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**Diagnosis/
symptom**

Acne

PCPs should initiate treatment for cases of mild to moderate acne for 8-12 weeks.

Referring provider's initial evaluation and management can include:

Mild

Topical medication

- Benzoyl peroxide or BP combination
- Erythromycin gel/other antibiotic gel

AND/OR

- Retin-A or generic tretinoin

- Differin

Moderate

Topical Medication

AND/OR

Systemic Antibiotic

- Minocycline
- Tetracycline
- Doxycycline
- Erythromycin

Severe

Referral suggested if:

- Lack or poor response to treatment after 8-12 weeks

When to initiate referral:

- If no response or poor response to treatment or if severe acne present
- Cysts or nodules present and/or scarring is occurring despite treatment
- Accutane is being considered
- Acne is associated with signs of androgen excess or part of a systemic disease

> References:

Clinical Pediatric Dermatology, Hurwitz S. editor WB Saunders, 1993

Textbook of Pediatric Dermatology, Harper J, Orange A and Prose N, editors. Blackwell Science, 2000



**Diagnosis/
symptom**

**Herpes Simplex,
Herpes Zoster
and Varicella**

**Referring provider's initial evaluation
and management can include:**

PCPs should be able to diagnose and begin treatment of HSV, zoster and varicella.

When to initiate referral:

- Diagnosis is in question
- Child is in the neonatal period
- Lack of response to treatment after 5-7 days for any episode
- Infection is complicated by secondary bacterial infection, dissemination or toxic symptomatology
- If there is any suspicion of eczema herpeticum



**Diagnosis/
symptom**

**Impetigo and
Pyoderma**

**Referring provider's initial evaluation
and management can include:**

PCPs should be able to diagnose and treat impetigo and other bacterial pyodermas with oral and topical antibiotics.

When to initiate referral:

- Diagnosis is in question
- Lack of response to treatment after 1 week

> References:

Clinical Pediatric Dermatology. Hurwitz S. editor WB Saunders, 1993

Textbook of Neonatal Dermatology. Eichenfield LF, editor. Harcourt Health Sciences, 2001

Textbook of Pediatric Dermatology. Harper J, Orange A and Prose N, editors. Blackwell Science, 2000

Clinic phone: 206-987-2158. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



**Diagnosis/
symptom**

**Inflammatory
Dermatoses**

- Contact dermatitis
- Drug and other allergic eruptions
- Seborrheic dermatitis
- Atopic dermatitis
- Dyshydrotic eczema

**Referring provider's initial evaluation
and management can include:**

PCPs should be able to diagnose and treat common inflammatory dermatoses.

When to initiate referral:

- Diagnosis is in question
- Lack of satisfactory response to treatment after 2-4 weeks

Atopic Dermatitis

Treatment includes:

- Family education on the nature of the disease
- Therapy with mild topical corticosteroids, topical emollients, and systemic antihistamines
- Good skin care methods (mild soaps and avoid irritants)



**Diagnosis/
symptom**

**Keloids/Hyper-
trophic Scars**

**Referring provider's initial evaluation
and management can include:**

- Small, asymptomatic keloids in covered areas *may not* require treatment or referral
- Larger or symptomatic keloids *may on occasion* need treatment

When to initiate referral:

- Keloid interferes with function of the patient
- Keloid is painful, symptomatic, or significantly deforming

> References:

Clinical Pediatric Dermatology. Hurwitz S. editor WB Saunders, 1993

Textbook of Neonatal Dermatology. Eichenfield LF, editor. Harcourt Health Sciences, 2001

Textbook of Pediatric Dermatology. Harper J, Orange A and Prose N, editors. Blackwell Science, 2000



**Diagnosis/
symptom**

**Molluscum
Contagiosum**

**Referring provider's initial evaluation
and management can include:**

Molluscum is a benign process in children. Lesions may involute spontaneously within 6-9 months.

Treatment by the PCP may be reasonable if lesions are numerous >15 and spreading or functionally significant.

Topical treatments include:

- Salicylic acid
- Tretinoin (retin A)

Other topical treatments based on expertise of PCP:

- Liquid nitrogen
- Other freezing agents

When to initiate referral:

- If no response to treatments
- Diagnosis is in question
- Lack of response to treatment after several months
- Significant irritation or associated infection is present

> References:

Clinical Pediatric Dermatology. Hurwitz S. editor WB Saunders, 1993

Textbook of Neonatal Dermatology. Eichenfield LF, editor. Harcourt Health Sciences, 2001

Textbook of Pediatric Dermatology. Harper J, Orange A and Prose N, editors. Blackwell Science, 2000



**Diagnosis/
symptom**

**Pre-Cancerous
Skin Lesions and
Skin Cancers**

When to initiate referral:

- Pre-cancerous lesions is suspected, regardless of size or location of the lesion
- Patient with prior history of removal of skin cancers should be followed at regular intervals
- Patient is at high risk for recurrence or new skin cancer, i.e. positive family history



**Diagnosis/
symptom**

Psoriasis

**Referring provider's initial evaluation
and management can include:**

Mild/Moderate:

Topical medications

- Steroid creams/ointments
- Coal tar preps

When to initiate referral:

If no response to treatment or if severe psoriasis:

- If diagnosis is in question
- Lack of satisfactory response to topical treatment after 3-4 weeks
- Pustular lesions are present
- Arthritis is present
- Special treatments such as phototherapy, retinoids, intralesional corticosteroids, or immuno-suppressives are being considered

> References:

Clinical Pediatric Dermatology. Hurwitz S. editor WB Saunders, 1993

Textbook of Neonatal Dermatology. Eichenfield LF, editor. Harcourt Health Sciences, 2001

Textbook of Pediatric Dermatology. Harper J, Orange A and Prose N, editors. Blackwell Science, 2000



**Diagnosis/
symptom**

**Vascular
Lesions**

Port-wine stains

Hemangiomas

When to initiate referral:

- Diagnosis is in question.
- All port wine stains may be appropriate for dermatologic consultation and treatment consideration.
- Hemangiomas, which may compromise bodily functions, are associated with systemic complications, malformations, ulcerations, facial disfigurement, perineal or other “body-fold” location, or infection.



**Diagnosis/
symptom**

Wart Treatment

Referring provider's initial evaluation and management can include:

PCPs should initiate treatment for cases of warts, common virally induced lesions, for 8-12 weeks.

Topical treatments include:

- Tape occlusion
- Salicylic acid
- Tretinoin (retin A)
- Weekly warm water soaks with pumice stone abrasions

Other topical treatments based on expertise of PCP:

- Liquid nitrogen
- Other freezing agents

When to initiate referral:

Referral to dermatologist suggested if no response to treatments and:

- Diagnosis is in question
- Spontaneous involution has not occurred after 2-3 months of observation and treatment by the PCP has been unsuccessful over these 2-3 months
- Facial warts or warts of functional significance which are unresponsive to treatment
- Condyloma in prepubertal children is present (may be a sign of sexual abuse)

> References:

Clinical Pediatric Dermatology, Hurwitz S. editor WB Saunders, 1993

Textbook of Pediatric Dermatology, Harper J, Orange A and Prose N, editors. Blackwell Science, 2000

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