PharmOutcomes® Pharmacy First - Acute Otitis Media

Consultation date: __ /___ /____ Time:___:___ Practitioner name:____________________________

Patient Details

Name:	Postcode:	NHS Number:
Date of birth: __ /___ /____	Address:	Contact Details:
Gender: □ Male □ Female □ Trans		

Ethnicity:

- □ White - British
- □ White - Irish
- □ White – Any other White background
- □ Mixed – White and Black Caribbean
- □ Mixed – White and Black African
- □ Mixed – White and Asian
- □ Mixed – Any other mixed background
- □ Asian or Asian British - Indian
- □ Asian or Asian British - Pakistani
- □ Asian or Asian British - Bangladeshi
- □ Asian or Asian British – Any other Asian background
- □ Black or Black British - Caribbean
- □ Black or Black British - African
- □ Black or Black British – Any other Black background
- □ Other Ethnic Groups - Chinese
- □ Other Ethnic Groups – Any other ethnic group
- □ Not stated

GP Practice, Consent & Service Entry

The patient must be advised of the following information sharing that will take place:

- With your **GP practice** to inform them of the outcome of your consultation under the NHS Pharmacy First Service.
- The sharing of information about the service with **NHS England** as part of the service monitoring and evaluation; and
- The sharing of information about the service with the **NHSBSA** and **NHS England** for the purpose of contract management and as part of post-payment verification (PPV).

Consent (required): ☐ Yes ☐ No

GP Practice:

Method of entry to service:

- □ Signposted
- □ Self-referral
- □ Referral (via PharmOutcomes)
- □ Email referral
- □ Onward referral from another pharmacy

Consultation method:

- ☐ Face to face

Referrer organisation: (if referred)

- □ NHS 111
- □ NHS 111 Online
- □ GP Practice
- □ Emergency Department
- □ Ambulance Service
- □ Urgent Treatment Centre

Signposted from: (if signposted)

- □ NHS 111
- □ NHS 111 Online
- □ Ambulance Service
- □ GP Practice
- □ GP Practice Online
- □ Emergency Department
- □ Urgent Treatment Centre
- □ Walk-in Centre
- □ Other (please state) __________________

Patient would have attended: (if self-referred)

- □ NHS 111
- □ NHS 111 Online
- □ Ambulance Service
- □ GP Practice
- □ GP Practice Online
- □ Emergency Department
- □ Urgent Treatment Centre
- □ Walk-in Centre
- □ Other (please state) ______________________________

Referrer contact: (if referred)	Referrer ODS code: (if referred/signposted)	Referral reference: (if referred/signposted)

Patient Assessment

- □ Existing medical conditions (e.g. any LTC such as asthma, heart disease, respiratory conditions)
- □ Allergies and sensitivities (e.g. penicillin)
- □ Patient has a family history of medical conditions
- □ Currently taking any medication (consider prescription and OTC)
- □ Breastfeeding
- □ Clinical observations, tests or algorithms conducted (e.g. NEWS2, FeverPAIN)
- □ Other _____________________________________
- □ None of the above

Symptom duration: (if referred)
□ < 24 hours □ 24-72 hours □ > 72 hours

Temperature: (if recorded) °C

Established pregnancy?
□ Yes □ No □ N/A

Anything taken to help with the condition to date? (if referred)
□ Yes □ No

Details: (if answered 'yes' above)

Clinical notes/observations: (including any associated symptoms if identified)

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Patient name:____________________________ Date:___ /___ /___

Patient Assessment

1. Does the patient have acute onset of symptoms including:

- In older children - earache
- In younger children - holding, tugging, or rubbing of the ear
- In younger children - non-specific symptoms such as fever, crying, poor feeding, restlessness, behavioural changes, cough, or rhinorrhoea.

AND does the patient have an otoscopic examination:

- A distinctly red, yellow, or cloudy tympanic membrane
- Moderate to severe bulging of the tympanic membrane, with loss of normal landmarks and an air-fluid level behind the tympanic membrane
- Perforation of the tympanic membrane and/or sticky discharge in the external auditory canal.

□ Yes (Continue to question 2)
□ No (Acute otitis media less likely, consider alternative diagnosis and proceed appropriately – continue to question 7)

2. Does the patient present with **ANY** of the following:

- Patient is systemically very unwell
- Patient has signs of a more serious illness
- Patient is high risk of complications because of pre-existing comorbidity (this includes children with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis and young children who were born prematurely)

□ Yes (Onward referral to GP/other provider required – continue to question 7)
□ No (Continue to question 3)

3. Does the child/young person have **otorrhoea** (discharge after eardrum perforation) **or eardrum perforation** (suspected or confirmed)

□ Yes (Offer amoxicillin subject to inclusion/exclusion – continue to question 7)
□ No (Continue to question 4)

4. Is the child under 2 years **AND** with infection in both ears?

□ Yes (Continue to question 5)
□ No (Continue to question 6)

5. Does the patient meet **ANY** of the following criteria:
- Severe symptoms based on clinician global impression
- Symptoms for >3 days.

□ Yes (Offer amoxicillin subject to inclusion/exclusion – continue to question 7)
□ No (Consider offering phenazone/lidocaine ear drops subject to inclusion/exclusion – continue to question 7)

6. Severity of symptoms

□ Mild (Offer self-care and pain relief – continue to question 7)
□ Moderate or severe (Consider offering phenazone/lidocaine ear drops subject to inclusion/exclusion – continue to question 7)

7. 'Red Flags' such as symptoms associated with sepsis, meningitis or cancer identified?
□ Yes
□ No

8. Details of red flag symptoms (if identified):

Consultation Outcome

Treatment option considered:

First line:
□ Phenazone/lidocaine ear drops
Or if indicated above:
□ Amoxicillin
If reported penicillin allergy:
□ Clarithromycin
If pregnant:
□ Erythromycin
For self-care only:
□ None

Do any exclusion criteria apply: (see relevant PGD)
□ Yes □ No

Reason for exclusion: (if excluded)

No supply reason: (required if outcome is not 'medicines supply')
□ Patient excluded under terms of PGD
□ Patient does not consent to treatment
□ Agreed through shared decision making that self-care was the preferred option
□ Agreed through shared decision making to delay treatment and return if symptoms persist
□ Other (please state)____

Consultation Outcome:
□ Advice given only (no medicine supply)
□ Medicines supply (continue to medicine supply)
□ Referral into an appropriate locally commissioned NHS service, such as a patient group direction
□ Non-urgent signposting to another service
□ Urgent escalation to another service
□ Other (please state) ____

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Patient name:____________________________ Date:___ /___ /___

Medicine Supply

Field	Entry
Medicine name:	
Form:	
Strength:	
Quantity:	
Age range: (for clarithromycin)	□ Children 1-11 years (record weight below) □ Children 12-17 years
Body weight: (kg)	
Dose:	
Days supplied:	

Notes:

Levy status

□ Pays for each prescription item

□ **A** – 60 years of age or over OR is under 16 years of age

□ **B** – 16, 17 or 18 and in full time education

□ **D** – Maternity exemption certificate

□ **E** – Medical exemption certificate

□ **F** – Prescription prepayment certificate

□ **G** – Prescription exemption certificate issued by MoD

□ **L** – HC2 (full help) certificate

□ **H** – Income Support or Income-related Employment and Support Allowance

□ **K** – Income-based Jobseeker's Allowance

□ **M** – Tax Credit exemption certificate

□ **S** – Pension Credit Guarantee Credit (including partners

□ **U** – Universal Credit and meets the criteria

□ **HMP** – Prisoner on release or released from secure accommodation

Referral

Routine referral: (if necessary)

□ GP Practice
□ Out of hours GP
□ Other Community Pharmacy (complete onward referral form)
□ Other (please state)____________________________________

Urgent referral: (if necessary)

□ GP Practice
□ Out of hours GP
□ Other Community Pharmacy (complete onward referral form)
□ Urgent Treatment Centre
□ 999
□ A&E
□ Other (please state)____________________________________

ODS code of organisation: (if known)

Reason for referral:

Notes

Including advice provided and actions for patient: