

# NHS Pharmacy First Service – Aide Memoire

Service suitability: **Patients aged 1 year or over, patients presenting with new episodes of care**

This aide memoire lists the common conditions that may be referred to the Pharmacy First Service with the main exclusions. The community pharmacist will assess the suitability of the patient during the Pharmacy First consultation and is responsible for the appropriate management of the patient. This is not a clinical tool but a guide to support patient referral.

Conditions	YES – refer to community pharmacist			NO – not suitable for referral	
<b>BITES/STINGS</b>	<ul style="list-style-type: none"> <li>Bee sting</li> <li>Wasp sting</li> <li>Insect bites</li> </ul>	<ul style="list-style-type: none"> <li>Stings with minor redness/swelling</li> </ul>	<ul style="list-style-type: none"> <li>Suspected infected insect bite – unless → or pregnant under 16</li> </ul>	<ul style="list-style-type: none"> <li>Drowsy/fever</li> <li>Fast heart rate</li> <li>Animal/human bite</li> <li>Exotic insect/bitten abroad</li> </ul>	<ul style="list-style-type: none"> <li>Severe swelling or cramps</li> <li>Tick bite with target rash</li> </ul>
<b>COLDS</b>	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Coughs</li> </ul>	<ul style="list-style-type: none"> <li>Flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Unable to swallow</li> </ul>
<b>CONGESTION</b>	<ul style="list-style-type: none"> <li>Blocked or runny nose</li> <li>Sinusitis (12+ years)</li> </ul>	<ul style="list-style-type: none"> <li>Constant need to clear the throat</li> </ul>	<ul style="list-style-type: none"> <li>Excess mucus</li> <li>Hay Fever</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>1 side obstruction</li> <li>Facial swelling</li> </ul>
<b>EAR</b>	<ul style="list-style-type: none"> <li>Earache</li> <li>Discharge (1-17 year olds)</li> </ul>	<ul style="list-style-type: none"> <li>Ear wax</li> <li>Hearing problems</li> </ul>	<ul style="list-style-type: none"> <li>Blocked ear</li> </ul>	<ul style="list-style-type: none"> <li>Something in ear canal</li> <li>Pain or swelling behind the ear</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain</li> <li>Deafness</li> <li>Vertigo</li> </ul>
<b>EYE</b>	<ul style="list-style-type: none"> <li>Conjunctivitis</li> <li>Sticky eye</li> </ul>	<ul style="list-style-type: none"> <li>Watery/runny eye</li> <li>Eyelid problems</li> </ul>	<ul style="list-style-type: none"> <li>Dry/sore/tired eyes</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain</li> <li>Pain 1 side only</li> </ul>	<ul style="list-style-type: none"> <li>Light sensitivity</li> <li>Reduced vision</li> </ul>
<b>GASTRIC/BOWEL</b>	<ul style="list-style-type: none"> <li>Constipation</li> <li>Diarrhoea</li> <li>Infant colic</li> </ul>	<ul style="list-style-type: none"> <li>Heartburn</li> <li>Indigestion</li> </ul>	<ul style="list-style-type: none"> <li>Haemorrhoids</li> <li>Rectal pain</li> <li>Vomiting or nausea</li> </ul>	<ul style="list-style-type: none"> <li>Severe/ongoing</li> <li>Lasted +6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Patient 55+ years</li> <li>Blood/Weight loss</li> </ul>
<b>GENITO-URINARY</b>	<ul style="list-style-type: none"> <li>Vaginal discharge (thrush - under 60)</li> <li>Vaginal itch or soreness</li> </ul>	<ul style="list-style-type: none"> <li>Cystitis</li> <li>Suspected UTI – women aged 16-64, unless →</li> </ul>		<ul style="list-style-type: none"> <li>Male</li> <li>Under 16</li> <li>60+ years (thrush)</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant/Diabetic</li> <li>Recurrent infection – 2x in 6 months, 3x in 12 months</li> </ul>
<b>MOUTH/THROAT</b>	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Hoarseness</li> </ul>	<ul style="list-style-type: none"> <li>Acute Sore throat</li> <li>Sore mouth/ulcers</li> </ul>	<ul style="list-style-type: none"> <li>Oral thrush</li> <li>Teething/Toothache</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +10 days</li> <li>Swollen, painful gums</li> </ul>	<ul style="list-style-type: none"> <li>Unable to swallow</li> <li>Poor immune system</li> <li>Voice change</li> </ul>
<b>PAIN</b>	<ul style="list-style-type: none"> <li>Acute pain: ankle, foot, hip, knee, leg, lower back, shoulder, thigh, buttock, wrist, hand or finger</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Migraine</li> </ul>	<ul style="list-style-type: none"> <li>Sprains or strains</li> <li>Rectal pain</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent.</li> <li>Ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain/pain radiating to shoulder</li> <li>Sudden onset</li> </ul>
<b>SKIN</b>	<ul style="list-style-type: none"> <li>Acne, spots and pimples</li> <li>Athlete's foot</li> <li>Blisters</li> <li>Impetigo (unless 2+ times in a year)</li> </ul>	<ul style="list-style-type: none"> <li>Dermatitis/dry skin/eczema</li> <li>Rash: fungal/nappy</li> <li>Scabies</li> <li>Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>Shingles (18+years &amp; not pregnant)</li> <li>Warts/verruca</li> <li>Wound problems</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing for +3 weeks</li> <li>Condition described as severe or urgent</li> <li>Diabetes related?</li> <li>Pharmacy treatment not worked</li> </ul>	
<b>SWELLING</b>	<ul style="list-style-type: none"> <li>Ankle or foot swelling</li> <li>Lower limb swelling</li> </ul>	<ul style="list-style-type: none"> <li>Thigh or buttock swelling</li> </ul>	<ul style="list-style-type: none"> <li>Wrist, hand, finger or toe swelling</li> </ul>	<ul style="list-style-type: none"> <li>Conditions described as severe or urgent</li> </ul>	<ul style="list-style-type: none"> <li>Recent travel abroad</li> <li>Discoloured skin</li> </ul>