# PharmOutcomes® Pharmacy First – Uncomplicated UTI

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

## Patient Details

| Name: | Postcode: | NHS Number: |
|---|---|---|
| Date of birth: __ /___ /____ | Address: | Contact Details: |
| Gender:<br>☐ 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

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 **any of the 3** key diagnostic signs/symptoms:

• Dysuria (burning pain when passing urine)
• New nocturia (needing to pass urine in the night)
• Urine cloudy to the naked eye (visual inspection by pharmacist if practicable)

**Number of symptoms:**

□ No symptom – continue to question 2.
□ 1 symptom – onward referral required. UTI equally likely to other diagnosis. Continue to question 4.
□ 2 or 3 symptoms – continue to question 3.

**2**. Are there other urinary symptoms:

□ Urgency
□ Frequency
□ Visible haematuria
□ Suprapubic pain/tenderness

(Urgency, Frequency, Visible haematuria, Suprapubic pain/tenderness:) Onward referral required. UTI equally likely to other diagnosis. Continue to question 4.

□ None of the above - UTI less likely. Discuss self-care and pain relief. If symptoms worsen rapidly or significantly at any time referral to GP or other provider as appropriate. Continue to question 4.

**3.** Shared decision making approach using **TARGET UTI** resources.
Severity of symptoms:

□ **Mild symptoms** - in patients that describe their symptoms as mild consider pain relief and self-care as first line treatment. Ask patient to return to pharmacy if no improvement in 48 hours for pharmacist reassessment. Continue to question 4.

□ **Moderate to severe symptoms -** offer nitrofurantoin for 3 days (subject to inclusion/exclusion criteria in PGD) plus self-care. Continue to question 4.

**4**. 'Red Flags' such as symptoms associated with sepsis, meningitis or cancer identified?

□ Yes
□ No

**5**. Details of red flag symptoms: (if identified)

## Consultation Outcome

Treatment option considered:

□ Nitrofurantoin

**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: | | Levy status |
| --- | --- | --- |
| Form: | | |
| Strength: | | |
| Quantity: | | |
| 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: