   |

| Condition / Symptom         | GP Management  | Investigations Required Prior to Referral   | Expected Triage Outcome information |
|-----------------------------|--|---|-------------------------------------|
| <b>Keloid scars</b>         | <b>When to Refer:</b> Patient request  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Routine:</b> All patients        |
| <b>Melanoma not excised</b> | <b>When to Refer:</b> Biopsy proven  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment  | <b>Urgent:</b> All                  |
| <b>Melasma</b>              | <b>When to Refer:</b> Patient request Treatment failure<br><br><b>Previous treatment already tried:</b> 3 month trial of sun protection and Hydroquinone | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Routine:</b> All patients        |
| <b>Nail Problems</b>        | <b>When to Refer:</b> Culture of nail plate is negative  | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Routine:</b> All patients        |

| Condition / Symptom  | GP Management   | Investigations Required Prior to Referral   | Expected Triage Outcome information   |
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| <b>Other auto immune disorders requiring systemic therapy</b>                    | <b>When to Refer:</b> If diagnostic or Management issue   | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> Acute onset and/or systemically unwell<br><br><b>Routine:</b> All other patients                 |
| <b>Patchy hair loss or sudden severe hair loss (NOT increased hair shedding)</b> | <b>When to Refer:</b> If sudden onset and extensive involvement   | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> If rapidly progressive and involves more than one site<br><br><b>Routine:</b> All other patients |
| <b>Photosensitivity</b>  | <b>When to Refer:</b> Treatment failure<br><br><b>Previous treatment already tried:</b> Sun protection, Medication reviewed | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> Sudden onset<br><br><b>Routine:</b> All other patients   |
| <b>Pigmentation problems</b>   | <b>When to Refer:</b> Patient request – warn no cosmetic procedures are offered   | <b>To be included in referral:</b> Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Routine:</b> All patients  |

| Condition / Symptom                         | GP Management  | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|---|--|--|--|
| <b>Psoriasis: Moderate to Severe</b>        | <p><b>When to Refer:</b><br/>Treatment failure</p> <p><b>Previous treatment already tried:</b><br/><br/>Two topical agents applied copiously for 4 weeks each.</p> | <p><b>To be included in referral:</b><br/>Clinical history and examination</p> <p>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b><br/>Widespread pustular, erythrodermic or PASI score over 15</p> <p><b>Routine:</b> All other patients</p> |
| <b>Pyoderma gangrenosum</b>                 | <p><b>When to Refer:</b> Painful ulcers rapidly increasing in size</p>   | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>                 | <p><b>Urgent:</b> Patients with active PAINFUL disease</p> <p><b>Routine:</b> All other patients</p>                         |
| <b>Rashes – widespread, severe, painful</b> | <p><b>When to Refer:</b><br/>If diagnostic or management issues</p>  | <p><b>To be included in referral:</b><br/>Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>              | <p><b>Urgent:</b> All</p>  |

| Condition / Symptom                                  | GP Management  | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|--|--|--|--|
| <b>Rosacea</b>                                       | <p><b>When to Refer:</b> Treatment failure</p> <p><b>Previous treatment already tried:</b> Systemic Tetracycline for 6 weeks</p>                   | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Routine:</b> All patients</p>  |
| <b>SCC, BCC and other tumours growths or lesions</b> | <p><b>When to Refer:</b> Biopsy proven</p>   | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>  | <p><b>Urgent:</b> To direct Skin Cancer Pathway if appropriate</p>   |
| <b>Scleroderma</b>                                   | <p><b>When to Refer:</b> On presentation</p>   | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>  | <p><b>Urgent:</b> If new diagnosis</p> <p><b>Routine:</b> All other patients</p>                                   |
| <b>Seborrheic keratoses</b>                          | <p><b>When to Refer:</b> If Melanoma cannot be ruled out. Inform patients that no cosmetic procedures will be offered for Seborrheic keratoses</p> | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b> Suspected Melanoma to Skin Cancer Procedure Clinic</p> <p><b>Routine:</b> All other patients</p> |



| Condition / Symptom   | GP Management   | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|---|---|--|--|
| <b>Suspected scabies</b>  | <p><b>When to Refer:</b> Treatment failures</p> <p><b>Previous treatment already tried:</b> Lyclear applied appropriately</p>               | <p><b>To be included in referral:</b><br/>Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>   | <b>Routine:</b> All patients   |
| <p><b>Suspicious lesions (onset in last six months)</b></p> <p><b>Recently biopsy-proven skin cancer (can be removed by simple ellipse)</b></p> | <p><b>When to Refer:</b><br/>If biopsy has proven skin cancer</p> <p>Following GP examination and assessment of lesion/s.</p>               | <p><b>To be included in referral:</b> Clinical history and examination</p> <p><b>Diagnostics:</b><br/>Biopsy result (current at time of referral)</p> <p>Instruct patient to bring diagnostic results to the appointment</p> | <p><b>Urgent:</b> Skin Cancer Pathway if biopsy proven and criteria met</p> <p><b>Urgent:</b> to General Clinic, If clinically suspicious and biopsy not performed</p> |
| <b>Tinea (Mild)</b>   | <p><b>When to Refer:</b> Treatment failure</p> <p><b>Previous treatment already tried:</b> Failure to respond to Griseofulvin (4 weeks)</p> | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>   | <b>Routine:</b> All patients   |

| Condition / Symptom                                   | GP Management   | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|---|---|--|--|
| <b>Tinea (Scalp)</b>                                  | <p><b>When to Refer:</b> If causing hair loss and is clinically suspicious.<br/>When culture of scalp scales positive</p> | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b> Patients with proven positive culture</p> <p><b>Routine:</b> All other patients</p>  |
| <b>Transplant Patient with suspected skin cancers</b> | <p><b>When to Refer:</b> Diagnosed or suspected skin cancer</p> <p><b>Previous treatment already tried:</b> N/A</p>       | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b> All patients</p>   |
| <b>Vasculitis</b>                                     | <p><b>When to Refer:</b> If diagnostic or management issues</p>   | <p><b>To be included in referral:</b> Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p><b>Urgent:</b> If evidence of systemic involvement. Severe extensive skin involvement with ulceration</p> <p><b>Routine:</b> All other patients</p> |

| Condition / Symptom  | GP Management   | Investigations Required Prior to Referral  | Expected Triage Outcome information  |
|--|---|--|--|
| <b>Vitiligo</b>  | <b>When to Refer:</b><br>Patient request  | <b>To be included in referral:</b><br>Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Routine:</b> All patients   |
| <b>Warts:</b><br><b>Present for more than two years, Immunosuppressed patients</b> | <b>When to Refer:</b><br>Treatment failure<br><br><b>Previous treatment already tried:</b> Application of 2 different Wart paints nightly for 6 weeks each. | <b>To be included in referral:</b><br>Clinical history and examination<br><br>Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | <b>Urgent:</b> Immunosuppressed patients<br><br><b>Routine:</b> All other patients |

