

Stuff you will only see in GP and just need to know will happen

I've collated this list from the Resilient GP group, and simply ordered it a bit and removed some duplicates, added some entries, and generally edited it into sections. There are still duplicates as some entries fit into more than one category. It can, of course, be freely added to or amended as you see fit.

Enjoy!

Mike Redwood, Bourn, Cambridge.

Dermatology

Betnovate for chilblains

How to recognise orf

Juvenile spring eruption

Hand foot and mouth

Lip lick dermatitis

Pityriasis Rosea

Pityriasis Versicolor

Mildly dry/itchy skin

Alopecia

Chondrodermatitis Nodularis Helicis

Molluscum

Seborrhoeic "warts"

Guttate psoriasis

Shingles - frequently not recognised by pharmacists/ nurses if it's just a small area

Corns

Cracked soles

Pitted keratolysis

Chronic submammary stilton!

Filiform warts

Keratosis pilaris

Varicose eczema and how to tell it isn't cellulitis.
If it's symmetrical and chronic for instance!

Headlice

Scabies

Flea bites

Large local reaction to insect bites - better hydrocortisone than flucloxacillin!
ask if painful or itchy and how long there for insect bites. Itchy and less than 4 days - Hc and antihistamine, painful and longer than 4 days consider if infected.

Ingrown toenail

Warts/ Verrucas and duct tape

Fungal nail infection

Sebaceous cyst

Lipoma

Females with generalised hair shedding

Intertrigo

Tinea

(Seborrheic) dermatitis

Giant comedones

Chilblains

Trimovate- the great healer

Not giving systemic steroids for "urticarial" rash - had a lesson from dermatologist after patient had pustular psoriasis & potentially life threatening complications. Lesson - ramp up the antihistamines but not OCS particularly in anyone with h/o any type of psoriasis

Erythema toxicum neonatorum.

Pyogenic granuloma

Asteatotic eczema

Senile purpura

Allergic rash on back of neck due to nits

Urticarial rashes

Urticaria with no cause or trigger

Telogen effluvium- hair loss post stress

Mole checks

Variants of Normal

"Found" normal anatomy eg xiphisternum/occipital process, coccyx etc,

Breast buds in pubertal children

Mastoid process

Ear wax

Taste buds at the back of the tongue

ENT

Naseptin for crusty nose

Ear wax

Eustachian tube dysfunction

Tongue tie (sceptic but parents will come in and ask)

Otitis externa (OK, so ENT may see the really good ones!)

Geographical tongue

Taste buds at the back of the tongue

tonsoliths

BPPV and labyrinthitis

TMJ pain masquerading as otalgia

All the various causes of "dizzy" "giddy" "woozy"

Chondrodermatitis nodularis helcis

Eyes

Episcleritis and scleritis

Management of chalazion and blepharitis - baby shampoo and lid hygiene

Different causes of red eye, asking if they wear contact lenses.

Subconjunctival haemorrhage

Dacryocystitis recurrent sticky eye in children, they'll grow out of it don't refer till over a yr and don't treat.

Green sticky stuff from corners of the eyes in babies/young children -Snotty eyes, not conjunctivitis, in children with colds..

Pinguecula

Paeds

Breast buds in pubertal children

Milia and infantile acne on babies

Juvenile spring eruption

Hand Foot and Mouth

Viral rashes in kids

Lip lick dermatitis

Common sense management of viral infections (cold, sinusitis, gastroenteritis)

Infantile umbilical and para umbilical hernia.

Umbilical granuloma

Headlice

Scabies

Flea bites

Physiological in-toeing gait

Sniffles in neonates

Warts

PV bleeding in female neonates.

Milk tongue presenting as thrush.

Plagiocephaly

Speech delay

Nocturnal enuresis in children.

Parents presenting with child behaviour problems.

Paediatric constipation. Normal baby feeding and pooing (particularly if not a parent themselves - used to terrify me when asked about it at 6 week checks!)

Erythema toxicum neonatorum.

Cow's milk protein intolerance and recognising it.

Behavioural problems in children,

Worms

Nappy rash

childhood rashes..

A good word for those red blobby rashes of childhood..rubelliform for example

Neonates colour of their stool

What a normal post immunisation baby leg looks like - have seen a couple brought in as "allergy" with just small local reaction,

"Constipated" breast fed babies when it's actually quite normal for them not to poo for a week (having own children helps with this sort of thing immensely!)

"Slapped cheek"

Gynae/Genital/Sexual

Pearly penile papules,

Blokes that discover the hair follicles on the shaft of their penis

Supernumerary nipples

Medication to delay periods prior to holiday.

Normal physiological vaginal discharge

'Don't like my labia'

Bacterial vaginosis presenting as "I've got thrush"

Giggle incontinence

Vaginal atrophy in menopausal women who have repeatedly been treated for thrush!

Vagifem/replens/emollient wash and sometimes a bit of steroid (which reminds me vulvovaginitis, lichen sclerosis) makes these women think you are a miracle worker!

Vaginal/vulval itching and postcoital bleeding due to relative local oestrogen deficiency in women on progesterone only contraception

Erectile dysfunction

Premature ejaculation

Delayed ejaculation

Painful balls

Contraception especially changing coc's depending on side effects, menopause and HRT. I find the MIMS useful for HRT and menopause matters website.

Smeg collection beneath foreskin

MSK/Rheumat.

Plantar fasciitis

Meralgia and noctalgia paraesthetica

Wry neck

Polymyalgia rheumatica

Ganglions

Various MSK sprains and strains.

Baker's cysts

Paintball bruises

Restless legs, pramipexole

Osgood Schlatter's, anterior knee pain in young girls/women. Normal tibial tuberosities..

Patellar femoral syndrome or maltracking, common cause of anterior knee pain esp when squatting with crepitus often improves just with quads training, since I had this I've seen lots of patients with it too!

Cramp

Anterior knee pain syndrome.

Misc.

removing ticks

Restless legs

heparinoid cream for thrombophlebitis

Being facetious but slightly true...management of hypertension and Type 2 diabetes!

Hypoamitripylinaemia....

Shit life syndrome

How to deal with people who are 'just not happy'- including staff!

How to justify amoxicillin on a Friday pm on call.....

What to do with the ever so slightly elevated XYZ and what in future to do when all of your patients can see the red arrow on the results as they have access to them online.

Tired all the time (TATT), Mild-mod depression and anxiety

Loss of libido

[Ganfyd www.ganfyd.org](http://www.ganfyd.org) (Get a Note From Your Doctor)

Stop statin if giving clarithro.

Chronic cough.

Stopping ACEi, metformin, reviewing diuretics with worsening renal function or temporary D&V

How to facilitate referral for TOP

Eating disorders in teenagers

Med3 rules,

"Caught a chill" "caught a draft" = I think I've got a UTI

Irritable bowel and FODMAP diet

Mildly raised or low ALT, sodium, etc. etc.

Slightly raised LFTs

10 minute CBT as large proportion patients depressed, anxious and have crap lives!

How to respond to requests for crem paper and death certificate.

Certifying life extinct in unexplained death at home police role vs us.

How to leave things alone. Most things you don't recognise are self-limiting

Reframing expectations e.g. back pain takes up to 6 weeks to improve (usually gone by 4 but they'll be pleasantly surprised) (don't come again unless it's worse cos there's no other advice)

Reflux

Chickenpox in an adult was missed by our hospital despite multiple investigations (admitted to medics from A+E) and subsequently diagnosed in primary care....

"Not quite myself" and "funny turns"

Requests for a letter from the GP to get a better house/school/life

The referral guidelines on the joint formulary in general.

Letters for housing

Requests or demands for referral given that in hospital you're rarely, if ever asked and then the answer is "see your GP" anyway. Especially the "I want you to refer me to <speciality> because of <thing that can be dealt with entirely satisfactorily in primary care>"

Grief reaction

Glandular fever

Wanting a referral or advice about 'therapies' with zero evidence base

Missing prescriptions esp. controlled drugs,

Mixed meds from overseas patients...

How amazing ibuprofen is and it's not a cheap drug just because it's OTC.

'Feeling a bit anyhow,'

Hay fever

Anaemia due to significant CKD and not requiring iatrogenic iron overload!

How to explain to a patient that the flu vaccine doesn't give them a cold/chest infection/flu afterwards!

Requests for allergy testing, unpicking the relevant details of private medical checks, reports from private nutritionists/alternative health practitioners as well as any recent newspaper articles...

How to deal with the ultimate statement of compliant: "help me Dr I just don't feel right" with no symptoms then you spend over an hour and still you are none the wiser

Palpitations in a fit anxious patient. How do you reassure without doing lots of tests?