

Pediatric Dermatology Consult and referral guidelines

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About Pediatric Dermatology

We care for children and teens from birth to age 21, when referred by PCP, or who have special needs.

Most common referrals

- 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 faciei, 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

Notes

- Please take a photo in Epic or send photos of affected areas with referral, this will help to triage for telemedicine visits.
- Most acne patients and some birthmarks/hemangiomas can be seen via telemedicine visits (especially if photos are sent at time of referral).

Pediatric Dermatology Appointment Priority Guide

Immediate	Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call dermatologist and/or send to closest emergency department.
Urgent	<p>Likely to receive an appointment within 7 days. Call HDVCH Direct, the practice, or use Perfect Serve to request an urgent appointment.</p> <p>Urgent diagnoses include: any referral for an infant <1 month, atopic dermatitis in children <6 months of age, infantile hemangioma in children <6 months of age and untreated skin infections</p>
Routine	Some diagnoses may have a 6+ 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/Symptom	Suggested Workup/Initial Management	When to Refer	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 <6 months, usually scheduled within 2 weeks <i>If severe, or actively infected, please call for urgent appointment.</i>	<ul style="list-style-type: none"> Send growth chart with patient referral, if possible
Psoriasis	Prior to visit, trial of topical steroid of appropriate class If acute onset, check for concurrent strep infection (pharynx or perianal)	<i>If >30% BSA involvement, consider urgent referral</i>	
Acne <i>Refer to American Academy of Pediatrics journal article on acne.</i>	<p>Mild Use BPO +/- topical antibiotic, +/- topical adapalene 0.1% gel</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>	Care is provided by nurse practitioners, typically within 3-5 weeks. <i>Most can be seen via telemed if photos sent with referral</i>	<ul style="list-style-type: none"> All previous prescriptions for acne Photos enable a telemedicine visit if sent with referral
Warts	Prior to visit, use OTC salicylic acid and in-office cryotherapy		
Molluscum	Prior to visit, can treat with cantharone, Differin gel or tretinoin cream, if this is available within your practice		

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
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>	<ul style="list-style-type: none"> No improvement following timolol gel treatment for small superficial focal hemangiomas Refer early if in cosmetically sensitive area, or ulcerated; better response to propranolol if started at 2 months of age <i>For large segmental lesions on face, refer immediately to the Vascular Clinic for PHACE syndrome evaluation</i> 	
Capillary malformations on face in V1, V2 distribution, high risk for Sturge-Weber	<p>Recommend MRI brain and ophthalmology consult</p> <p>Capillary malformations elsewhere: monitoring is recommended, usually delay pulsed dye laser treatment unless desired by family</p>	<ul style="list-style-type: none"> 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	<p>Ultrasound if unclear diagnosis</p>	<ul style="list-style-type: none"> Patient may be referred to hematology and oncology as well 	
Pyogenic granuloma	<p>Please note if bleeding excessively, or not</p> <p>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.</p>	<ul style="list-style-type: none"> Patients are usually seen within 1-2 weeks 	
Moles (nevi)			<ul style="list-style-type: none"> Note if changing, or bleeding, or if a family history of melanoma in a 1st degree relative
Congenital nevi		<ul style="list-style-type: none"> Size >10-12 cm will be seen more urgently 	<ul style="list-style-type: none"> Note size in referral
Cysts			<ul style="list-style-type: none"> Note location in referral Facial lesions will be deferred to Plastic Surgery

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
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/hair loss		
Infections	Prior to visit, culture for bacterial, viral or fungal, if able Treat, if appropriate, with oral agents		
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		
Rashes	Trial of topical therapy based on working diagnosis	<ul style="list-style-type: none"> • If worsening or not improving with 1-2 weeks of trial of topical therapy, then refer 	<ul style="list-style-type: none"> • Please include a differential diagnosis • Description of skin findings or photos with referral as this will help to triage more appropriately
Urticaria	<i>Will typically change referral to Allergy</i>		