



ACP Academy

Rashes & Non-Pigmented Skin Lesion Assessment – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and don PPE if required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Briefly explain the exam: “I’d like to assess your skin today – we’ll be looking closely at the rash or lesion and checking for related signs.”
5. Explain the need for a chaperone if the rash is in an intimate area.
6. Gain verbal consent and ensure appropriate exposure.
7. Ask if the rash is painful, itchy, or has changed recently.

GENERAL INSPECTION

8. Observe the distribution and location of lesions across the body.
9. Note if lesions are localised, symmetrical, dermatomal, or following pressure points.
10. Look for any medical equipment, bandages, or creams that offer diagnostic clues.

CLOSE INSPECTION

11. Assess the size – use a ruler or describe in centimetres.
12. Assess the configuration – scattered, grouped, linear, annular, or target-like.
13. Assess the colour – erythematous, violaceous, pale, or brownish.
14. Assess the form – flat (macular), raised (papular, nodular), or depressed (ulcerated).

PALPATION

15. Gently palpate to assess surface features: texture, crusting, elevation, warmth.
16. Then assess deeper features: consistency, mobility, fluctuance or tenderness.
17. Check for blanching using the glass test if relevant (e.g. meningococcal rash).

SYSTEMIC SCREENING

18. Inspect the hands and nails – look for nail pitting, onycholysis, or clubbing.
19. Inspect the elbows – note plaques (psoriasis), xanthomas, or nodules.
20. Inspect the scalp and hair – assess for alopecia, scaling, or excess growth.
21. Inspect the oral mucosa – look for ulcers, bullae, white striae, or pigmentation.

TO COMPLETE THE EXAM

22. Let the patient know the exam is finished and thank them.
23. Offer privacy to redress.
24. Dispose of PPE and wash your hands.
25. Summarise your findings clearly.
26. Suggest next steps:
 - Dermatoscopy, skin scrapings, swabs or punch biopsy
 - Bloods for autoimmune or inflammatory markers
 - Referral to dermatology if features suggest chronic or serious pathology

Skin examinations are all about pattern recognition. Take a methodical approach, involve the patient, and use dermatoscopes and photos to aid diagnosis when needed.