

Austin Health Dermatology Department holds 5 Specialist Clinic sessions to discuss and plan the treatment of patients with Dermatology conditions.

Department of Health clinical urgency categories for specialist clinics

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency department.

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

Routine: Referrals should be categorised as routine if the patient’s condition is unlikely to deteriorate quickly or have significant consequences for the person’s health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: *Cosmetic conditions, Laser Dermatology, Keratosis pilaris*

| Condition / Symptom | GP Management | Investigations Required Prior to Referral | Expected Triage Outcome | Expected Specialist Intervention Outcome | Expected number of Specialist Appointments |
|--|--|---|--|--|---|
| Acne: Mild to Moderate Moderate to Severe | When to Refer: Treatment failure Previous treatment: Oral therapy for at least 12 weeks | To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Cystic scarring Acne Routine: All other patients | Specialist review and Management guidance/plan | Mild: 2-3 visits over 6 – 12 weeks Severe: multiple visits over 12-18 months |
| Acute ulcers – Mouth or Genital | When to Refer: If management issues | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: Painful lasting more than 4 weeks Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

Dermatology GP Referral Guidelines

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|---|---|--|---|--|--|
| Allergic contact Dermatitis | When to Refer: If management issues | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: If interference with work attendance Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Cutaneous Lupus requiring systemic therapy | When to Refer: Biopsy proven Previous treatment already tried: Sun protection Potent topical steroid therapy for 4 weeks | To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Acute onset and/or systemically unwell Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Dermatomyositis | When to refer: All patients with rash and weakness | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Dry Skin | When to Refer: Treatment failure Previous treatment already tried: Daily use of emollients | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| Eczema | <p>When to Refer: Mild to moderate Moderate to severe requiring systemic therapy</p> <p>Previous treatment already tried: Regular emollients and topical cortisone applied twice daily for 4 weeks</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p> | <p>Urgent: if Erythrodermic or more than 80% coverage. Eczema Herpeticum.</p> <p>Routine: All other patients</p> | Specialist review and Management guidance/plan | <p>Mild: 2-3 visits over 6 – 12 weeks</p> <p>Severe: multiple visits over 12-18 months</p> |
| Erythema multiforme, bullous pemphigoid, pemphigus | <p>When to Refer: ACTIVE blistering</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Urgent: All patients with active blistering disorders | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Erythema nodosum or similar lumps on legs | <p>When to Refer: Painful lumps for more than 4 weeks. Non responsive to rest and NSAID</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p>Urgent: If lasts more than 6 weeks</p> <p>Routine: All other patients</p> | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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|----------------------------------|---|--|---|--|--|
| Excess hair growth | When to Refer: Sudden onset. Not for cosmetic purposes | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: If sudden onset Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Excessive sweating | When to Refer: Long history > 6 months. No response to topical agents. | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Haemangioma | When to Refer: Adult patients only | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Immunosuppressed patients | | To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment: | Urgent: If systemically unwell. Rapidly progressive skin lesions Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| Itch and pruritus | <p>When to Refer: Sleep disturbance and failure to respond to treatment</p> <p>Previous treatment already tried: Emollients, topical steroids, anti-histamines</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Keloid scars | <p>When to Refer: Patient request</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Melanoma not excised | <p>When to Refer: Biopsy proven</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p> | Urgent: All | Excision | multiple visits over 12-18 months |
| Melasma | <p>When to Refer: Patient request Treatment failure</p> <p>Previous treatment already tried:</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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|--|---|---|---|--|--|
| | 3 month trial of sun protection and Hydroquinone | | | | |
| Nail Problems | When to Refer: Culture of nail plate is negative | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Other auto immune disorders requiring systemic therapy | When to Refer: If diagnostic or Management issue | To be included in referral Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Acute onset and/or systemically unwell Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Patchy hair loss or sudden severe hair loss (NOT increased hair shedding) | When to Refer: If sudden onset and extensive involvement | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: If rapidly progressive and involves more than one site Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Photosensitivity | When to Refer: Treatment failure | To be included in referral: Clinical history and examination | Urgent: Sudden onset | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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|---|--|---|--|--|---|
| | Previous treatment already tried: Sun protection Medication reviewed | Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All other patients | | |
| Pigmentation problems | When to Refer: Patient request – warn no cosmetic procedures are offered | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Psoriasis: Mild to Moderate Moderate to Severe | When to Refer: Treatment failure Previous treatment already tried: Two topical agents applied copiously for 4 weeks each. | To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Widespread pustular, erythrodermic or PASI score over 15 Routine: All other patients | Specialist review and Management guidance/plan | Mild: 2-3 visits over 6 – 12 weeks Severe: multiple visits over 12-18 months |
| Pyoderma gangrenosum | When to Refer: Painful ulcers rapidly increasing in size | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: Patients with active PAINFUL disease Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| Rashes – widespread, severe, painful | When to Refer: If diagnostic or management issues | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment | Urgent: All | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Rosacea | When to Refer: Treatment failure Previous treatment already tried: Systemic Tetracycline for 6 weeks | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| SCC, BCC and other tumours growths or lesions | When to Refer: Biopsy proven | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment | Urgent: To direct Skin Cancer Pathway if appropriate | Excision | multiple visits over 1 month |
| Scleroderma | When to Refer: On presentation | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the | Urgent: If new diagnosis Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| | | Specialist Clinic appointment. | | | |
| Seborrheic keratoses | <p>When to Refer: If Melanoma cannot be ruled out. Inform patients that no cosmetic procedures will be offered for Seborrheic keratoses</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p>Urgent: Suspected Melanoma to Skin Cancer Procedure Clinic Routine: All other patients</p> | Specialist review and Management guidance/plan | 1-2 visits depending on results of biopsy, following which patient will be discharged to GP or referred to another Austin Specialist Clinic. |
| Suspected scabies | <p>When to Refer: Treatment failures</p> <p>Previous treatment already tried: Lyclear applied appropriately</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| <p>Suspicious lesions (onset in last six months)</p> <p>Recently biopsy-proven skin cancer (can be removed by simple ellipse)</p> | <p>When to Refer:</p> <ul style="list-style-type: none"> If biopsy has proven skin cancer Following GP examination and assessment of lesion/s. | <p>To be included in referral Clinical history and examination</p> <p>Diagnostics Biopsy result (current at time of referral)</p> <p>Instruct patient to bring diagnostic results to the</p> | <p>Urgent: Skin Cancer Pathway if biopsy proven and criteria met</p> <p>Urgent: to General Clinic, If clinically suspicious and biopsy not performed</p> | <p>Biopsy Excision Review of biopsy (via telephone) or for ROS (in clinic) Discharge to GP unless:</p> <ul style="list-style-type: none"> Confirmed Melanoma (referred to General Dermatology or Melanoma Clinic) | 1-2 visits depending on results of biopsy, following which patient will be discharged to GP or referred to another Austin Specialist Clinic. |

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|----------------------|--|---|--|---|--|
| | | Specialist Clinic appointment. | | <ul style="list-style-type: none"> • Risk factors present for further lesions • Major complications of procedure (referred to General Dermatology clinic) | |
| Tinea (Mild) | When to Refer: Treatment failure Previous treatment already tried: Failure to respond to Griseofulvin (4 weeks) | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Tinea (Scalp) | When to Refer: If causing hair loss and is clinically suspicious. When culture of scalp scales positive | To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: Patients with proven positive culture Routine: All other patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| Transplant Patient with suspected skin cancers | <p>When to Refer: Diagnosed or suspected skin cancer</p> <p>Previous treatment already tried: N/A</p> | <p>To be included in referral Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Urgent: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Vasculitis | <p>When to Refer: If diagnostic or management issues</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | <p>Urgent: If evidence of systemic involvement. Severe extensive skin involvement with ulceration</p> <p>Routine: All other patients</p> | Specialist review and Management guidance/plan | multiple visits over 12-18 months |
| Vitiligo | <p>When to Refer: Patient request</p> | <p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p> | Routine: All patients | Specialist review and Management guidance/plan | multiple visits over 12-18 months |

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| Warts: Present for more than two years, Immunosuppressed patients | When to Refer: Treatment failure Previous treatment already tried: Application of 2 different Wart paints nightly for 6 weeks each. | To be included in referral Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment. | Urgent: Immunosuppressed patients Routine: All other patients | Specialist review and Management guidance/plan | As required |