

Dermatology

National Access Criteria for First Assessment (ACA) Bay of Plenty Variation (Sept 2010)

Note: Access criteria that determine prioritisation primarily on the referral diagnosis have their limitations and this is acknowledged. For those referrals in which the referring doctor has not been able to make a confident diagnosis it may be difficult, or impossible, to apply these ACA criteria. It is therefore stressed that these are guidelines only and that clinical judgement must be applied in all cases in which they are used.

Immediate and urgent cases must be discussed with the Specialist or On Call Medical Officer in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or emailed. The times to assessment may vary depending on size and staffing of the department.

REFERRAL GUIDELINES: Dermatology		
Category	Criteria	Examples (not an exhaustive list)
1. Urgent	<ul style="list-style-type: none"> Severe blistering disorders Severe psoriasis Toxic untreated erythema Severe Skin infections Cutaneous failure Sepsis Most inpatient referrals except lesions 	<ul style="list-style-type: none"> Erythrodermic psoriasis Generalised pustular psoriasis Eczema herpeticum TEN Cellulitis Necrotising fasciitis Steven-Johnson's syndrome Pemphigus Exfoliative/Erythrodermic dermatitis
2 A – Semi Urgent Clinic	<ul style="list-style-type: none"> Severe but stable dermatoses Adverse drug reactions 	<ul style="list-style-type: none"> Generalised dermatitis Bullous Pemphigoid Generalised severe psoriasis
2B – Semi Urgent Lesions	<ul style="list-style-type: none"> Melanoma or suspected melanoma Squamous Cell Carcinoma (SCC) lip or ear Large tumours or rapidly enlarging tumours 	<ul style="list-style-type: none"> Biopsy in primary care if possible.

3A – Routine Clinic	<ul style="list-style-type: none"> • Severe scarring nodular cystic acne. Failed primary care management • Skin diseases (psoriasis, eczema, rashes) that are widespread or debilitating. Failed primary care management • Most severe connective tissue diseases 	<ul style="list-style-type: none"> • Progressive psoriasis • Eczema • Lupus • Scleroderma • Allergic contact dermatitis • Severe acne with scarring • Unresponsive acne with scarring
3B – Routine Lesions	<ul style="list-style-type: none"> • Basal Cell Carcinoma (BCC) head and neck • All other SCC's 	<ul style="list-style-type: none"> • Biopsy or lesions can improve triage and management times
4 – Non Urgent	<ul style="list-style-type: none"> • Skin diseases (psoriasis, eczema, rashes) that are widespread but stable • Venous ulceration • Unresponsive acne without scarring • Mild/moderate acne • Longstanding conditions (eczema, psoriasis) with moderate symptoms • Minor skin infections • Cosmetic conditions • Benign nuisance lesions • Actinic Keratoses 	<ul style="list-style-type: none"> • Seborrheic Keratosis • Superficial BCC's • BCC's trunk or limbs (any type) • SCC's in situ (Bowens) anywhere including head and neck • Atypical naevus syndrome • Epidermoid cysts • Dermatofibroma • Warts • Most vitiligo <p>Note: Superficial BCC's or Bowens or BCC's can be seen if particularly large, extensive or unresponsive to treatment. Biopsy proven lesions can be accepted</p>

Notes:

From September 2010, all skin lesions should be referred via the PHO skin lesion service in the first instance. Only hospital grade referrals will be accepted by the hospital.

(Depending on facilities available, skin cancers are booked at a surgical procedure clinic. This may include removal of large or multiple tumours/flaps/grafts. When more complex intervention is required or facilities are not available, appropriate referral is made.)

Children falling into Category 1 need to be referred immediately to a paediatric service for assessment, as many of these conditions will require hospital admission.