Women's & Children's Hospital

Paediatric Dermatology Referral Guidelines

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Summary of Service

The Dermatology Department looks after children with common conditions including psoriasis, eczema, skin infections, warts, molluscum contagiosus and acne. We provide a service for children with birth marks of all types and rare inherited conditions with hair, skin and nail changes. We also see pregnant women with skin rashes and problems due to pregnancy referred from the WCH clinics.

Dermatology (skin disorder) patients are generally seen as outpatients, at clinics held twice weekly. The department also provides inpatient services for children and babies admitted with severe skin disease and on a consultative basis for patients under the care of other units.

Alongside the Dermatology Clinic is a Pulsed Dye laser clinic, which treats people with vascular lesions, both as inpatients and outpatients.

All referrals should be faxed to the Administration Hub on 8161 6246.

Referral Form Download: OPD referral form

Mandatory referral content

Demographic

- Childs name
- Date of birth
- Parent/guardian contact details
- Referrer details
- Interpreter requirements

Clinical

- Reason for referral
- Duration of symptoms
- Management to date and response to treatment
- Relevant pathology
- Past medical history
- Current medications
- Relevant Family history

refer to individual guidelines for more specific information

Inadequate information will result in the referral being returned to the GP

Mandatory referral Priority

Priority will be based upon the information provided in this referral. They will be triaged by a Consultant Dermatologist and booked or waitlisted for an appointment accordingly.

Emergency: Proceed to the Emergency Department
Urgent: We aim to see these patients as soon as possible
Semi-Urgent: Next Available appointment
Routine: Please note many routine referrals may not be seen at present due to increasing demand on the service

To help us best triage your referral it may be returned for further investigations if the following process has not been adhered to.

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Please note this is a guideline for referral only. If concerned about a patient please contact the Dermatology Registrar via the Women's and Children's Hospital switchboard on 8161 7000.

Eczema

Initial pre-referral work up	GP management	Comments
Clinical History • General history including consideration of failure to thrive • Duration and history of eczema • Possible trigger factors • Family history of atopy • Previous consultations • Past and present treatments used and their effectiveness (including natural therapies) • The effect of itch on their sleeping pattern • Known allergies, reactions and any formal allergy testing • Other illnesses • Current diet, food eliminated in the past and the effect of this • Compliance with treatment • Social circumstances/ effect on family **For additional medical/patient resources:** https://www.rch.org.au/kidsconnect/prereferral_guidelines/Eczema_prereferral_guideline/ • Eczema video • Clinical Practice Guidelines • Information booklet • Wet dressing handout • Eczema management plan • How to manage eczema brochure	**Emergency** • Immediate referral to the Emergency Department if suspected herpeticum-widespread, discrete small eroded areas involving the eyes or associated with fever **Everyday Treatment** • Family education on the nature of the disease • Do not use soap • Use an eczema shampoo or non-soap-based wash for hair washing • Use a bath oil • Bath patient at least once daily <29C • Pat skin dry after bath and apply cream/ointment to moist skin • Moisturise all over up to 4 times a day using a greasy and non-irritating emollient • Educate family on the environmental aggravators of eczema including the effect of heat (overdressing, heaters, hot baths), prickle (wool, tags on clothing, rough fabrics) and dryness (soaps, heating). **Flaring Treatment** • Topical corticosteroids-when skin red or itchy. ○ **Face:** mild steroid i.e. hydrocortisone 1% ointment twice a day or an anti-inflammatory cream i.e. pimecrolimus cream twice a day. ○ **Body and scalp:** may use betamethasone valerate 0.02%, mometasone furate 0.1% ointment or methylprednisolone aceponate 0.1% ointment once a day. • Prescriptions can be written for multiple tubes of corticosteroid to be given at once (PBS streamlined authority). Prescribe what the child needs in one week then multiply by four to cover the month. • Wet dressings if corticosteroids have not cleared the eczema in 48 hours, or if the child is waking during the night because of the itch.	**For further clinical advice** • Department of Dermatology: On call Registrar via switchboard Ph: 81617000 • Department of Allergy and Immunology • WCH Emergency Department

Initial pre-referral work up	GP management	Comments
	See: 'Wet dressing handout' https://www.rch.org.au/kidsconnect/prereferral_guidelines/Eczema_prereferral_guideline/ • Cool compressing for immediate relief of itch • Crusts may need removal. To remove crusts, soak in the bath for 20 minutes and then wipe away. Topical treatments can then be started. ○ **Antibiotics**- when bacterial infection is indicated- this should be based on clinical features. Swabs in most patients with atopic dermatitis will show colonisation with Staphylococci. Swabs should thus be used to determine sensitivity and resistance, rather than in deciding if antibiotics are required. – 6 day course of oral antibiotics i.e. Cephalexin or flucloxacillin, if not contraindicated. – Avoid topical antibiotic preparations (e.g. Bactroban). ○ **Antivirals**-when viral infection is indicated – 10 day course of Acyclovir – Continue everyday treatment ○ **Antihistamines** – Sedating antihistamines are not recommended for children under 2 years of age. – If food allergies are suspected, parents should keep a food diary and record flare-ups, detailing ingestion of food and onset of reaction.	

References

https://www.rch.org.au/kidsconnect/prereferral_guidelines/Eczema_prereferral_guideline/

www.ausgoal.gov.au/creative-commons

For more information

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