#### **DERMATOLOGY REFERRAL GUIDELINES**

#### Contents

HOW TO GET PHOTOS INTO THE CHART	1
ACNE	1
BIOPSY GUIDELINES	2
CYST	2
FUNGAL INFECTION	2
HAIR LOSS	2
INFANTILE HEMANGIOMAS	2
LIPOMAS	3
MELANOMA OR POSSIBLE MELANOMA	3
MOHS	3
NEOPLASM OF UNCERTAIN BEHAVIOR, SKIN	4
NONHEALING ULCERS	4
NONMELANOMA SKIN CANCERS (BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA)	4
RASH	4

## HOW TO GET PHOTOS INTO THE CHART

- The easiest way to get photos into the chart is to install Epic (Haiku is the phone version) on your device following these instructions: <a href="Haiku Installation.pdf">Haiku Installation.pdf</a> (ch.rmc)
- iPhone users instructions on how to capture clinical images (page 13): <u>Haiku Quick Start Guide for iOS Users.pdf (ch.rmc)</u>
- Android users instructions on how to capture clinical images (page 9): <u>Haiku Quick Start Guide for Android Users.pdf (ch.rmc)</u>

## **ACNE**

- Nodulocystic acne that needs Isotretinoin must have 3-month trial of oral antibiotics and 2 topical meds like Retin A cream and Benzoyl peroxide gel.
- · Patient and Provider need to register with IPledge program

#### **BIOPSY GUIDELINES**

- We welcome shave, punch or excisional biopsies for suspicious lesions.
- For worrisome pigmented lesions prefer biopsy of entire lesion and pre-op photo. If not feasible to biopsy due to size of lesion or location on face, refer to Dermatology urgently.

#### **CYST**

- Removal of asymptomatic cysts considered cosmetic by most insurance companies.
- If cyst is growing or painful, may qualify to be excised.
- Do not attempt to incise and drain an ordinary non-inflamed cyst. It is never successful as the cyst will grow back.
- Erythematous fluctuant cysts require incision and drainage and probable packing. If patient desires, may schedule with Dermatology as cyst removal in approximately 2 months.

## **FUNGAL INFECTION**

- Recommend positive KOH exam prior to treatment.
- Not all annular rashes are fungal.

#### HAIR LOSS

- For diffuse hair loss, not localized patch, check TSH, ferritin, serum iron
- For women with hair loss and signs of androgen excess like acne, irregular menses, check free testosterone and DHEA-S

#### INFANTILE HEMANGIOMAS

Refer to Dermatology if:

- Hemangioma is on central face or ears.
- Located on midline lumbosacral area.

- Complications or potential risk of complications (ulceration, visual compromise, stridor, feeding difficulties)
- Infant is > 2 months and < 4 months with evident growth of hemangioma within last 2 weeks.
- Number of hemangiomas is > 5.
- Size of hemangioma > 4 cm

## **LIPOMAS**

- Insurance may cover removal of painful lipomas.
- Refer to Dermatology if lipoma is golf ball size or smaller. For larger lipomas refer to general surgery.

### MELANOMA OR POSSIBLE MELANOMA

- Provide photo in Media section of chart with size and location. Without photos there may be a delay in treatment.
- Biopsy suspected pigmented lesion if comfortable, or urgently refer to Dermatology.
- All melanomas require wide local excision even if pathology report says margin appear clear. Some melanomas may also require sentinel lymph node biopsies.
- The pathology reports for melanoma are complicated and may be hard to interpret. Ask any Dermatology provider for guidance so patient receives appropriate care.
- All patients with recently diagnosed melanoma should see Dermatology for overall skin check and education regarding sun protection and monitoring skin for new or worrisome pigmented lesions.

#### **MOHS**

- Mohs micrographic surgery is a specialized surgical technique for removal of skin cancers. The entire tumor is examined to determine clear margins, and this provides high cure rates.
- For Mohs referral we need pathology report, location and size of skin cancer and photo.
- In general Mohs surgery is indicated for cancers on face, ears, lips, scalp, digits and genitalia. Large tumors >1 cm, recurrent tumors and histologically aggressive tumors may qualify.

## NEOPLASM OF UNCERTAIN BEHAVIOR, SKIN

- If concern for skin cancer, please take photo. Delays in treatment may result without photo.
- Provide size and location of possible tumor.
- Indicate if lesion is bleeding, painful or growing rapidly.

#### NONHEALING ULCERS

- Consider Dermatology referral, especially if no progress in Wound Care clinic.
- May be underlying skin cancer, pyoderma gangrenosum or other skin conditions.

# NONMELANOMA SKIN CANCERS (BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA)

- If biopsied, place appropriate diagnosis code in referral so we will treat these promptly.
- Photos are exceedingly helpful as are size and location of cancer. That allows us to provide correct treatment.
- Not all skin cancers require Mohs (see Mohs info).

#### **RASH**

- Send urgent referral for any rash with widespread blisters, or painful rash or erythroderma.
- Include treatments that have been tried in referral.
- Photos are exceedingly helpful.

PROVIDER DECISION SUPPORT 4/18/2023

Dr. M Baskin

