Central Adelaide Dermatology Services

Clinical Information Sheet

Clinical Condition	Inflammatory Disease
Eligibility	 Eczema/Dermatitis. Psoriasis. Drug eruptions
Priority	 Eczema/Dermatitis Those patients with conditions causing significant distress or interfering with work should be referred to dermatologists – Non Urgent. If extensive skin involvement or if evidence of eczema herpeticum (widespread erosions) – Urgent Psoriasis Refer if inadequate response (usually 4-8 weeks) to conventional treatment) – Non Urgent. Refer if severe and widespread, or where there is diagnostic difficulty– Urgent. Drug Eruptions Widespread skin involvement with skin and mucosal blistering Lymphadenopathy and fever Eczema, psoriasis, tinea corporis, drug eruptions
Diagnoses	
Information required with referral	 Any skin biopsy results Any swab /blood results Any allergy test results Comprehensive past medical history List of medications with start dates and any changes of doses All results should be forwarded with referral or copied to the Dermatology units at the RAH/QEH
Investigation required for diagnosis	Skin scrapings and toenail clippings if toe nails clinically affected



Pre-Referral management strategies (include with referral)	Eczema/Dermatitis
	 Regular use of moisturisers and soap free washes Avoidance of irritants. Treatment of secondary infection. Control of inflammation with intermittent courses of moderately potent topical corticosteroids.
	 Psoriasis Trial of tar based preparations, topical corticosteroids, and/or vitamin D3 analogues.
	Drug eruption Stop culprit/suspected drug immediately
	 Clinical diagnosis unknown General principles of management

For more information

Dermatology Services

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