Supplementary table 1. Management summary of top ten diagnoses

Top ten diagnoses	Investigations	Treatment in primary care	Examples (doses to be correlated as per BNF guidance)	Typical duration
Eczema flare	Skin swabs (bacterial/fungal/viral) if super-added infection is suspected	Regular emollients	*Thick ointments e.g. Hydromol, 50:50 ointment**	Unlimited
		Soap substitute	*Any emollient e.g. Hydromol (moisturising), Dermol 500 lotion (anti-septic)*	Unlimited
		Mild (eyelids)-Moderate (face) potency steroid	*Hydrocortisone, Eumovate ointment*	Up to 4-6 weeks (tapering regime)
		Moderate-Potent steroid (body)	*Betnovate , Elocon ointment*	
		Very potent steroid (stubborn areas e.g. hands and feet)	*Dermovate ointment*	
		Oral anti-microbial for superadded infection	*Depending on sensitivities*	Usually 5-14 days
Psoriasis flare	Skin swabs (bacterial/fungal/viral) if super-added infection is suspected	Regular emollients	*Thick ointments e.g. Hydromol, 50:50 ointment**	Unlimited
		Soap substitute	*Any emollient e.g. Hydromol (moisturising), Dermol 500 lotion (anti-septic)*	Unlimited
		Mild-moderate potency steroid (flexures and genitals)	*Hydrocortisone, Eumovate ointment*	Up to 2 weeks
		Mild (eyelids)-Moderate (face) potency steroid	*Hydrocortisone, Eumovate ointment*	Up to 1-2 weeks
		Moderate potency steroid (body)	*Betnovate RD (1/4 strength)*	Up to 4 weeks (tapering regime)
		Combined preparations to remove scale and reduce inflammation (body)	*Dovobet gel, Enstillar foam (betamethasone and calcipotriene*) *Diprosalic ointment (betamethasone, salicylic acid)*	
		Oral anti-microbial for superadded infection	*Depending on sensitivities*	Usually 5-14 days
		Moderate potency steroid lotion (scalp)	*Betamethasone or Mometasone scalp lotion*	Up to 4 weeks
		Combined scalp preparations	***Sebco (coal tar, salicylic acid and sulfur mixed in coconut oil**)* *Dithrocream (dithranol, white soft paraffin*, salicylic acid)* *Diprosalic scalp application (betamethasone, salicylic acid)*	

Drug rash	Consider blood tests (e.g. FBC, Renal profile, Liver profile, CRP) if patient does not need referral Skin swabs (bacterial/fungal/viral) if super-added infection is suspected	**Stop offending medication**		
		<u>If referral is not required:</u> Topical emollients and corticosteroids for relief of itch	*Thick ointments e.g. Hydromol, 50:50 ointment** *Mild-moderate potency steroid for face .e.g. Eumovate ointment* *Moderate-Potent steroid for body e.g. Elocon ointment*	1-4 weeks depending on severity
Vasculitis	Recording blood pressure specifically Urine dip for blood and protein, Urine for microscopy and cytology Blood tests (FBC, renal profile, liver profile)	**Treatment of underlying cause** **Stop any suspected offending medications**		
		<u>If referral is not required:</u> Rest, leg elevation and compression stockings Topical emollients +/-moderate potency topical steroid	*Thick ointments e.g. Hydromol, 50:50 ointment** *Moderate-Potent steroid for body e.g. Elocon ointment*	1-4 weeks depending on severity
Acute Urticaria	Blood tests (FBC, ESR, CRP, TSH, IgE for specific allergen)	**Avoidance of triggers**		
		Anti-histamines are licensed twice a day but can be used off license up to four times a day	*Non-sedating (e.g. cetirizine, fexofenadine, loratadine)* *Sedating if itch severe at night (e.g. chlorphenamine)*	Up to 6 weeks If rare flares, treat only during a flare If persistent, daily anti-histamine for 3-6 months
		Oral corticosteroid if severe	*Prednisolone 40mg*	Up to 7 days
		Topical antipruritic treatment	*Calamine lotion or topical menthol 1% in aqueous cream*	When required
Bullous pemphigoid	Secondary care investigations (blood test and biopsy)	Most cases will require urgent referral to secondary care Those with widespread blistering may require admission.		
Tinea Capita	Both skin scrapings and plucked hair	**Self-care (advise not to share towels, soften crust with moisturiser, discard objects that may transmit fungal spores e.g. hat)**		

	follicles should be sent for **mycology** **Suspected kerion should be referred to secondary care**	Oral antifungals	*If sensitivities are available treat based on results* *Urban area : oral terbinafine (off-label)* *Rural area: oral griseofulvin (licensed)* *Consider itraconazole (off-label indication) if griseofulvin is not tolerated or is contraindicated.*	 4 weeks 4-8 weeks 4 weeks
Herpes Zoster	Clinical diagnosis Skin swab for virus to confirm diagnosis (and bacteria if super-added infection suspected)	**Infection control advice**		
		<u>If patients do not require hospital admission and present within 72 hours:</u> Consider oral anti-viral treatment if any: -Immunocompromised -Non-truncal site -Moderate-severe pain -Moderate-severe rash -Age over 50	*Aciclovir, Valaciclovir, Famciclovir*	Immunocompetent: 7 days Immunocompromised: for 2 days after crusting of lesions
		Analgesia	*Paracetamol, NSAIDs* *If not effective: consider amitriptyline (off-label use), duloxetine (off-label use), gabapentin, or pregabalin.*	Depending on duration of pain
Erythema multiforme	Clinical diagnosis Viral swab to identify HSV (most common cause)	Most cases will require referral to a specialist Mucosal and eye involvement should prompt same-day admission		
Dermatitis Artefacta	Clinical diagnosis	Most cases will require referral to a specialist		

**Paraffin-based emollients can act as fire accelerants. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding,dressings, and other fabric that have dried residue of an emollient product on them.*