



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Cammeraygal Country

Level 6, 33 Chandos Street, St Leonards NSW 2065 Australia

Telephone: +61 2 8765 0242 | Australia Only: 1300 361 821

Email: admin@dermcoll.edu.au | Website: www.dermcoll.edu.au

Dermatology Australasia and Australasian College of Dermatologists

Course outline:
Dermatological Emergencies
2026



Dermatology
AUSTRALASIA

1. Course information

1.1 Course aims

Skin conditions presenting as emergencies are seen regularly in hospital accident emergency departments and are as frequent in paediatrics as in adult medicine. They may also present from time to time in general practice.

The sorts of skin conditions that bring patients into hospital include any very extensive rash, particularly where blistering or purpura is present. Due to media attention, many patients are very scared of "meningococcal" and will assume any alarming skin eruption potentially represents it.

Drug eruptions frequently present with generalised maculopapular eruptions of sudden onset and viral exanthemata do the same and may be indistinguishable from drug reactions, particularly in the case of children. Such rashes are rarely life threatening but may be so itchy that patients are unable to sleep without sedation.

Although cutaneous drug reactions are not usually life threatening, anaphylaxis can cause sudden circulatory collapse and death. Toxic epidermal necrolysis, usually the result of ingestion of sulphamethoxazole or an anti-convulsant has a high mortality particularly in older patients.

Vasculitis and other hypersensitivity syndromes may present with a purpuric rash of very sudden onset. Meningococcal disease is in the differential diagnosis of any such rash. Widespread purpura may also be a sign of a coagulopathy or a drug reaction. Anticoagulant reactions may present with purpuric rashes.

A number of infections may present with a rapidly spreading rash and fever of sudden onset. This includes generalised herpes simplex, staphylococcal scalded skin syndrome, cellulitis, scarlet fever and toxic shock syndrome. Although it is not an infection, in children Kawasaki disease may present as almost identical to toxic shock.

Serious streptococcal soft tissue infection known as necrotising fasciitis is what the media has termed "flesh eating bacteria". This fortunately rare disorder presents with rapidly spreading tissue necrosis. Much has been made of the "white tailed spider bite" in the media as a cause of necrotic cutaneous reactions. This is possibly a myth. Erythema multiforme (EM) is a serious reaction to infection, usually herpes simplex or mycoplasma, where a widespread blistering rash is associated with severe erosion of mucous membranes. Toxic epidermal necrolysis (TEN) is a severe drug reaction with extensive skin blistering and multisystem disease. Both severe erythema multiforme and toxic epidermal necrolysis have been termed Stevens-Johnson Syndrome. This eponymous term can be confusing.

Urticaria and associated conditions, particularly when associated with facial swelling, frequently brings patients to hospital. At the severe end of the spectrum of such reactions is anaphylaxis which is a life-threatening emergency.

1.2 Learning Outcomes

After completing this module, you should be able to:

1. Identify and describe cutaneous changes that may be associated with Dermatological Emergencies
2. Critically analyse clinical cutaneous observations and/or investigations to diagnose Dermatological Emergencies
3. Plan and develop treatment and management regimens appropriate to Dermatological Emergencies
4. Assess when to refer a patient on to a specialist dermatologist

1.3 Learning and teaching activities

The course is organised into seven components.

- **Pre-learning activities:** are completed prior to starting the course and include a self-rating of your current skills and knowledge about Dermatological Emergencies.
- **Self-paced online modules:** There are six self-paced online modules. At the end of each module participants will need to complete the Topic Scenarios which consist of case studies with T/F or multiple choice questions.
 - Cutaneous Drug Eruptions
 - Emergency Exanthems
 - Urticaria
 - Hypersensitive syndromes and vasculitis
 - Vascular tumours and related conditions/malformations
 - Neonatal skin diseases
- **Case Discussion Forum:** This is a forum where students list differential diagnosis, treatment and management options on various case studies. Lecturers and other students can provide feedback for discussion. This is an interactive course component.
- **1 Case Study Submission:** In approximately 500 – 600 words students need to submit 1 case from their practice that are relevant to Dermatological Emergencies. They need to present:
 - Clinical finding of the case
 - Any investigations
 - Description of the management
 - Photos of the clinical case (if possible)
 - Summary of the case – therefore a reflection of the main learning points; how the patient was managed, rationale as to why this particular patient was managed in this way or in retrospect what could you have done differently and any other significant learning points. Please include a reference to a literature review.
- **Webinars:** 1 live webinar is held as part of this course in Trimester 3. Attendance or watching the recording are mandatory. Attendance is preferred, as it is an opportunity to interact with your lecturer and colleagues.
- **Final Assessment:** The final assessment for the subject is an online 60-minute examination with 39 case-based questions.
- **Post-course Self Reflection:** completed after starting the course and includes a self-rating of your acquired skills and knowledge about Dermatological Emergencies.

Clinical scenarios are the main teaching and assessment tool across all learning modes of the course. They illustrate the essential content in the online modules. They are used to assess the application of knowledge and skills in the end-of-topic tests and final examination.

2. Course Structure and Outline

You can enroll in this course at any time to access the course material. This course is delivered over a 16 - week period and is self-paced.

Please be advised that the webinars are only run in Trimester 3 of each year and enrolment in this Trimester is thus encouraged.

The course consists of a total of approximately 22 hours of student effort. Here is a general overview of how long items may take:

- 2 hours orientation/planning/pre- and post-reflection exercises
- 10 hours online learning
- 1 hour live webinar
- 2 hours Case Discussion Forum
- 4 hours Case Study Submission
- 1 hours Final Online Exam
- 2 hours Additional Reading

CPD Hours

	Total Hours	Educational Activities	Performance Review Activities	Outcome Measurement Activities
RACGP CPD hours	22	13	7	2
ACRRM PDP hours	22	13	7	2

1. Cutaneous Drug Eruptions	<ul style="list-style-type: none">• Exanthematic drug reactions• Urticarial drug reactions• Vasculitic drug reactions• Fixed drug reactions• Pustular drug reactions• Phototoxic and photoallergic drug reactions
2. Emergency Exanthems	<ul style="list-style-type: none">• Non-specific viral rashes• Roseola infantum• Erythema infectiosum• Kawasaki disease• Toxic shock syndrome• Staphylococcal Scaled Skin syndrome
3. Urticaria	<ul style="list-style-type: none">• Acute and chronic urticaria overview• Physical urticaria• Angio-edema

	<ul style="list-style-type: none"> • Mastocytosis • Pruritic urticarial papules and plaques of pregnancy (PUPPP) • Anaphylaxis
4. Hypersensitive syndromes and vasculitis	<ul style="list-style-type: none"> • Erythema multiforme (EM) • Toxic Epidermal Necrosis (TEN) • Stevens-Johnson syndrome (SJS) • Drug rash with Eosinophilia and Systemic symptoms • Erythema nodosum • Cutaneous small vessel Vasculitis • Henoch-Schonlein purpura • Sweet's syndrome • Panniculitis
5. Vascular tumours and related conditions/malformations	<ul style="list-style-type: none"> • Haemangiomas of infancy • Vascular malformations • Angioma (Cherry, angiokeratoma and spider) • Venous lake and Pyogenic Granuloma • Kaposi's sarcoma • Telangiectasia
6. Neonatal skin diseases	<ul style="list-style-type: none"> • Erythema Toxicum Neonatorum • Cutis Marmorata • Miliaria (syn heat rash, sweat rash and prickly heat)

3. Assessment

3.1 Assessment tasks

Tasks	Task Description	Time	Weighting
Quizzes & Practice Scenarios	Complete the 6 topics and associated activities such as short diagnostic quizzes and practice scenarios.	At the end of the relevant topics	Need to pass to proceed
Webinar	Attend the live or view the recorded webinar		Compulsory to complete
Case Study Submission	500 words on relevant DE case	No later than 2 weeks before Trimester end	75% pass mark 40% weighting
Final Online Exam	A mark equivalent to 75% of the total possible mark for the exam must be obtained to be considered to have passed the exam.	After completing the content, 60 minutes	75% pass mark 60% weighting

3.2 Academic integrity, referencing and plagiarism

Be sure to provide a list of references whenever you draw on someone else's words, ideas or research to inform your own work. Not referencing other people's work can constitute plagiarism.

Please read the '[ACD Academic Misconduct policy.](#)' This policy is available on the ACD Website.

4. Readings and resources

Reading and Resources for examinable material will be provided within the course content. Some extended readings and resources need to be independently sourced.

5. Administrative matters

Please see our Terms and Conditions [here](#).

For further information or questions about the course, please contact enquiries@dermatologyaustralia.com.au.

The Australasian College of Dermatologists complies with the requirements of the Federal Privacy Act and the National Privacy Principles. A full copy of the College's privacy policy is available [here](#).

Acknowledgements

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- Dr Benjamin Carew
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- Dr Victoria Mar
- Dr Jim Muir
- Dr Adam Sheridan
- Associate Professor Peter Soyer

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