

Pediatric Dermatology

Consult and referral guidelines

Introduction

We care for children and teens from birth to 21 years, when referred by PCP, or have special needs. The most common reasons patients are referred include:

- Acne
- Warts
- Molluscum contagiosum
- Atopic dermatitis/eczema
- Infantile hemangioma
- Capillary malformations/port wine stains
- Venous malformations
- Pyogenic granulomas
- Spider angioma
- Psoriasis
- Scabies
- Tinea capitis, tinea corporis, tinea faciale, ringworm, onychomycosis
- Impetigo, staph infections
- HSV infections
- Keratosis pilaris
- Café-au-lait macules
- Moles, spitz nevi
- Congenital nevi
- Nevus sebaceous
- Vitiligo
- Rash/Dermatitis, skin lesions, cysts

We want to make referrals easy, fast and efficient for primary care providers. This tool was developed to help create productive visits for you and your patient.

Each guideline includes three sections: suggested work-up and initial management, when to refer, and information needed. Suggested work-ups may not apply to all patients, but these are studies we generally consider during office visits.

Feedback regarding these guidelines is encouraged. Please contact HDVCH Direct to share feedback.

For access to all pediatric guidelines, visit helendevoschildrens.org and type “guidelines” in the search field.

Appointment priority guide

Immediate	Contact HDVCH Direct at (616) 391-2345 and ask to speak to the on-call physician
Urgent	Likely to receive an appointment within 2 days. Call HDVCH Direct, the practice, or use Perfect Serve to request an urgent appointment. Urgent diagnoses include: any referral for an infant under 1 month, atopic dermatitis in children < 6 months of age, infantile hemangioma in children <6 months of age, and untreated skin infections
Routine	Some diagnoses may have a three-month scheduling timeline. Send referral via Epic Care Link, fax completed referral form to (616) 267-2401, or send referral through Great Lakes Health Connect.

Diagnosis/symptoms	Suggested work-up/initial management	When to refer and appointment timing	Information needed
Atopic dermatitis/Seborrheic dermatitis	Prior to visit, educate about emollients, sensitive skin care, and use of class 6 or 7 topical steroid, or class 4 or 5 topical steroid in older children	Infants under 6 months of age, usually scheduled within 2 weeks If severe, or actively infected, please call for urgent appointment	Send growth chart with patient referral, if possible
Psoriasis	Prior to visit, trial of topical steroid of appropriate class		

Diagnosis/symptoms	Suggested work-up/initial management	When to refer and appointment timing	Information needed
Acne	<p>Mild Use BPO +/- topical antibiotic, +/- topical retinoid</p> <p>Moderate Add oral antibiotic (Doxycycline or Minocycline 100mg), po BID</p> <p>Severe Oral antibiotics + retinoid + BPO</p> <p><i>Do not promise isotretinoin if no treatment has been tried; most health plans require 3-6 months of oral antibiotics + retinoid for coverage of isotretinoin</i></p> <p>Refer to American Academy of Pediatrics journal article on Acne. A copy is linked to the HDVCH Pediatric Guidelines web page.</p>		
Warts	Prior to visit, use OTC salicylic acid and in-office cryotherapy	Care is provided by Nurse Practitioners	
Molluscum	Prior to visit, can treat with cantharone, or Retin A, if this is available within your practice	Care is provided by Nurse Practitioners	
Infantile hemangioma	<p>For small superficial focal infantile hemangiomas, consider topical timolol gel forming solution BID. Reassess in 3-5 weeks, if not improved, refer for oral propranolol</p> <p>For 5 or more, schedule a liver ultrasound if under 2 months of age</p>	<p>No improvement following timolol gel treatment for small superficial focal hemangiomas</p> <p>Refer early if in cosmetically sensitive area, or ulcerated; better response to propranolol if started at 2 months of age</p> <p>For large segmental lesions on face, refer immediately to the Vascular Clinic for PHACE syndrome evaluation</p>	

Diagnosis/symptoms	Suggested work-up/initial management	When to refer and appointment timing	Information needed
Capillary malformations on face In V1, V2 distribution, high risk for Sturge-Weber	Recommend MRI brain and ophthalmology consult Capillary malformations elsewhere: monitoring is recommended, usually delay pulsed dye laser treatment unless desired by family	Patients will be seen urgently if no work-up has been completed Pulsed dye laser treatments begin at 2-4 months of age to maximize results without repeated anesthesia	
Venous & lymphatic malformations	Ultrasound if unclear diagnosis	Patient may be referred to hematology and oncology as well	
Pyogenic granuloma	Please note if bleeding excessively, or not Can start topical timolol gel forming solution and cold vaseline BID – this treatment has been shown to shrink pyogenic granulomas. Treatment can take 2-4 months, re-check patients at 1 month.	Patients are usually seen within 1-2 weeks	
Moles (nevi)			Note if changing, or bleeding
Congenital nevi		Size >10-12 cm will be seen more urgently	Note size in referral
Cysts			Note location in referral
Vitiligo	Can check TSH prior to referral for extensive disease Review sun protection/sunscreen uses and importance with family		
Alopecia areata	Can check TSH prior to referral for extensive disease		
Infections	Prior to visit, culture for bacterial, viral or fungal, if able Treat, if appropriate, with oral agents		

Diagnosis/symptoms	Suggested work-up/initial management	When to refer and appointment timing	Information needed
Scabies	Treat with permethrin 5% cream - leave on 8-14 hours, then rinse off Repeat treatment in 1 week for anyone with active lesions All family members need to be treated at least once, even if no active disease		

HDVCH Direct phone: (616) 391-2345

HDVCH developed these referral guidelines as a general reference to assist referring providers. Pediatric medical needs are complex and these guidelines may not apply in every case. HDVCH relies on its referring providers to exercise their own professional judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic and prescription decisions.