PharmOutcomes® Pharmacy First – Impetigo

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 □ Live video link

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

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)

Patient name:_____ Date:___ /___ /___

Patient Assessment	
Does the patient have localised or widespread non-bullous impetigo? □ **Localised** (3 or less lesions) - Offer hydrogen peroxide 1% cream for 5 days (subject to inclusion/exclusion criteria in protocol) plus self-care □ **Widespread** (4 or more lesions) - Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/ exclusion criteria in PGD) plus self-care.	
'Red Flags' such as symptoms associated with sepsis, meningitis or cancer identified? □ Yes □ No	Details of red flag symptoms: (if identified)

Consultation Outcome	
Treatment option considered: **Localised (first line):** □ Hydrogen peroxide 1% cream **If the above is unsuitable or ineffective:** □ Fusidic acid cream **Widespread (first line):** □ Flucloxacillin **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)
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) _____	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)_____

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Patient name:_____ Date:___ /___ /___

Medicine Supply

Medicine name:	
Form:	
Strength:	
Quantity:	
Age range: (for clarithromycin)	□ Children 5-11 years (record weight below) □ Children 12-17 years
Weight: (kg)	
Dose:	
Days supplied:	
Supply type:	□ Patient Group Direction □ Protocol
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: