

Children’s Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

ACNE VULGARIS

The purpose of this guideline is to determine initial treatment of acne vulgaris and when the patient should be referred to dermatology.

Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider referring to the Dermatology Clinic:	How can the referring provider send patients to the Dermatology Clinic and what information should be included with the referral?	Specialist’s workup will likely include:
<p>Comedonal acne vulgaris</p> <p><u>Signs and symptoms</u> Closed comedones (white heads) and open comedones (black heads) over the face, back, and/or chest.</p> <p><u>Causes</u> Excess oil production and clogging of pores.</p>	<p><u>Diagnosis</u> Diagnosis is based on history and physical exam. Determine patient’s motivation to treat.</p> <p><u>Treatment</u></p> <ul style="list-style-type: none"> • Twice daily washing with gentle cleanser • Nightly use of a retinoid topical medication <ul style="list-style-type: none"> ➢ Differin 0.1% gel is available OTC ➢ Differin 0.1% cream, Differin 0.3% gel available as RX ➢ Tretinoin of various strengths available as RX. Would start with 	<p>Patients and families should be motivated and able to adopt a skin care regimen that will likely require at least twice daily washing and application of a topical medication. Prior to referral, the patient should have tried and failed <u>ALL</u> the following unless there is a contraindication:</p> <ul style="list-style-type: none"> • Twice daily face washing with gentle cleanser • Nightly application of OTC Differin (adapalene) 0.1% gel for at least 3 months <p>Avoidance of comedogenic products to affected areas.</p>	<ol style="list-style-type: none"> 1. Internal provider using Epic <ul style="list-style-type: none"> • Place Ambulatory Referral to Dermatology 2. External provider using Epic <ul style="list-style-type: none"> • Please complete the external referral order <p>In order to help triage our patients and maximize the visit, the following information would be helpful to include with your referral order:</p> <ul style="list-style-type: none"> • Urgency of the referral • What is the key question you would like answered? <p>Note: Our office will call to schedule the appointment with the patient.</p> <ol style="list-style-type: none"> 3. External referral order NOT using Epic: 	<p>No workup is typically needed for comedonal acne unless the patient is presenting with mid-childhood acne (1-6 years of age).</p> <p>After referral to Dermatology Clinic:</p> <ul style="list-style-type: none"> • Patient will be required to have effectiveness of treatment reassessed after 2-3 months’ use before escalation of therapy • If the patient is doing well, refills may be provided by a referring provider depending on comfort level and follow-up in dermatology would only be required for additional concerns or worsening acne.



	<p>tretinoin 0.025% cream nightly and then escalate at follow-up.</p> <ul style="list-style-type: none"> • Non comedogenic moisturizer after medication application • Avoidance of comedogenic products (oil, body moisturizer, ointments) on face. Tie hair up at night if hair oil is needed. <p>**IMPORTANT** Oral antibiotic therapy is NOT effective for comedonal acne.</p>		<ul style="list-style-type: none"> • In order to help triage our patients maximize the visit time, please fax the above information to (414-607-5288) • It would also be helpful to include: <ul style="list-style-type: none"> • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. 	
<p>Inflammatory acne vulgaris <u>Signs and symptoms</u> Inflamed papules, pustules over the face, back, and/or chest. When comedones are present, this is referred to as "mixed inflammatory and comedonal acne vulgaris."</p> <p><u>Causes</u> Excess oil production leading to clogging of pores followed by inflammation in the skin.</p>	<p><u>Diagnosis</u> Diagnosis is based on history and physical exam. Determine patient's motivation to treat. If patient is prepubertal, determine if there are other secondary sex characteristics that might point to precocious puberty.</p> <p><u>Treatment</u> Start treatment listed under "comedonal acne vulgaris" along with one or more of the following:</p> <ul style="list-style-type: none"> • Benzoyl peroxide product (wash or gel) once daily • Topical clindamycin (gel, lotion, or solution) in the AM. This should be used in conjunction with a benzoyl peroxide to limit antibiotic resistance. 	<p>Refer for any of the following:</p> <ul style="list-style-type: none"> • Scarring • Contraindication to or failure of aforementioned treatments • Patient/family considering Accutane (isotretinoin) therapy • Concern of underlying cause of acne (signs of androgen excess, precocious puberty, etc.) 	<p>See above</p>	<p>Workup may involve the following:</p> <ul style="list-style-type: none"> • Bloodwork to rule out underlying endocrinopathy in select patients. • Bloodwork +/- urine pregnancy in preparation for Accutane (isotretinoin) course. • Referral to additional specialties if needed (adolescent medicine, endocrine, headache clinic) <p>After referral to Dermatology Clinic:</p> <ul style="list-style-type: none"> • For those started on Accutane (isotretinoin), patients and family should expect to follow up with dermatology every month for 5-10 months. <p>For all others, patients and family should expect to follow up with</p>

	<ul style="list-style-type: none"> Oral antibiotic therapy with doxycycline 100 mg twice daily if severe. This should also be used in conjunction with a benzoyl peroxide to limit antibiotic resistance. Monotherapy with oral antibiotic should be avoided. 			dermatology every 2-3 months until acne is well controlled.
<p>Nodulocystic acne</p> <p><u>Signs and symptoms</u> Inflamed, sometimes tender, nodules, cysts, +/- crusted papules, comedones, scarring.</p> <p><u>Causes</u> Excess oil production leading to clogging of pores followed by inflammation in the skin. Some proinflammatory conditions may predispose some individuals to this type of acne.</p>	<p><u>Diagnosis</u> Diagnosis is based on history and physical exam.</p> <p><u>Treatment</u> Treatment is often more aggressive for this type of acne and typically requires management by dermatology. Referring providers can initiate oral antibiotic therapy with one of the following (unless contraindicated) prior to appointment with dermatology:</p> <ul style="list-style-type: none"> Doxycycline 100 mg twice daily <p>Minocycline 100 mg twice daily</p>	<p>Refer to dermatology immediately. Consider calling nurse line to help expedite if scarring/inflammation is severe @ (414) 266-6434.</p>	<p>See above</p>	<p>Workup may involve the following:</p> <ul style="list-style-type: none"> Bloodwork to rule out underlying endocrinopathy in select patients. Bloodwork +/- urine pregnancy in preparation for Accutane (isotretinoin) course. Referral to additional specialties if needed (adolescent medicine, endocrine, headache clinic). <p>After referral to Dermatology Clinic:</p> <ul style="list-style-type: none"> For those started on Accutane (isotretinoin), patients and family should expect to follow up with dermatology every month for 5-10 months. <p>For all others, patients and family should expect to follow up with dermatology every 2-3 months until acne well controlled</p>

Medical Disclaimer



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