Suspected acute dermatological emergencies in adults and children:
- acute erythroderma (>90% skin affected)
- acute generalised pustular reactions
- acute desquamating and blistering reactions
- acute severe drug reactions with systemic symptoms
- acute small vessel vasculitis
- suspected eczema herpeticum

Patients whose chronic skin complaint has deteriorated severely enough to reach crisis point to merit discussion as to whether an emergency review is appropriate

Bleeding patients following dermatological surgery when unable to control using conservative measures

Suspected melanomas and suspicious naevi (moles)

• Acne fulminans (severe acne with systemic upset)
• Acute drug eruptions
• High Risk BCC
• Severe eczema or severe psoriasis
• Suspected Squamous Cell Carcinoma (SCC)
• Worsening inflammatory rashes

Benign lesions:
- Skin Tags, Seborrhoeic keratoses
- Benign Naevi (moles), Dermatofibroma, Lipoma, Epidermal (sebaceous) cyst, Spider haemangioma, Xanthelasma

Molluscum contagiosum

Scabies

Warts

Urticaria for allergy testing

Non-dermatological problems for allergy testing

Hirsutism for hair removal

What not to refer

Routine

Acne
Alopecia
Basal Cell Carcinoma (BCC)
Bowens disease
Contact dermatitis

Eczema - Atopic
Eczema - Hand & Foot
Hyperhidrosis
Nail Dystrophy
Pruritus
Psoriasis

Rosacea
Solar (actinic) keratosis not responding to treatment as per guidance
Urticaria

SCI Gateway – Advice Only
This service is intended to offer consultant-led advice on clinical problems that may not need to be referred if simple advice or tips would suffice.

The consultant has the option to put the patient on the relevant waiting list if it is felt an appointment is still necessary.

Please do not use the Advice service for appointment queries – please contact the Dermatology Administration team at Laur.Dermatology@nhslothian.scot.nhs.uk

EMERGENCY
Contact the on-call Dermatology Team by phoning (0131) 536 1000 and asking for them to be contacted.

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