

St Vincent's Hospital Department of Dermatology Triage of Dermatological Patients

Category Level	Descriptive
<p>Dermatologic Emergency</p> <p>To be seen immediately; Direct to Emergency Department</p> <ul style="list-style-type: none"> - Acute - Life-threatening - Potential for immediate deterioration 	<p><i>Drug Eruptions</i></p> <ul style="list-style-type: none"> - Extensive blistering disorders including- suspected toxic epidermal necrolysis (TEN) or Stevens Johnson syndrome (SJS) - Widespread or severe drug reactions - Acute Generalised Exanthemaous Pustuolosis (AGEP) <p><i>Dermatoses</i></p> <ul style="list-style-type: none"> - Erythroderma - Generalised pustular psoriasis <p><i>Infections</i></p> <ul style="list-style-type: none"> - Purpuric eruptions indicative of meningococcal meningitis - Necrotising fasciitis - Skin infections in immunocompromised or immunosuppressed patients - Acute septicaemia or uncontrolled sepsis in a leg wound - Acute septicaemia or uncontrolled lymphangitis or secondary infection - Eczema Herpeticum <p><i>Coagulopathies and embolic disease</i></p> <ul style="list-style-type: none"> - Kasabach-Merriit syndrome with severe coagulopathy

Category 1

**URGENT- to be seen as soon as possible-
Outpatient or inpatients
(< 1 week)**

- Acute
- Potential to deteriorate quickly and may become an emergency
- Potential to be life-threatening

Malignancies

- **Aggressive cutaneous malignancies including but not limited to:**
 - o Confirmed or suspected malignant melanoma
 - o Squamous cell carcinoma (SCC)
 - o Confirmed basal cell carcinoma (BCC) with neural invasion
 - o Angiosarcoma

Drug Eruptions

- **Acute drug eruptions**
 - o Acute Graft v Host Disease (GVHD)
 - o Bullous drug eruptions

Dermatoses

- **Acute bullous eruptions**
- **Acute exacerbation of chronic dermatoses**
- **Acute allergic contact dermatitis**
- **Acute suspected or confirmed vasculitis**
- **Acute stasis dermatitis with or without cellulitis**

Infections

- **Covid-19 related skin changes**
- **Acute cellulitis**
- **Infected wounds and ulcers with risk of septicaemia**
- **Scabies**
- **Acute viral infections- HSV, shingles, VZV**
- **Acute fasciitis**

Coagulopathies and embolic disease

- **Warfarin necrosis**
- **Calciphylaxis**
- **Suspected peripheral emboli**

<p>Category 2 SEMI-URGENT- 1-4 weeks</p> <ul style="list-style-type: none"> - May be chronic or new onset - Unlikely to become an emergency - Unlikely to deteriorate quickly - Highly symptomatic, can cause significant pain, dysfunction, disability 	<p><i>Malignancies</i></p> <ul style="list-style-type: none"> - Suspected semi-aggressive cutaneous malignancies <p><i>Drug Eruptions</i></p> <ul style="list-style-type: none"> - Chronic GVHD - Chronic blistering drug eruptions <p><i>Dermatoses</i></p> <ul style="list-style-type: none"> - Non-blistering, non-erythrodermic dermatoses - Acute exacerbation of chronic dermatoses - Acute stasis dermatitis with or without cellulitis - Lupus and other connective tissue disorders - Panniculitis - Chronic contact dermatitis <p><i>Infections</i></p> <ul style="list-style-type: none"> - Acute Folliculitis un-successfully treated in the community
<p>Category 3 Chronic dermatoses 6-12 weeks</p>	<p><i>Malignancies</i></p> <ul style="list-style-type: none"> - Confirmed or suspected basal cell carcinoma - Bowen's disease - Other non-melanoma skin cancers - Full skin examinations in patients with previous melanomas <p><i>Dermatoses</i></p> <ul style="list-style-type: none"> - Eczema, psoriasis - Most nail & hair conditions (excluding suspected subungual melanoma) <p><i>Infections</i></p> <ul style="list-style-type: none"> - Chronic bacterial or fungal infections