Dermatology Referral Guidelines

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For Scheduling Appointments, please call:
(901) 287-7337 or visit: http://www.lebonheur.org/referrals

Please fax all requested medical records to: (901) 287-6650

Le Bonheur Children's Hospital
Methodist Healthcare Family

Atopic Dermatitis (AD) Treatment Guidelines

Referring providers are encouraged to follow these guidelines for at least a month, and then initiate a referral if patient has not improved. Atopic dermatitis cannot be cured, but it can be controlled.

Treatment Guidelines:

- **Mild eczema of the face (not eyelids) or body –** hydrocortisone ointment 2.5% or desonide 0.05% ointment (Class VI). Apply twice daily to affected areas.
- **For eczema involving the eyelids, neck or other sensitive areas –** consider
- topical immunomodulatory like Protopic ointment (tacrolimus) 0.1% or 0.03% or Elidel cream (pimecrolimus) 1%. Apply twice daily to affected areas. If it stings, try keeping it in the refrigerator.
- **Moderate to more severe eczema of the body –** triamcinolone 0.1% ointment or similar class III-IV topical corticosteroid. Apply twice daily to affected areas.
- **Daily, gentle skin care** (see list of suggested cleansers and moisturizers below):
    - **daily bath** in lukewarm water, for less than 10 minutes, using fragrance-free* cleanser (*Note: "unscented" is not the same as "fragrance free")
    - avoid scrubbing
    - application of fragrance-free moisturizer (heavy cream or ointment — NO LOTION) all over at least twice a day
- Add wet wraps for flares or persistent areas (see instructions below).

Advice:

- **Ointments are preferable** to creams and other vehicles due to increased efficacy and reduced irritation.
- If moderate to severe, initiate treatment **twice daily** and decrease to daily or as needed once controlled.
- For associated pruritus, initiate sedating antihistamine at bedtime as appropriate for weight/age. Examples include:
    - Benadryl
    - Hydroxzyine

How to Use Topical Steroid Medications:

- Apply a thin layer of appropriate steroid to rash only (not to normal skin).
- A generous layer of moisturizer should be applied to all skin **after** the medication is applied to the rash.
- Most topical steroids should be used **twice a day**, once in the morning and again at bedtime. You will be instructed if the medication is to be used only once daily.
- Stronger steroids **should not** be applied to the face, diaper area or underarms, **unless** specifically told to do so by provider.
- Once rash is improved or resolved, go back to using moisturizers alone.

Wet Wraps Instructions:

- Wet Wraps with topical steroids are very effective in calming down a flare, and can be done before calling the doctor.

Wet wraps can be done several different ways:

- Bathe the child per usual
- Apply steroid to **rash**
- Follow with a generous layer of Vaseline ointment to all skin
- Take a pair of long sleeved, long legged pajamas and wet them with warm water
- Pajamas should be white and cotton
- Wring out the excess water
- Put warm, damp pajamas on child
- Cover damp pajamas with a second pair of dry pajamas.
- Leave on for at least one hour (or overnight, if possible, especially for severe flares)

Variations:

- Warm, damp socks can be used for hands and feet.
- For older children, arms, legs and trunk can be wrapped in warm, damp towels.
- "Spot treatments" can be done for severe areas, such as knees and elbows using warm, damp cotton dishtowels or washcloths.

Suggested Dry and Sensitive Skin Care Products

Soap:
Dove for Sensitive Skin (bar or liquid)
Baby Dove Tip to Toe Wash Sensitive Moisture
CeraVe Cleanser
Cetaphil Gentle Skin Cleanser or Bar (not face wash)
Oil of Olay for Sensitive Skin (bar or liquid)
Vanicream Cleansing Bar
Aveeno Eczema Therapy Cleanser

Detergent:
Tide Free
Cheer Free
All Free and Clear
Purex Free

Fabric Softener:
Bounce Free
Downy Free and Clear

Moisturizer:
Aquaphor Ointment (contains lanolin)
Vaseline Ointment (no fragrance)
Vanicream
Cetaphil Cream (contains almond oil)
CeraVe Cream
Aveeno Eczema Therapy Cream
Eucerin Cream (contains lanolin)

Diaper Cream:
Triple Paste
Aquaphor Ointment (contains lanolin)
Vaseline Ointment

Impetigo Treatment Guidelines

Referral Guidelines:

- Refer when diagnosis is in question
- Refer only if condition has to improve after one week of treatment
- Child with moderate to severe atopic dermatitis (AD) and recurrent skin infections

General Information:

- A bacterial culture must be obtained prior to initiation of therapy for suspected bacterial infection.
- If problem is recurrent, please consider whether bacterial infection is the 1° problem or is 2° to another underlying skin problem (e.g., fungal infection of the scalp, cutaneous herpes, or underlying molluscum).

Preventative Measures:

- For children with recurrent staph infections of the skin, bleach baths may be helpful.
    - Any regular-strength liquid (6%) "household" bleach. (Clorox or generic storebrands are fine.)
    - Use ¼ cup bleach for an average sized tub that is filled half full with water. For reference, 1 teaspoon of bleach should be used per gallon of bath water.
    - Limit the bath to 10 minutes, then rinse with regular tap water (a gentle soap and shampoo at this time are fine) and apply moisturizer.
    - Repeat the bath twice weekly at regularly-spaced intervals. (For example, Sunday and Wednesday.)
    - Continue for as long as your doctor instructs.

Keratosis Pilaris Treatment Guidelines

Referring provider's initial management should include:

Family education on the chronic nature of this genetic skin condition. It cannot be cured, but tends to improve with age.

Treatment Recommendations:

- Gentle and dry skin care:
    - gentle, fragrance-free cleansers (see list)
    - apply a heavy, bland emollient (ointment or cream) to all skin one to two times daily (e.g.,Vaseline, Cetaphil cream, Cerave cream, Vanicream, Eucerin cream)
- For older children or teens with cosmetic concerns, try over-the-counter moisturizers containing keratolytics. Use one to two times daily.
    - AmLactin lotion
    - Eucerin Plus
    - Cerave SA Renewing lotion
    - Gold Bond Rough and Bumpy

Melanocytic Nevi (Moles) Treatment

Referral Guidelines:

- Patient is at high risk for recurrent or new melanoma or dysplastic nevi (i.e. positive self or family history in first or second degree relatives)
- Sudden or worrisome changes (e.g., in size, shape, color) or development of persistent symptoms (e.g., itching, pain, bleeding, etc.)
- Growth is not proportionate with child's growth

General Information:

- It is normal to develop new moles in childhood.
- It is normal to see uniform growth or thickening of moles with overall growth of a child.
- Moles may also enlarge with growth spurts or around puberty.
- Congenital moles (moles present at birth or during infancy) are typically larger than acquired moles and may thicken and/or become hairy over time.
- If lesion has been biopsied or removed, please include a copy of the path report with referral.

Molluscum Contagiosum Treatment Guidelines

Please follow guidelines for at least two to three months prior to the initiation of referral.

Referring provider's initial evaluation and management should include:

- Education of parents: molluscum is benign in children.
- Molluscum will resolve itself within a few months to years, so treatment may not be necessary.
- Treatment by the PCP may be reasonable if lesions are numerous (>15), spreading, or cosmetically or functionally significant.
- Please note the below treatment recommendations have the potential to cause skin irration.
- Expect several weeks to months for signs of improvement.

Treatment Recommendations:

- Over the counter Differin (adapalene) gel 0.1%
  - three times per week
- Tretinoin cream 0.025%
  - Eyelids: three times per week
  - Face: three to five times per week
  - Body: three to five times per week

Please note:

- We do not treat molluscum contagiosum with laser.
- We very rarely treat molluscum contagiosum with cryotherapy or curettage removal.

Onychomycosis Treatment Guidelines

General Information:

- "Onychomycosis" refers to fungal infection of the nail(s).
- Suggestive features of onychomycosis include:
  - Nails that are thickened, brittle, discolored, separating from the nail bed and/or have subungual debris
  - Adjacent skin involvement suspicious for infection (erythematous/red, scaly, pruritic)
- Children with onychomycosis frequently have a first-degree relative or other household member with onychomycosis and/or tinea pedis.
- Ideally, all close contacts with active skin and/or nail infection should be treated by a physician to avoid re-infection.
- Recurrence is common and treatment does not always guarantee a permanent cure.
- **Confirmation of diagnosis is important. Not all nail dystrophy is fungal in origin.** Please note, if all nails are abnormal or dystrophy is bilaterally symmetric, consider another etiology.

Treatment Recommendations:

- **Lab confirmation of fungal infection may be required by insurance to cover cost of medication and any recommended laboratory testing during treatment.**
- Ideally, send two nail clippings for testing:
  - One for fungal stain
  - One for culture
- If involvement is superficial only and/or does not involve the lunula, may try topical therapy with Ciclopirox nail lacquer solution 8%.
  - Apply to affected area nightly until nail clears
  - Residue may be removed from nail once weekly with alcohol (not required)
- If lunula/matrix involved and fungal stain and/or culture are positive for dermatophyte, **systemic therapy will be required to clear infection.**

- Terbinafine (Lamisil) is preferred (comes as 250 mg tab)
    - If no contraindications (e.g., history of significant liver disease or potential drug interaction) AND if baseline CBC and LFT's WNL:
        - <20 kg = 62.5 mg/day
        - 20-40 kg = 125 mg/day
        - >40 kg = 250 mg/day
    - Repeat CBC and LFT's after four weeks on therapy prior to continuing course if treating for more than six weeks.
        - Fingernails six-week course
        - Toenails 12-week course

Preventitive measures:

- Keep feet dry and clean
- If feasible, replace shoes
- If not, replaces insoles

Referring provider's evaluation and management should include:

- Gentle and dry skin care
  - Gentle, fragrance-free cleanser only
  - Application of a heavy bland emollient (ointment or cream) to all skin at least twice daily
  - Guttate psoriasis
    - careful physical exam for possible strep infection (especially throat and peri-anal infection)
    - bacterial throat culture
    - two-week course of Keflex or other strep coverage

Referral Guidelines:

- Severe psoriasis
- Presence of pustules
- Psoriasis of the nail
- Stiffness or joint pain

Eyelides, Face, Axillae, Inguinal Folds:

- Elidel cream 1%
- Protopic ointment 0.03% or 0.1%

Scalp:

- Shampoo:
  - Over the counter salicylic acid or containing shampoo
  - Over the counter tar containing shampoo
  - Rx: Nizoral 2% (daily or at least 2-3x per week)
- Topical steroid medications:

  Mild to moderately severe:
  - DermaSmooth FS Oil bid (fluocinolone in hypoallergenic peanut oil)
  - Synalar scalp solution (fluocinolone)

  Moderate to severe:
  - Lidex scalp solution (fluocinonide)

Body:

- Mild: Desonide ointment 0.05%
- Moderate: Triamcinolone ointment 0.1%

Scabies Treatment Guidelines

Referral Guidelines:

- If rash or itching last more than six weeks despite treatment recommendations below, please send a referral.

General Information:

- It is an infestation of the skin by the mite Sarcoptes scabiei
- Transmitted by close person-to-person contact
- It is severely itchy, especially at night
- Rash is usually on the sides and webs of fingers, flexor wrists, extensor elbows, folds, periumbilicus and genitalia
- Infants often have more severe eruption with involvement of palms and soles

Diagnosis:

- Clinical
- Skin scrapings may be used for confirmation but are not required

Treatment:

- Permethrin 5% cream (apply to all areas of the body from the neck down and wash off after eight to 14 hours). **Repeat after seven to 10 days.**
- Permethrin is off label for infants less than two months old, but appears to be safe and effective when used on infants less than one month of age. In infants, permethrin should also be applied to the scalp and face, avoiding eyes and mouth.
- Cotton mitts or socks on the hands of infants and young children at bedtime will help prevent them from rubbing the cream into their eyes.
- Itching may persist for one to two weeks after successful treatment.
- Oral antihistamines and/or low to medium-potency topical steroids are appropriate for relief. Rash may persist up to four to six weeks.

Control of Transmission:

- Recently used (within several days before treatment) clothing, linens, stuffed animals etc. may be bagged for several days, machine washed and then ironed or dried in a hot drier, or dry cleaned.
- All household members and close contacts should be treated at least once, simultaneously, even if they do not have skin lesions/rash.
- Close contacts without skin lesions/rash generally do not need a second, repeat treatment.

Wart Treatment Guidelines

Referring provider's initial evaluation and management should include:

- Expect to treat warts for three to six months

Referral Guidelines:

- Send referral if warts persist beyond three to six months despite treatment
- Send referral if three or more warts are present or warts are extending under the nails
- Send referral for genital warts

Treatment Recommendations:

- Salicylic acid 17% soln (over the counter)
  - Apply solution at bedtime
  - Cover with duct tape, remove in the morning
  - Repeat at bedtime three to five nights per week as tolerated
- For plantar warts use salicylic acid 40% plaster (mediplast or wart stick)
  - Follow the same steps as listed above
- For thicker warts, it may be helpful to soften them in the bath and lightly file with an emery board before application of the treatment. Discard or reserve the emery board for this use only.