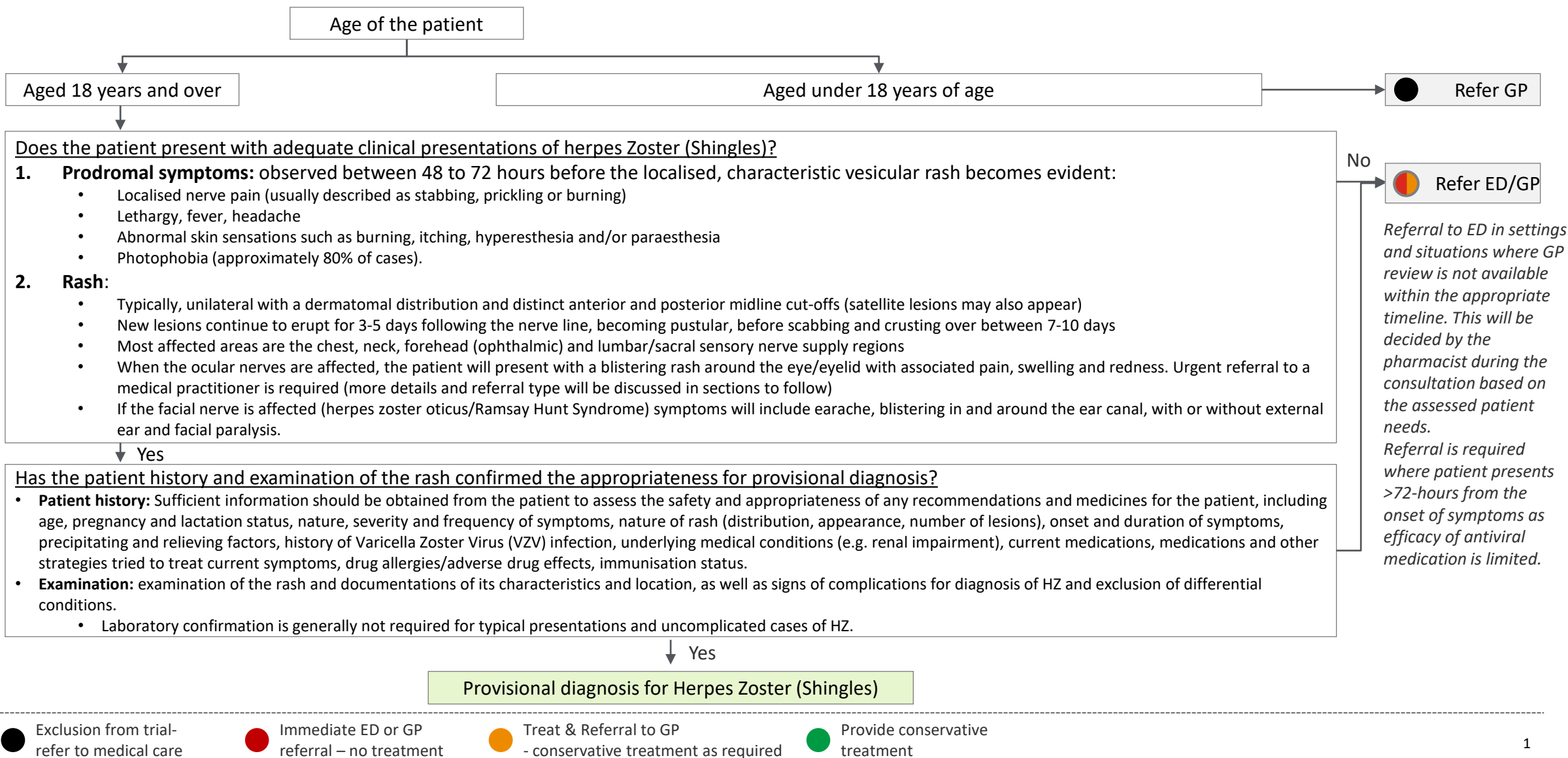


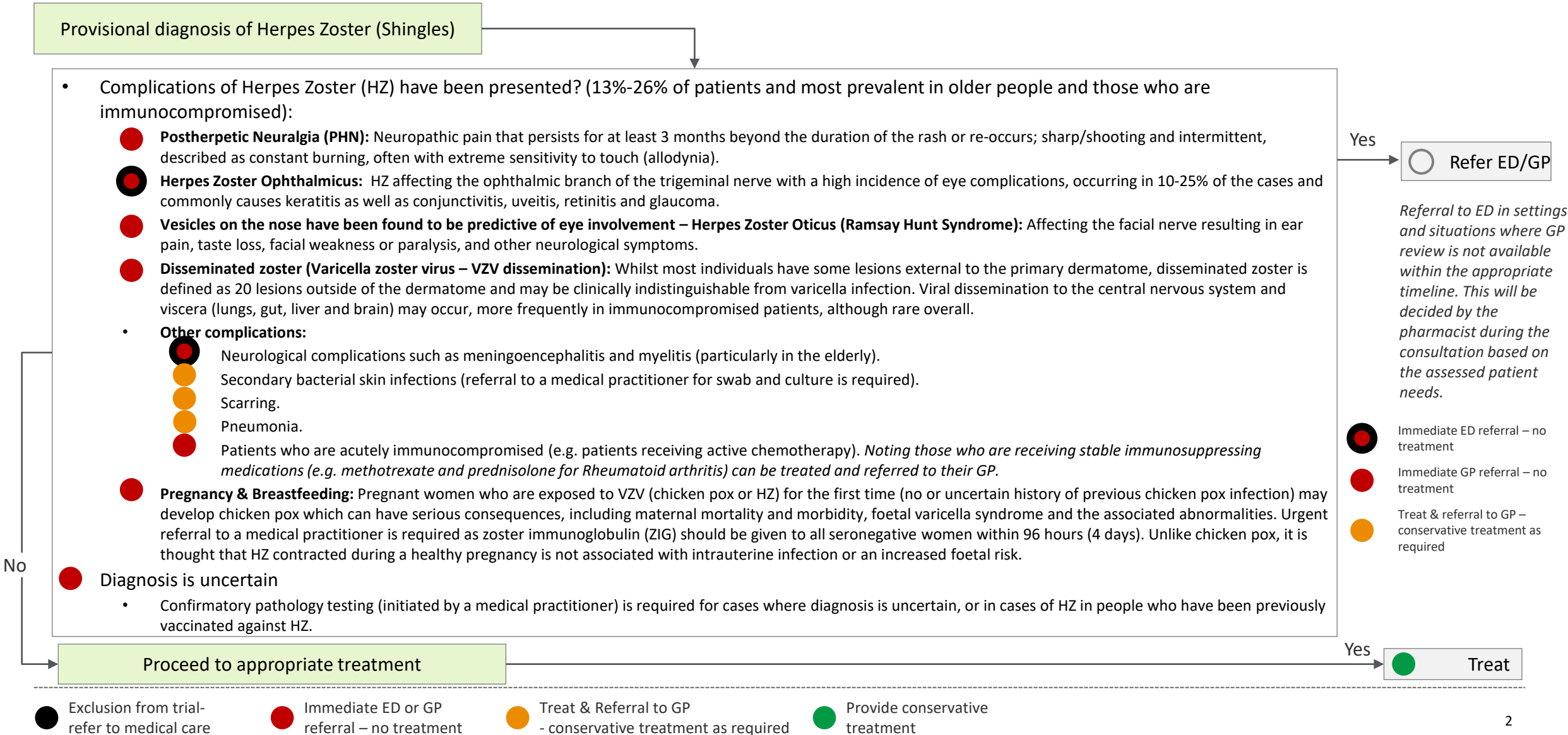
Herpes Zoster (Shingles)| Clinical practice guideline (1/3)

Treatment Algorithm 1. Arriving at a diagnosis for Herpes Zoster (Shingles)



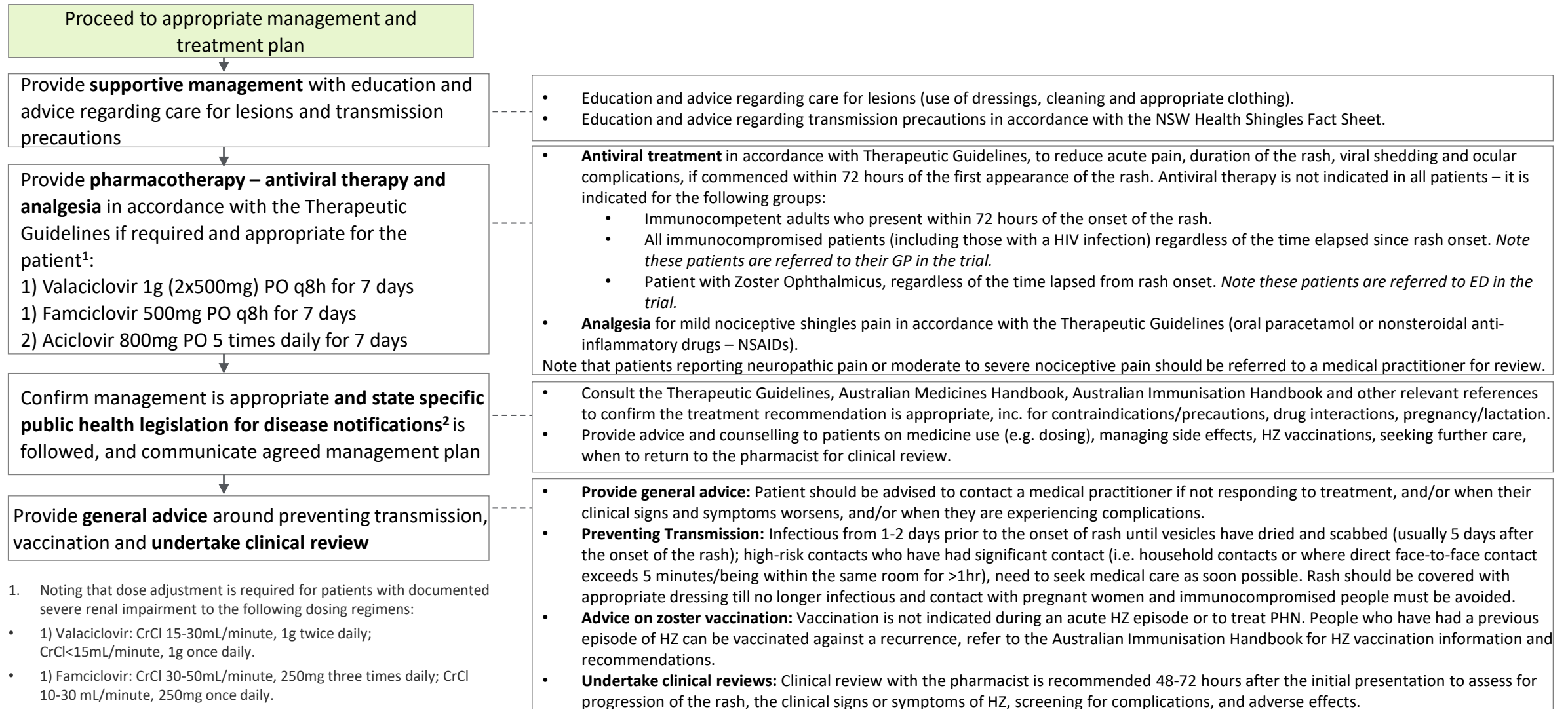
Herpes Zoster (Shingles)| Clinical practice guideline (2/3)

Treatment Algorithm 2. Identifying primers for differential diagnosis and referrals



Herpes Zoster (Shingles)| Clinical practice guideline (3/3)

Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups



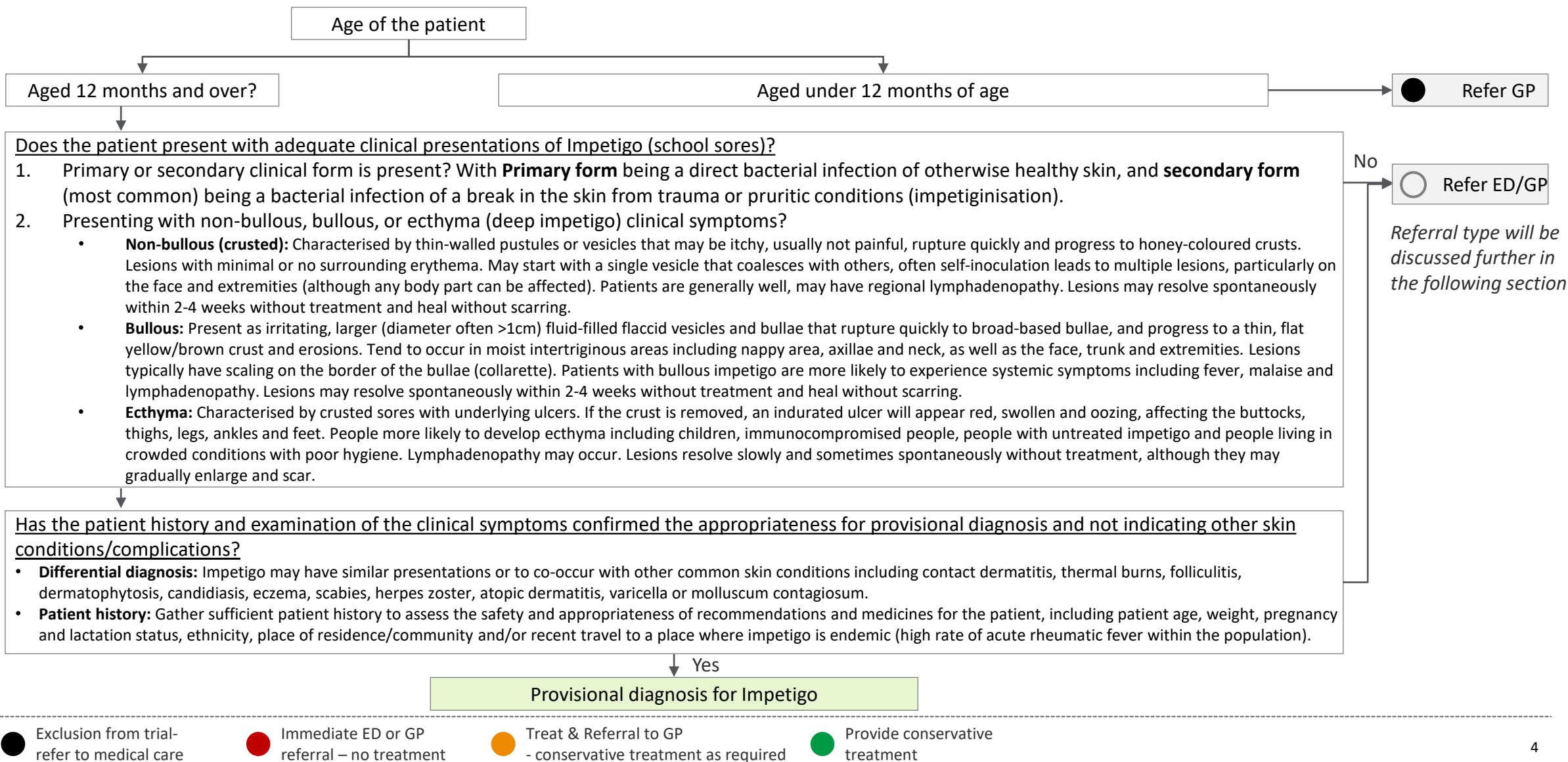
1. Noting that dose adjustment is required for patients with documented severe renal impairment to the following dosing regimens:

- 1) Valaciclovir: CrCl 15-30mL/minute, 1g twice daily; CrCl<15mL/minute, 1g once daily.
- 1) Famciclovir: CrCl 30-50mL/minute, 250mg three times daily; CrCl 10-30 mL/minute, 250mg once daily.
- 2) Aciclovir: CrCl 10-25mL/minute, 800mg q8h; CrCl <10mL/minute, 800mg q12h.

2. Note that shingles is notifiable in ACT

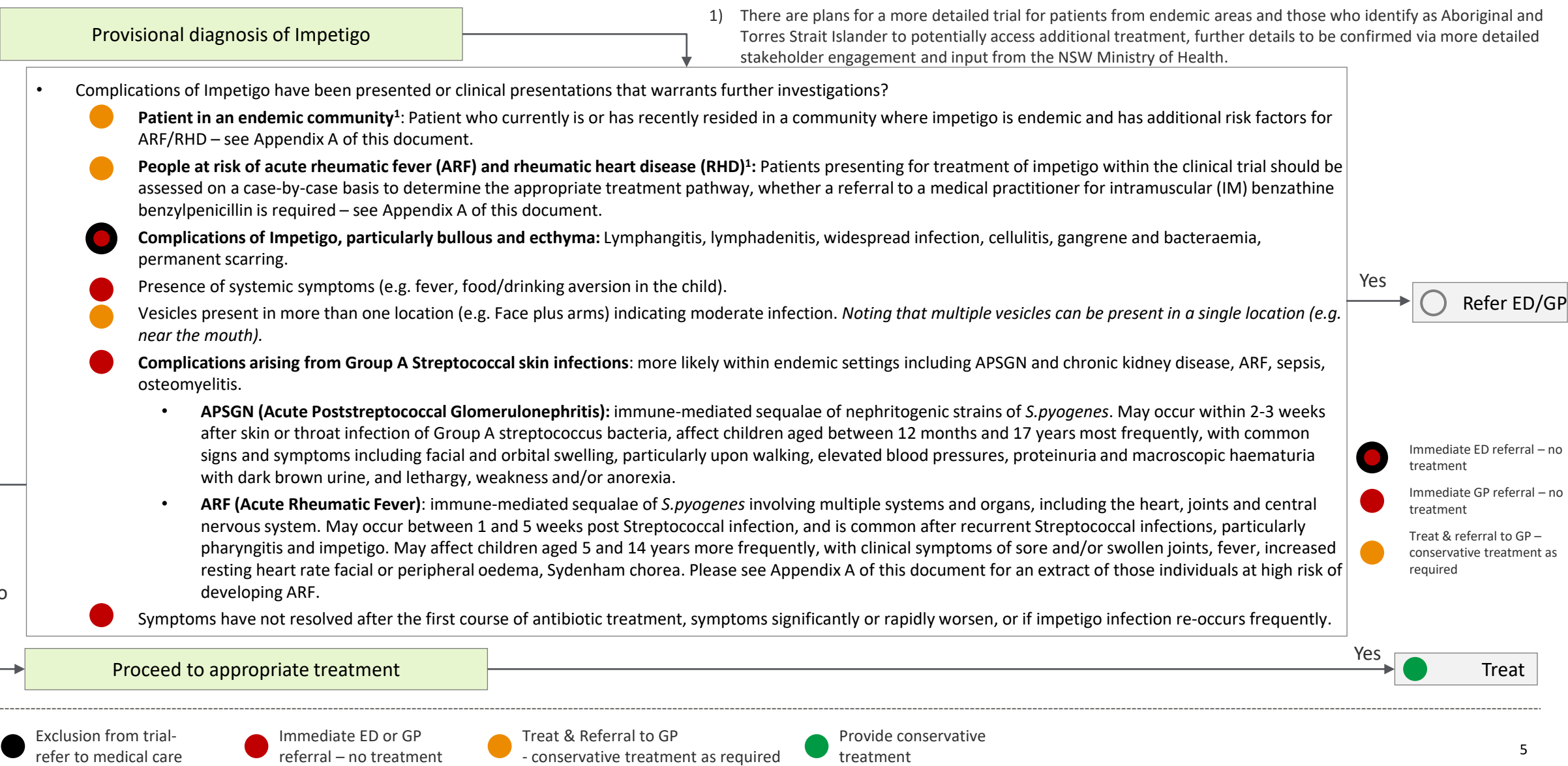
Impetigo | Clinical practice guideline (1/3)

Treatment Algorithm 1. Arriving at a diagnosis for Impetigo



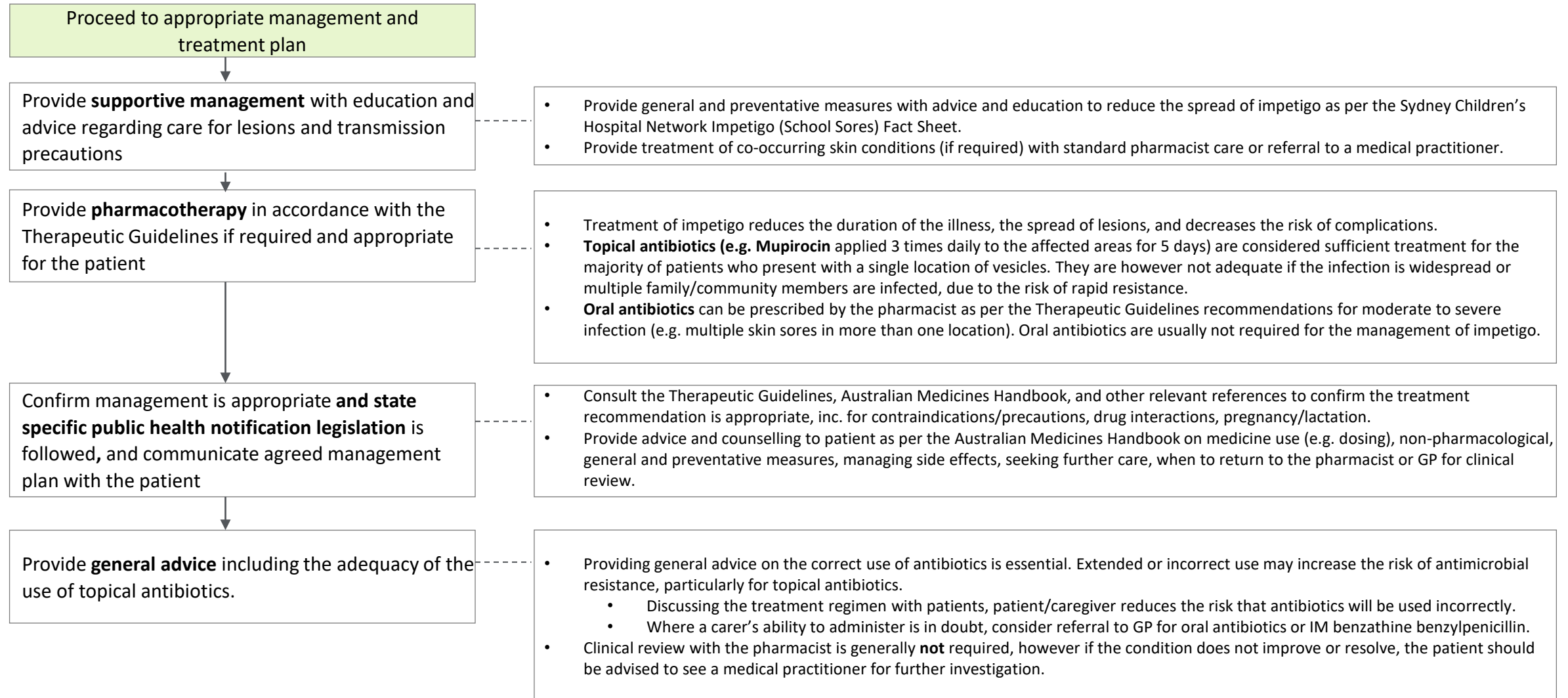
Impetigo| Clinical practice guideline (2/3)

Treatment Algorithm 2. Identifying primers for differential diagnosis and referrals



Impetigo | Clinical practice guideline (3/3)

Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups



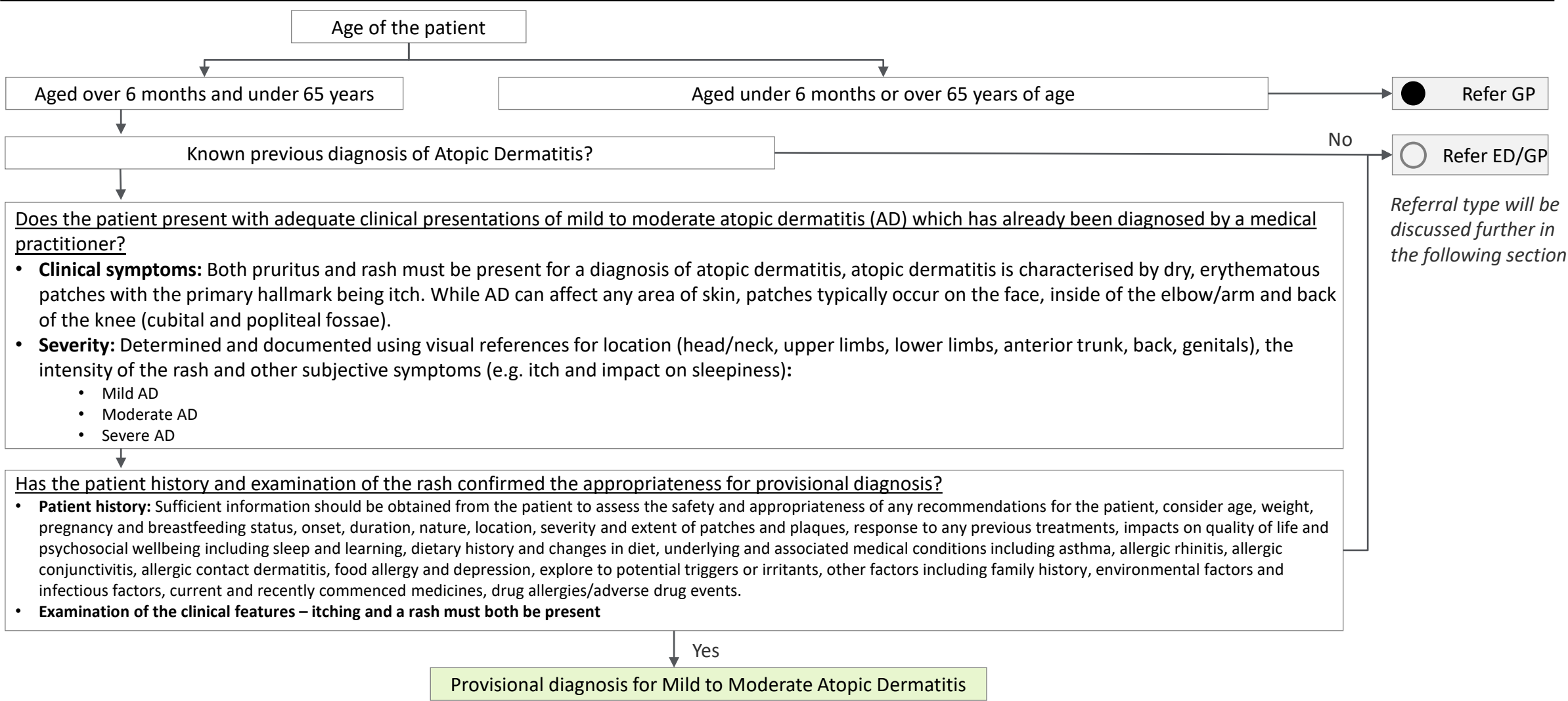
Appendix A

Individuals at high risk of developing Acute Rheumatic Fever (ARF)

Patient Group	Description of individuals
Individuals aged 40 years and under	- Aboriginal and Torres Strait Islander people residing in a rural or remote area, or living in a household affected by household overcrowding (>2 people per bedroom) or of lower socioeconomic status. - Māori and/or Pacific Islander person living in a household affected by overcrowding or socioeconomic disadvantage. - People with a recent personal or family/household history of ARF or rheumatic heart disease (RHD).
Additional risk factors for individuals aged <= 40 years (particularly 5 to 20 years)	- People living in a household affected by household overcrowding (>2 people per bedroom) of lower socioeconomic status. - People with current or recent residence (including frequent or recent travel to) in an area with a high rate of ARF (Australia or internationally) e.g. refugees and migrants from low-middle income countries, rural and remote communities.

Mild to Moderate Atopic Dermatitis | Clinical practice guideline (1/4)

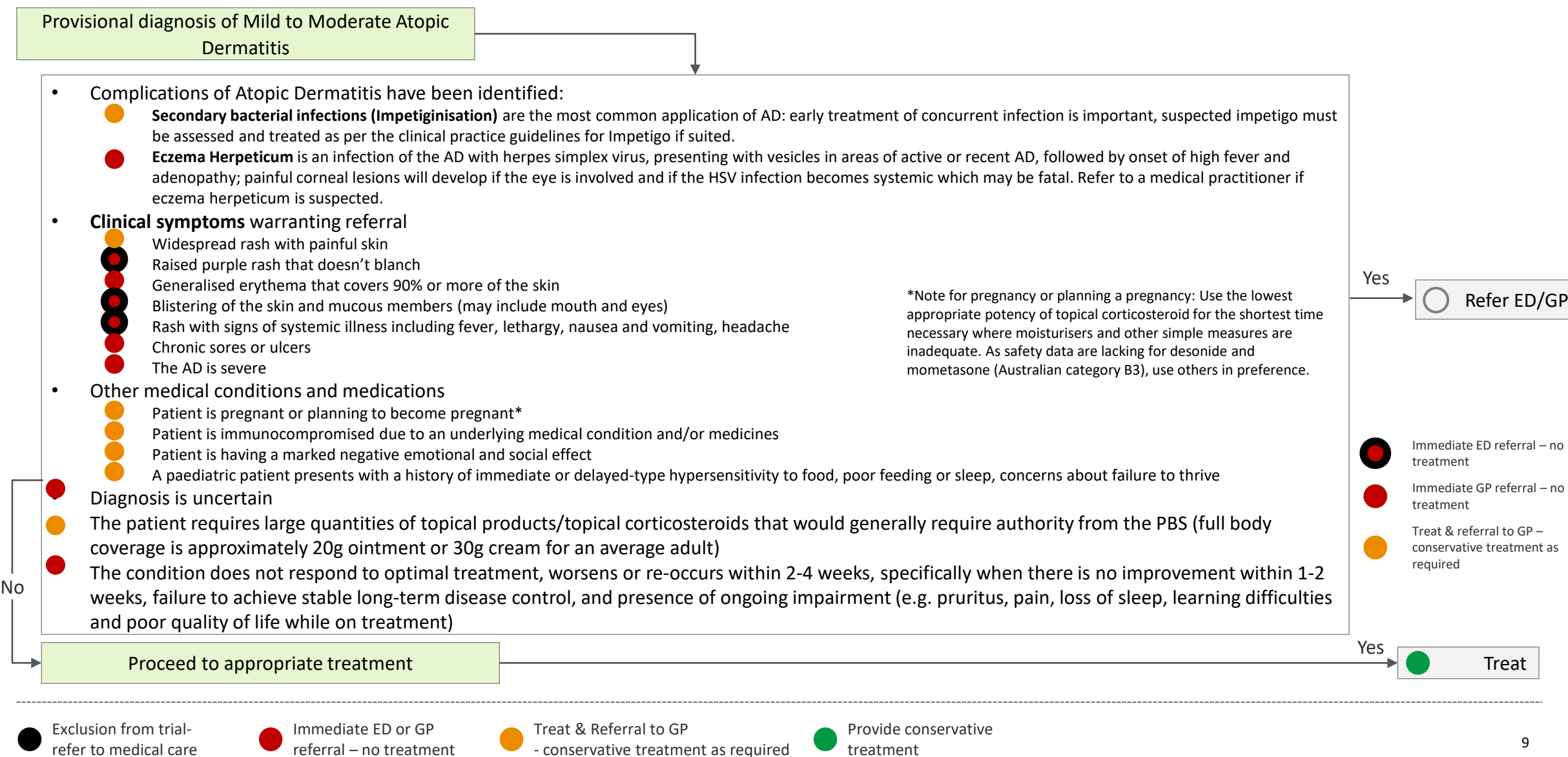
Treatment Algorithm 1. Arriving at a diagnosis for Mild to Moderate Atopic Dermatitis



Referral type will be discussed further in the following section

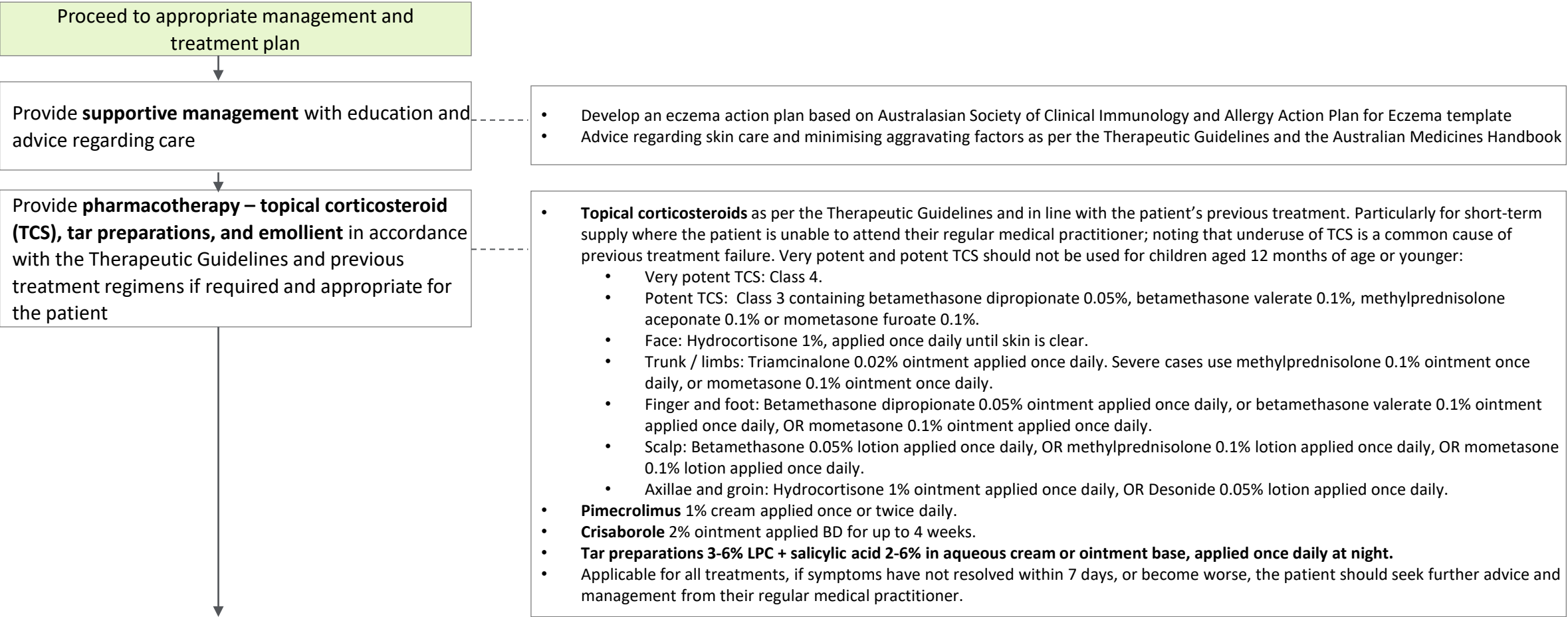
Mild to Moderate Atopic Dermatitis | Clinical practice guideline (2/4)

Treatment Algorithm 2. Identifying primers for differential diagnosis and referrals



Mild to Moderate Atopic Dermatitis | Clinical practice guideline (3/4)

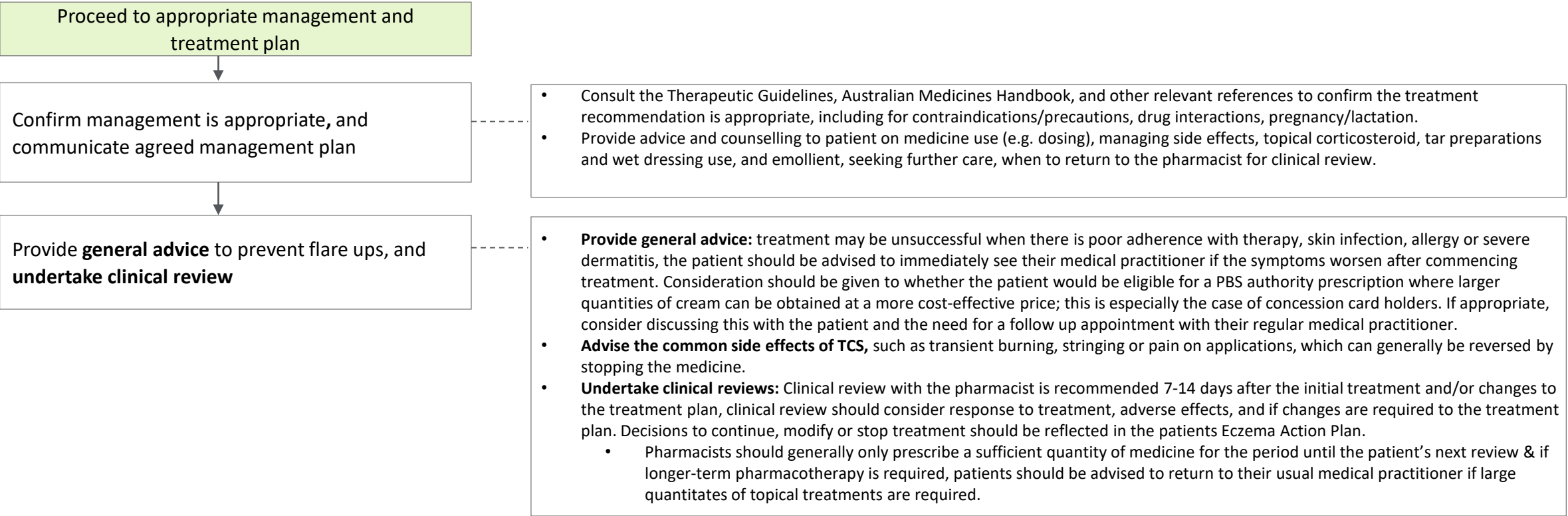
Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups



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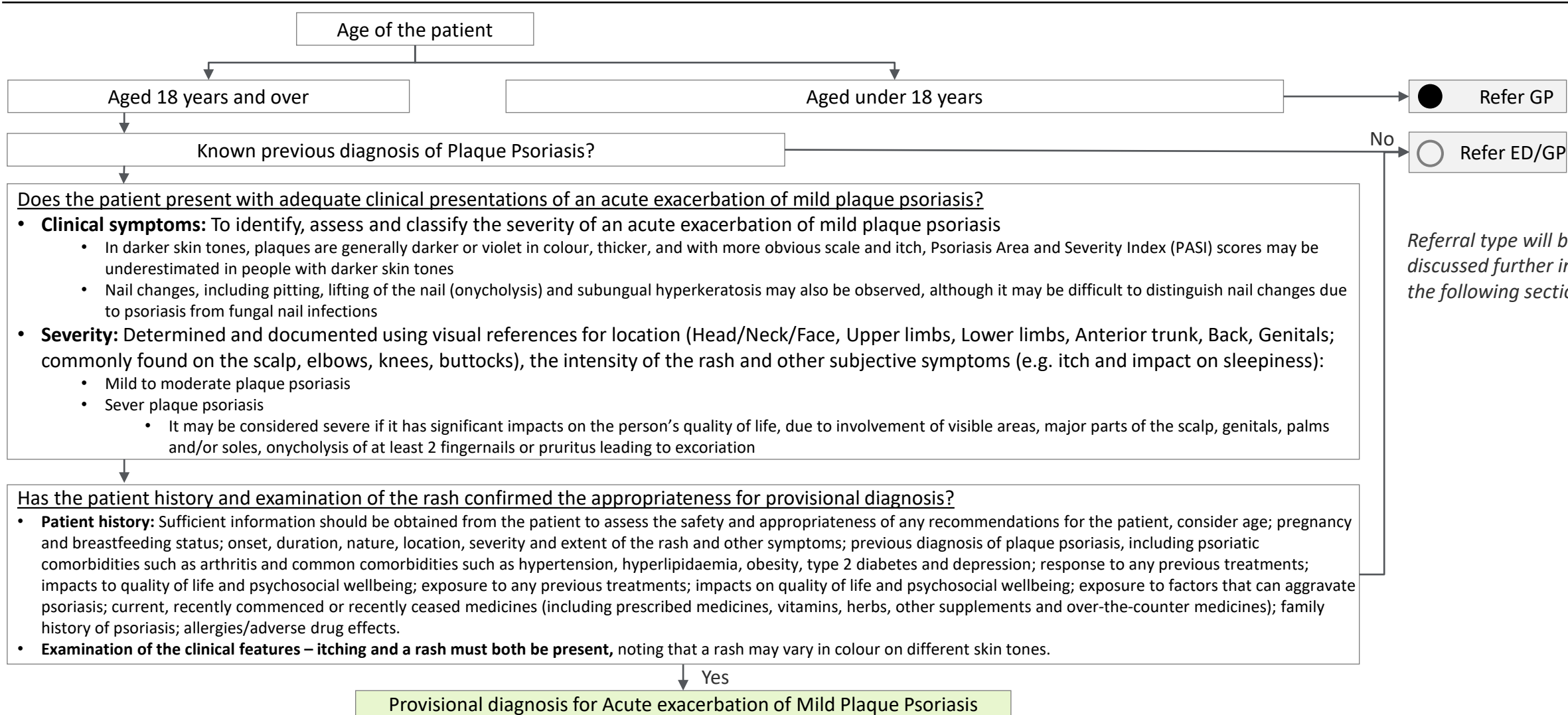
Mild to Moderate Atopic Dermatitis | Clinical practice guideline (4/4)

Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups



Acute exacerbation of Mild Plaque Psoriasis| Clinical practice guideline (1/4)

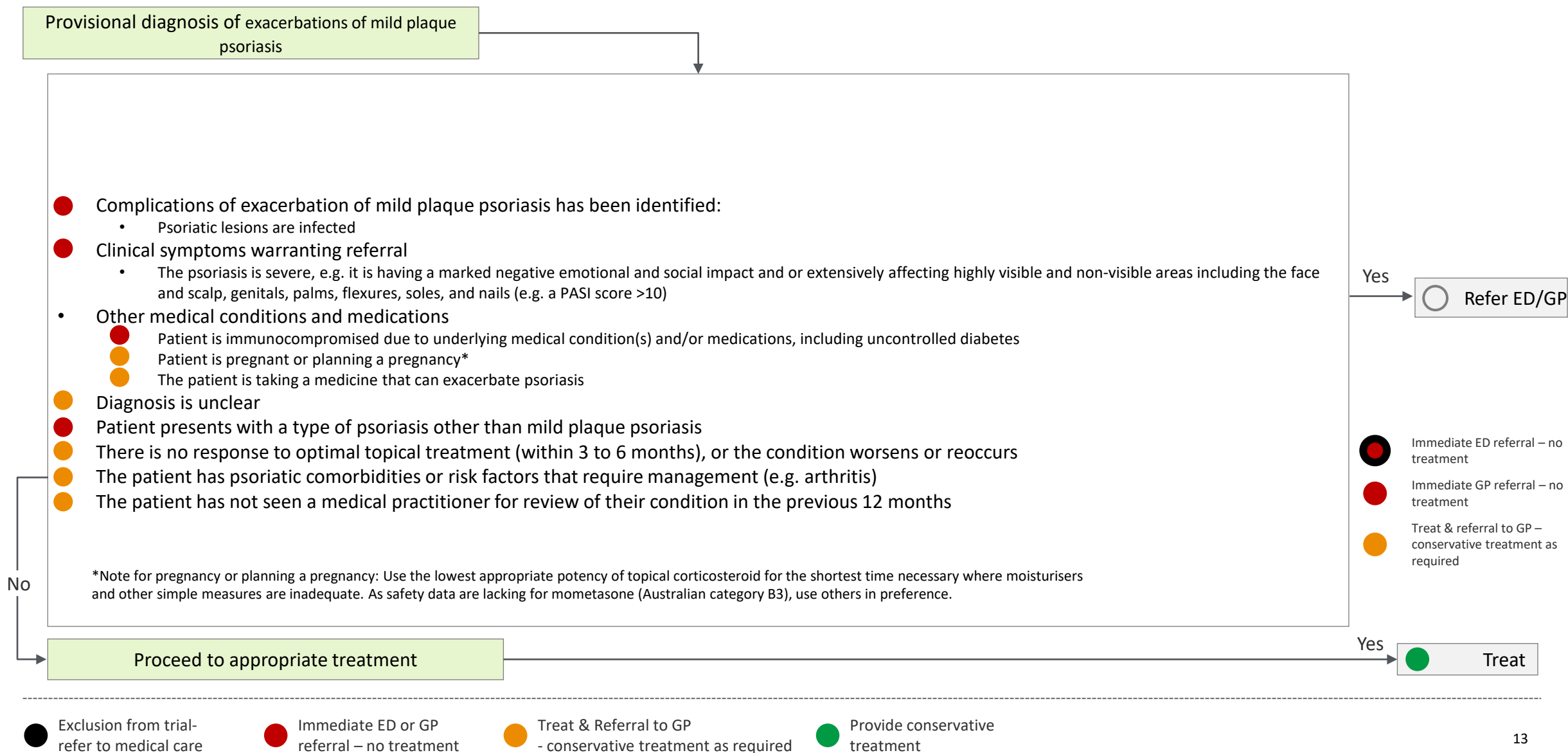
Treatment Algorithm 1. Arriving at a diagnosis for exacerbations of mild plaque psoriasis



Referral type will be discussed further in the following section

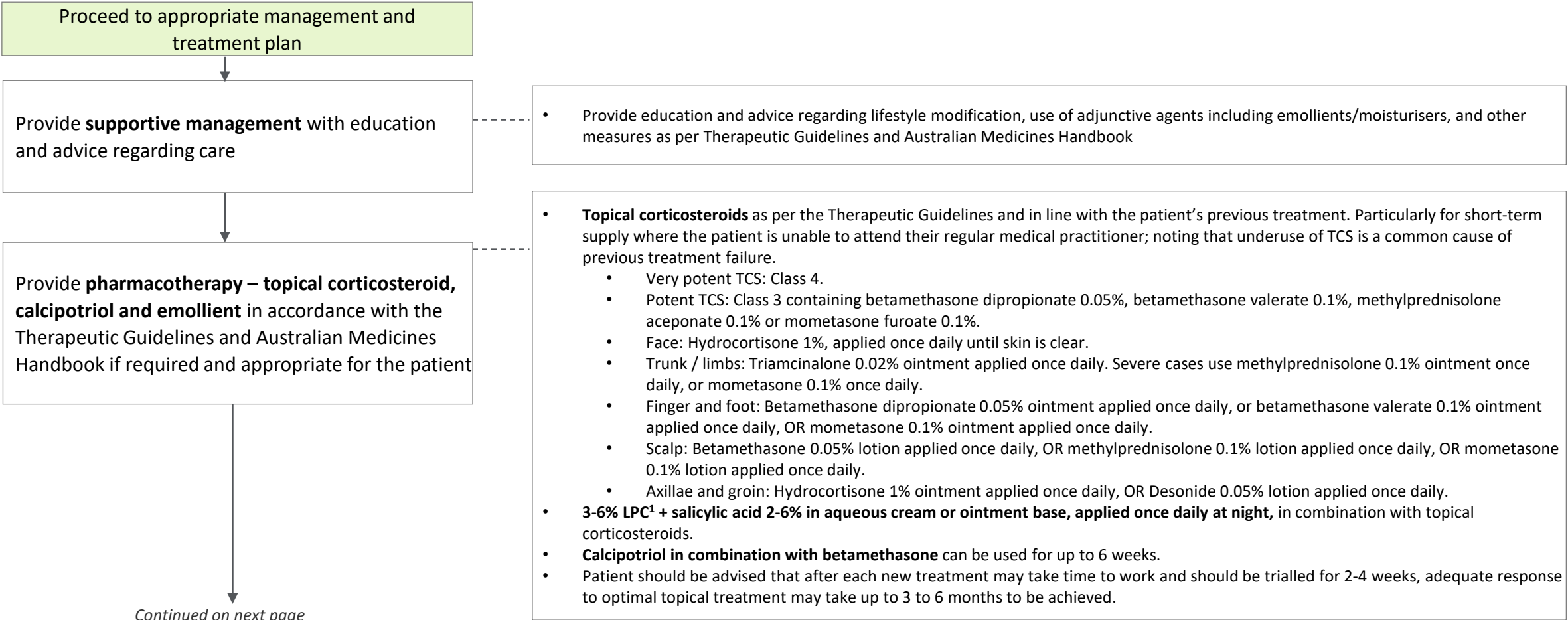
Acute exacerbation of Mild Plaque Psoriasis| Clinical practice guideline (2/4)

Treatment Algorithm 2. Identifying primers for differential diagnosis and referrals



Acute exacerbation of mild plaque psoriasis| Clinical practice guideline (3/4)

Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups



Continued on next page

1) Noting LPC is coal tar solution

Acute exacerbation of mild plaque psoriasis| Clinical practice guideline 4/4)

Treatment Algorithm 3. Provide appropriate treatment, documentations, and follow-ups

