Example of GPs script:

Patient contribution What would you like to talk about today? Was there some other issue you were planning to raise today?

<u>ICE</u>

What do you think it might be? So no theories? No worst fears? You're really just wanted an idea of what might be causing this...and rule anything out that might be nasty?

<u>PSO</u>

Living on your own? Coping at home? Mobile enough?

Red flags

And how's your general health? Your weight's steady? Breathing's okay? You're alright?

Focussed history

Marks on your skin anywhere else? It was originally sore? But less sore now? Joint's are okay? Yeah, are you having anything done about that? Got no lesions in your mouth at all? Has it always been paper-like? You're not using any creams on this at all?none on your ankles at all? So you've got areas of lichen sclerosus et atrophicus there? (on the perineum) So you get eczema intertrigo underneath your breast there?

Focussed examination

Well let's have a closer look at your skin generally and that might be a helpful thing. Shall we have a closer look at your skin?

Well you've got atrophic skin here but it started off inflamed and sore and now it's become quite thin and paper-like.

So the skin's quite thin isn't it? So that's five centimetres by about two and a half on that wrist.

It's interesting it's at the same point on both wrists.

Five by two and a half, three again. Again it's very similar in shape and size..

Identify problem and explain diagnosis

Okay, well it doesn't look like anything nasty and that's reassuring isn't it and it doesn't seem to be bothering you too much.

So, I think that this is a skin condition that's probably linked in with your lichen sclerosus et atrophicus that you've got down below.

Check understanding

Does that all make sense? Do you want to ask any further questions? It sounds like you're relatively comfortable with what you're using and where you're using.

Develops management plan / shares management plan

Couple of thought's related to that if that's okay: in terms of temporary immobilities, is it worthwhile thinking about having some sort of emergency call system? Yeah, thoughts related to that emergency buzzer system, it can work really well where you can either have a thing around your neck or around your wrist. Because the skin is so thin there you might choose to use a greasy moisturiser and L can

Because the skin is so thin there you might choose to use a greasy moisturiser and I can prescribe some of that if you like.

If it's sore then the steroids make a lot of sense but they will thin the skin further so I would probably stick with the greasy moisturiser, so something like Zeroderm ointment is quite good because it's kind of, it puts the natural oils back into the skin. Shall I prescribe you some of that at the moment?

Safety net and follow up

Okay so I need to see you again if it's persistently painful or ulcerated.