Table of Contents

For Scheduling Appointments, please call:

_____

Healthcare Fa Childre r

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:

•

I e g Tea e G de e

Referral Guidelines:

•

Me a c c Ne (M e) T ea e

Referral Guidelines:

- Patient is at high risk for recurrent or new melanoma or dysplastic nevi (i.e. positive self or family history in rst 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.

LeB n

M c C ag T ea e G de e

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 signi□cant.
- 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 Di□erin (adapalene) gel 0.1%
  - three times per week
- Tretinoin cream 0.025%
  - Eyelids: three times per week
  - Face: three to □ve times per week
  - Body: three to □ve times per week

Please note:

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

LeB nheu

O c c Tea e G de e

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 rst-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.
- **Con rmation 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 con rmation 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 super cial only and/or does not involve the lunula, may try topical therapy with Ciclopirox nail lacquer solution 8%.
  - Apply to a ected 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.**

Scab e T ea e G de e

Referral Guidelines:

- If rash includes genitalia, or Does not respond to treatment recommendations below, please send referral
  periumbilicus and genitalia

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:

-

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