**Though based on real patients’ various elements and characteristics have been changed to aid anonymity and enhance the educational experience.**

**Consultations 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 15-Sep- |  | GP Surgery (Doughnut Health Centre) Trainee (Dr)  |  |  |
| ProblemSexAge |  | **[D]Nausea and vomiting** *(First)*Female65 |  |  |
|  |  |  |  |  |
| History |  | Since fell on abdo in July, nausea++ waking her at night, 2 days where she had several episodes of vomiting-bilious no blood |  |  |
|  |  | Eats mild curries |  |  |
|  |  | Takes naproxen 500mg BD for back pain for yrs w PPI |  |  |
|  |  | Some epigastric discomfort, abdo bloating and belching |  |  |
|  |  | Bowels-chronic constipation |  |  |
|  |  | PMH: laparotomy for GIB, no cause found, abdo discomfort and constipation since. Under surgeons for constipation |  |  |
|  |  |  |  |  |
| Examination |  | O/E - weight 87 kg • O/E - height 163 cm • Body mass index 32.74 kg/m2 |  |  |
|  |  | Abdo soft w mild epigastric, left hypochondrium and umbilical tenderness, active BS. Midline laparotomy scar |  |  |
|  |  | No jaundice |  |  |
|  |  |  |  |  |
| Test Request |  | Radiology Ultrasound - Unknown specimen |  |  |
|  |  | Test Request : US Abdomen |  |  |
|  |  |  |  |  |
| Comment |  | Patient advised to lose weight -suggested pilates and swimming |  |  |
|  |  | Inc dose PPI |  |  |
|  |  | Try to cut down naproxen (already on max dose paracet, ibuprof makes her dizzy) |  |  |
|  |  | Will call her re H. pylori test |  |  |
|  |  | Not anaemic on recent bloods |  |  |
|  |  | Imp: reflux sec to NSAID |  |  |
|  |  | D/w Dr XX @debrief: suggested also do USS ?gallstones, if normal then ?come off PPI for 2/52 then do breath test, can also offer weight loss referral |  |  |
|  |  | Tried to call pt @13:10: no answer |  |  |
|  |  |  |  |  |
| SocialOther medicationAllergiesFull Past History |  | Carer for disabled husbandRamipril 5mg once daily, Bendroflumethiazide 2.5g once daily Nil40y ago admitted minor haematemesis , OGD: gastric erosions only25y ago admitted overdose Alcohol and paracetamol gastric wash out no follow up  |  |  |

**Consultations 10**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 15-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Back pain, unspecified** *(New)*Male45 |  |  |
|  |  |  |  |  |
| History |  | Long-standing hx lower back pain (works as mover and carpet layer, currently not working) |  |  |
|  |  | 6/7 ago pulling buggy backwards through door and sudden onset back pain fell to floor, on sofa for 2/7 after |  |  |
|  |  | Left leg intermittently numb w pins and needles |  |  |
|  |  | No bladder/bowel disturbance |  |  |
|  |  | No urinary Sx |  |  |
|  |  | Tried some paracet, ibup, codeine and diazepam at home |  |  |
|  |  |  |  |  |
| Examination |  | Back-inspection NAD |  |  |
|  |  | Mild spinal tenderness approx. T6 and lumbar paraspinal muscles |  |  |
|  |  | FROM but causes pain left flank and posterior ribcage |  |  |
|  |  | Left shoulder exam normal but movement causes pain left posterior ribcage |  |  |
|  |  | Neuro-normal T/P/R/S (light touch) lower limbs, normal gait |  |  |
|  |  |  |  |  |
| Medication |  | Codeine 30mg tablets One To Be Taken Three Or Four Times Daily 28 tablet |  |  |
|  |  | Naproxen 250mg tablets One To Be Taken Four Times A Day 28 tablet |  |  |
|  |  |  |  |  |
| Comment |  | Imp: muscular pain |  |  |
|  |  | Discussed analgesia, advised reg paracet +/- naproxen +/- codeine (warned of NSAID and opiate SE's and re driving) |  |  |
|  |  | Should settle in 6/52, if not improving or worse r/v before that, aware immed r/v if bladder/bowel disturbance |  |  |

 Other medication Oilatum emollient as needed; Betametasone cream 0.1% apply thinly twice

 daily to affected areas

 Allergies 28 y ago Penicillin V

 Full Past history 39 y ago Eczema

**Consultations 11**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Consultation Text** |
| 15-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |

 Problem **Cough**

 Sex Male

 Age 38

 History Cough for last week, green phlegm, no haemoptysis, keeping him awake at

 night

 Examination noisy cough, well otherwise, Resp Rate 22 SpO2 97, p 88, left basal crackles

 Medication Clarithromycin 500mg bd 14

 Comment given cough and signs + green phlegm appropriate to treat

 Other Medication Simvastatin 40Mg one daily

 Allergies Amoxicillin identified 15 years ago

 Full past History treated antibiotics for chest x 4 in the last 6 years

**Consultations 14**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 15-Sep |  | GP Surgery (Doughnut Health Centre), Trainee(Dr)  |  |  |
| ProblemSexAge |  | **FH: Bowel cancer** *(First)* Family member: BrotherFemale56 |  |  |
|  |  |  |  |  |
| History |  | Brother age 59 recently diag bowel Ca w liver mets |  |  |
|  |  | Pt's pat uncle died bowel cancer in his early 60's |  |  |
|  |  | 2 cousins have had breast Ca |  |  |
|  |  | Pat gmother died of Ca age 72 |  |  |
|  |  | Mother adopted therefore don't know her FH |  |  |
|  |  | Pt asymptomatic |  |  |
|  |  |  |  |  |
| Test Request |  | Biochemistry and Haematology - Unknown specimen |  |  |
|  |  | Test Request : Ferritin |  |  |
|  |  | Test Request : Full blood count |  |  |
|  |  | Test Request : Urea & electrolytes profile |  |  |
|  |  |  |  |  |
| Comment |  | For FOB and blds, I will d/w GP Supervisor ?refer Genetics, ?C&B advice letter-d/w Dr YY @debrief, advised refer Genetics |  |  |
|  |  | Can't find FOB on ICE-will d/w GP Supervisor-advised d/w Dr YY. D/w Dr XX-advised lab do not do FOB tests despite NICE guideline as they say guideline is not evidence-based |  |  |
|  |  |  |  |  |
| Document |  | Refer to geneticist  Regional Cancer Genetics Service Referral (EMIS Web) v1.5  |  |  |
|  |  |  |  |  |
| Problem |  | **C/O: dry skin** *(First)* |  |  |
|  |  |  |  |  |
| History |  | 6/12 hx skin lesion inferior to right eye, flares then settles, tried stopping face creams |  |  |
|  |  | Similar lesion on chin in past settled w top steroid |  |  |
|  |  | Lived in Gibraltar as child |  |  |
|  |  | Itchy |  |  |
|  |  |  |  |  |
| Examination |  | Oval lesion inferior to right eye, approx. 6 x 3 mm, erythematous, dry, flaky |  |  |
|  |  | R/v by Dr XX-for top steroid for 1/12 then r/v |  |  |
|  |  |  |  |  |
| Medication |  | Hydrocortisone 1% ointment Apply Thinly Once A Day As Directed 15 gram |  |  |
|  |  |  |  |  |
| Comment |  | DD: eczema, Bowen's, AK |  |  |
|  |  | Photo taken w verbal consent, to be uploaded to notes |  |  |
|  |  | Try top 1% hydrocort for 1/12 then r/v (?eczema). INB for 6/52 tiral Efudix (AK), INB after Efudix then refer (?Bowen's) |  |  |
|  |  |  |  |  |
| Document |  | Examination / signs 🗎 Examination / signs (18-Sep-2017) |  |  |
|  |  | Examination / signs 🗎 Examination / signs (18-Sep-2017) |  |  |

 Other Medication Cetirizine 10mg daily as needed

 Fluoxetine 20mg daily

 Allergies nil

 Full Past History 20 ago Hayfever

 25 y ago Appendicectomy

 10y ago Depression with anxiety

**Consultations 22**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 16-Sep |  | Administration note (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Repeated prescription** *(First)*Male8y  |  |  |
|  |  |  |  |  |
| History |  | Note on Aproderm Px signed by Dr QQ that there is a manufacturing delay for this medication and pls to Px alternative, Oilatum issued as acute in interim |  |  |
|  |  |  |  |  |
| Medication |  | Oilatum cream (GlaxoSmithKline Consumer Healthcare) Apply When Required at least twice a day for dry skin 500 gram |  |  |

 Other medication Hydrocortisone 1 % apply to affected areas twice daily

 Betamethasone 0.025% apply to severely affected areas twice daily

 Salbutamol inhaler use as needed

 Allergies 7 y ago egg and housedust mite (Allergy clinic)

 Full past history 8y ago Eczema

 8, 7.5 and 7 y ago Bronchiolitis

**Consultations 25**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Consultation Text** |
| 16-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |

Problem **Depressive Episode**

 Sex Female

 Age 16

 History reviewed again (4th time in last 5 weeks by self + Dr xy too once).

 Not improving despite support and home CBT exercises

 Thoughts of not being here but no plans,

 Poor appetite still, sleep down, (getting off to sleep and significant EMW)

 Poor concentration at school but still there and coping. School aware of issues

 Step dad and Mo supportive and very aware

 No alcohol or drug taking issues

 PHQ9 22

 Examination downcast, improved through consultation

 Medication Fluoxetine 20mg 1 daily 28

 Allergies sticking plasters

 Past medical history 15y ago Father died (suicide)

**Consultations 28**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 16-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Corneal abrasion** *(First)* Laterality: RightFemale42 |  |  |
|  |  |  |  |  |
| History |  | Both eyes have felt irritated over the summer, tried OTC brolene no improvement. V mild d/c in the mornings only. Denies redness. Vision normal. Does not wear CL's |  |  |
|  |  | Minimal nasal Sx |  |  |
|  |  |  |  |  |
| Examination |  | Conjunctivae both eyes injected |  |  |
|  |  | PERL |  |  |
|  |  | 1 sml chalazion left lower inner lid-not visible externally |  |  |
|  |  | Fluoroscein (BN FLN 1.0)-?sml corneal abrasion right medial to iris |  |  |
|  |  |  |  |  |
| Medication |  | Chloramphenicol 0.5% eye drops One Drop To Be Used In Both Eyes Four Times A Day for 7 days 10 ml |  |  |
|  |  |  |  |  |
| Comment |  | DD: corneal abrasion right/bilat conjunctivitis/hayfever |  |  |
|  |  | Chloramphenicol drops QDS for 7/7, PIL on abrasion given, TCB INB after drops |  |  |
|  |  |  |  |  |
| Problem |  | **Osteoarthritis NOS, of DIP joint of finger** *(First)* Laterality: Left |  |  |
|  |  |  |  |  |
| History |  | Discussed XR findings left little finger |  |  |
|  |  | Discussed OA management: analgesia, Physio, surgery |  |  |
|  |  | I am not sure whether Physio or surg can offer benefit to OA of this joint: sees priv Physio here regularly so will mention it at next appt |  |  |
|  |  | Ongoing pain, ?from #/OA, explained may settle if due to #, time will tell |  |  |

 Other medication Nil

 Allergies Aspirin

 Full past history 25 and 22 years ago Normal Vaginal Deliveries

 10y ago Irritable Bowel Syndrome

**Consultations 36**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 16-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Viral illness** *(First)*Female41 |  |  |
|  |  |  |  |  |
| History |  | 4/52 hx coryza, sore throat, bilat ear pain, headaches, fever and night sweats |  |  |
|  |  | Travel hx =Greece 2016 then Scilly Isles when already had this illness |  |  |
|  |  | No unwell contacts |  |  |
|  |  | E&D OK, bladder and bowels OK |  |  |
|  |  | Had flu jab last winter |  |  |
|  |  |  |  |  |
| Examination |  | O/E - tympanic temperature 37.8 degrees C • O/E - pulse rate 84 beats/min • O/E - respiratory rate 12 /minute |  |  |
|  |  | Chest clear |  |  |
|  |  | Ears: mild erythema/vascularity TM's |  |  |
|  |  | Throat: swelling left tonsillar bed (tonsillectomy as child)-r/v by Dr WW who agrees |  |  |
|  |  | Sounds congested |  |  |
|  |  |  |  |  |
| Medication |  | Phenoxymethylpenicillin 250mg tablets Two To Be Taken Four Times A Day 80 tablet |  |  |
|  |  |  |  |  |
| Test Request |  | Microbiology and Serology Clinician Collected Samples - Unknown specimen |  |  |
|  |  | Test Request : Throat swab |  |  |
|  |  |  |  |  |
| Comment |  | For Abx given unilateral throat swelling, for r/v w me or Dr WW after Abx, A&E/111 if more unwell OOH |  |  |

 Other medication Rigevidon one daily 126!!!!!!!!

 Allergies 22y ago Ibuprofen

 Full past history 12y and 14y ago TOP

**Consultations 43**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 17-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Oral contraceptive**Female36 |  |  |
|  |  |  |  |  |
| History |  | Is on COCP to ensure she has periods for beta thalassemia therefore LARC not applicable |  |  |
|  |  | No irreg bleeding |  |  |
|  |  | No personal/family hx VTE |  |  |
|  |  | Aiming to lose weight |  |  |
|  |  |  |  |  |
| Examination |  | O/E - blood pressure reading 110/66 mmHg • O/E - weight 77 kg |  |  |
|  |  |  |  |  |
| Medication |  | Rigevidon tablets (Consilient Health Ltd) AS DIRECTED 126 tablet |  |  |
|  |  |  |  |  |
| Comment |  | Continue |  |  |
|  |  |  |  |  |
| Problem |  | **Had a chat to patient** |  |  |
|  |  |  |  |  |
| History |  | Concerned re her cervix |  |  |
|  |  | No PCB/IMB. Withdrawal bleeds usually v light but occasionally v heavy on COCP |  |  |
|  |  | No PV discharge |  |  |
|  |  | Checked records: advised patient next smear due Nov (2 months time)  |  |  |
|  |  | Some bloating, diarrohea and abdo pain recently, known IBS usually controlled by diet but has been more relaxed w diet recently |  |  |
|  |  |  |  |  |
| Examination |  | Abdo SNT, no palpable liver/spleen |  |  |
|  |  |  |  |  |
| CommentOther Medication AllergiesFull Past History |  | Imp: GI Sx due to IBS, suggest dietary control. Reassured re cervix. Pt aware next smear due Nov Fybogel sachets one dailyColpermin 0.2ml one three times daily Nil14 y ago Appendicectomy  |  |  |

**Consultations 46**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Consultation Text** |
| 17-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |

 Problem **Basilar Migraine**

 Sex Female

 Age 30

 History for last 4 weeks on and off has been having frontal headaches, with nausea and vomiting, improved by dark room, has visual aura, not had

 before,

 but friend recognises it as being just the same as her migraine.

 Friend has had excellent control with Topiramate. Discussed need for contraception (but possibly interested in pregnancy soon)

 Affecting ability to work (solicitor medical negligence!)

 Examination. Cranial nerves normal (though VA not checked) neck movements normal

 Medication Topiramate 25mg tab one daily at night for 7 days then increase to twice daily if required for migraine prevention

 Comment migraine needs prevention

 Other medication Nil

 Allergies Nil

 Full Past Medical History 2y ago anxiety and panic disorder

**Consultations 47**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 17-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Itch***(First)*Female79y |  |  |
|  |  |  |  |  |
| History |  | 5/7 hx, no trigger, no rash, disturbing her particularly at night |  |  |
|  |  | Affecting upper body from hips upwards, particularly upper back and axillae |  |  |
|  |  | No rash noted |  |  |
|  |  |  |  |  |
| Examination |  | Well |  |  |
|  |  | Skin dry, excoriation marks and mild flaking left axilla |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Comment |  | Imp: senile pruritus |  |  |
|  |  | Emollient at least BD, keep in fridge, to get OTC, cetirizine OTC (advised may cause constipation as also on tolderodine), r/v i n1/52 INB |  |  |
|  |  |  |  |  |
| Problem |  | **Urine looks dark** *(First)* |  |  |
|  |  |  |  |  |
| History |  | Reports 5/7 hx urine pale in morning as usual but becomes darker (dark yellow) throughout day |  |  |
|  |  | No dysuria/abdo pain. Mild inc freq |  |  |
|   Medication |  | Finished Abx for UTI 2-3/52 ago Ciprofloxacin 500mg Tab one twice daily 14 |  |  |
|  |  |  |  |  |
| Comment |  | Imp: ?microscopic haematuria secondary to recent UTI |  |  |
|  |  | To drop off rpt MSU at Rx room in 2/52, Rx Rm pls to inform me of result, if persistent microscopic haematuria will need Ix |  |  |
|  |  |  |  |  |
| ResultOther MedicationAllergiesFull past history |  | Urine glucose test negative • Urine blood test = + • Urine protein test negative • Urine nitrite negative • Urine leucocyte test = negativeTolterodine 2mg twice daily 56 Ramipril 7.5mg once daily Paracetamol 500mg up to 8 per day for pain 100 52y ago Naproxen54 and 53y ago NVD33y ago Cholecystectomy22y ago Hypertension |  |  |

**Consultations 51**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 17-Sep |  | Administration note (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Chest pain** *(Review)*Male44 |  |  |
|  |  |  |  |  |
| History |  | Spoke to RAD Dr AZ @local hospital: normal CXR |  |  |
|  |  | Phoned patient and explained CXR normal=reassuring. Pain the same and chest feels tight, would like to know next step in management |  |  |
|  |  | Explained that diagnosis currently unclear therefore need to trial treatments, DD currently is asthma vs reflux |  |  |
|  |  | Suggest try salbutamol inhaler at least BD. Asked patient to book into Rx room to check inhaler technique as last used age 16 |  |  |
|  |  | Patient frustrated that I was not able to book appt for him, quite rude on the phone, I suggested F/U after using inhaler for 1/52, patient would like to have F/U w Dr JJ |  |  |
|  |  | If seen in Rx Room to check inhaler technique-pls also check PEFR and ask patient to keep peak flow diary for 1/52 |  |  |
|  |  |  |  |  |
| Medication |  | Peak flow meter standard range Please keep peak flow diary for 1 week. Measure peak flow 2-3x/day. Book to see Practice Nurse to learn to use device first 1 device |  |  |
|  |  | Salbutamol 100micrograms/dose inhaler CFC free One Or Two Puffs To Be Inhaled Four Times A Day When Required 1 x 200 dose |  |  |
|  |  |  |  |  |

 Other Medication Mometasone aqueous nasal spray

 Allergies Nil

 Full Past history nil

**Consultations 53**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 17-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **C/O: dry skin** *(First)*Female18 month  |  |  |
|  |  |  |  |  |
| History |  | Brought in by mum |  |  |
|  |  | 2-3/52 hx dry skin++ on distal toes w fissures, is picking at it |  |  |
|  |  | Recent congested breathing at night time and cough |  |  |
|  |  | Well in self, playing and happy, E&D, normal wet and dirty nappies |  |  |
|  |  |  |  |  |
| Examination |  | Dry skin++ on distal toes w fissures, no signs infection. Fingers NAD |  |  |
|  |  | O/E - tympanic temperature 36.8 degrees C • O/E - pulse rate 116 beats/min • O/E - respiratory rate 40 /minute |  |  |
|  |  | slightly congested sounding breathing |  |  |
|  |  | Ears: left NAD, right mildly pink TM |  |  |
|  |  | Throat-not well seen but looks OK |  |  |
|  |  | Chest clear. Normal HS |  |  |
|  |  |  |  |  |
| Medication |  | Oilatum cream (GlaxoSmithKline Consumer Healthcare) Apply When Required 500 ml |  |  |
|  |  |  |  |  |
| Comment |  | Imp: ?just dry skin, ?recent strep throat causing desquamation-nil inf found to treat at present |  |  |
|  |  | Try emollient at least BD, TCB if not settling/worse/inf (advised of signs of infection) |  |  |
|   Other medication   Allergies  Full past History |  | Advised to wear socks or shoes to protect cracked skinNil1y ago Penicillin VBorn NVD |  |  |

**Consultations 60**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  | **Consultation Text** |  |  |
| 18-Sep |  | GP Surgery (Doughnut Health Centre), Trainee (Dr)  |  |  |
| ProblemSexAge |  | **Nappy rash** *(Review)*Male11 months |  |  |
|  |  |  |  |  |
| History |  | Used Daktacort Mon night and Tues morning. After 2nd dose, all areas that applied erythematous++ 1h after. Mum showed me photo on phone of v inflamed skin |  |  |
|  |  | Feeding well, happy baby, no fever |  |  |
|  |  |  |  |  |
| Examination |  | Well baby |  |  |
|  |  | Right groin crease + surrounding and perianal area erythematous++ (more so than Monday) (mum says these are the areas that she applied the cream) w ongoing blistering. Erythema is in the groin crease therefore probable candida infection |  |  |
|  |  |  |  |  |
| Medication |  | Timodine cream (Alliance Pharmaceuticals Ltd) Apply Thinly Three Times A Day Until Lesion Has Healed 30 gram |  |  |
|  |  |  |  |  |
| Comment |  | Imp: fungal nappy rash |  |  |
|  |  | Try Timodine (advised mum to ask Pharmacy to ring me if supply problem) |  |  |
|  |  |  |  |  |
| Problem |  | **Acute bronchiolitis** *(Review)* Laterality: Bilateral |  |  |
|  |  |  |  |  |
| History |  | Mum reports still a bit wheezy but improved |  |  |
|  |  |  |  |  |
| Examination |  | Chest clear |  |  |
|  |  | O/E - pulse rate 156 beats/min • O/E - respiratory rate 72 /minute |  |  |
|  |  | No evidence inc WOB |  |  |
|  |  | Unfortunately Paed sats probe still won't pick up, but no cyanosis |  |  |
|  |  | O/E - rate of respiration 72 /minute • O/E - fully conscious |  |  |
|  |  |  |  |  |
| Comment |  | Reassured |  |  |
|  |  |  |  |  |
| AdditionalOther medicationAllergiesFull Past history |  | Oxygen flow rate 0 L/minOilatum emollient as needed 500mg Hydrocortisone cream 1% apply twice daily 30g Nil6m ago Eczema  |  |  |